

# SURVIVORSHIP AFFIDAVIT

On this 20<sup>th</sup> of July, 2020 before me personally appeared Joseph T. Milchak Jr.  
(Insert date)  
to me personally known, who being duly sworn on oath did say that:

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
MICHAEL B BROWN  
RECORDER

2020-054875

2020 Aug 21 2:38 PM

1. Affiant resides at the address given below affiant's signature:

2. Affiant is OWNER/Brother of Owner  
(state interest of affiant in the above premises as "owner", "son of owner", etc.)

3. Said premises were formerly owned as joint tenants or as tenants by the  
entireties by Joseph T. Milchak Jr., John Arthur Milchak & William Milchak a.k.a William Patrick Milchak

4. Said William Milchak a.k.a William Patrick Milchak  
(Fill in name of co-tenant who died)  
died on May 26, 2018  
leaving NO will,  
(Insert "a" or "no"; if will left, attach a copy)

FILED

AUG 21 2020

JOHN E. PETALAS  
LAKE COUNTY AUDITOR

053070

5. The legal description of the premises in question is: Please See Exhibit A

Property Number: 45-09-18-226-001.000-021

Commonly Known As: N of I 80 AT HOWARD 22<sup>ND</sup> LAKE STATION, IN 46405

Property Number: 45-09-18-226-002.000-021

Commonly Known As: N of I 80 & W OF GRAND LAKE STATION IN 46405

Property Number: 45-09-07-400-006.000-005

Commonly Known As: 6400 E. 21<sup>ST</sup> APPR AVE LAKE STATION IN 46405

6. Is there Federal or State inheritance tax liability by reason of the death of said  
Decedent? Yes  No

If yes, then estimated taxes due are \$ \_\_\_\_\_

The taxes due are  paid or unpaid...

7. Where this affidavit relates to a tenancy by the entireties, were the parties ever  
divorced? NA

(If answer is "Yes", identify the divorce proceedings:

\_\_\_\_\_):

25 cc  
CS  
KL

EXHIBIT "A"

PARCEL 1: That part of the Northeast Quarter of Section 18, and that part of the Southeast Quarter of Section 7, all in Township 36 North, Range 7 West of the Second Principal Meridian, described as follows:

Pt. of  
Key # 20-300-11

Commencing at the intersection of the East line of the Southeast Quarter of said Section 7 and the center line of Burns Ditch; thence South along said East line extended, a distance of 685 feet, more or less, to the point of intersection of said line with the East line of the right of way of Grand Boulevard; thence Northwesterly along the East line of the right of way of Grand Boulevard a distance of 566 feet, more or less, to the center line of Burns Ditch; thence Northeasterly along the center line of Burns Ditch, a distance of 384 feet, more or less, to the point of beginning, in Lake County, Indiana.

Pt. of  
Key # 19-10-6

PARCEL 2: That part of the Northeast Quarter of Section 18, Township 36 North, Range 7 West of the Second Principal Meridian, described as follows:

Pt. of  
Key # 19-10-6

Beginning at the intersection of the West line of the right of way of Grand Boulevard and the North right of way line of the access road which runs along the North side of Interstate Highway 94; thence Southwesterly along said North right of way line to its point of intersection with the center line of the Little Calumet River; thence Northerly and Easterly along the center line of the Little Calumet River to its point of intersection with the South line of Howard Street; thence Northeasterly along the South line of Howard Street projected to the point of intersection of such projected line with the West right of way line of Grand Boulevard; thence South along the West right of way line of Grand Boulevard to the point of beginning, in Lake County, Indiana.

PARCEL 3: The East 8 acres of the following described tract:

That part of the Northeast Quarter of Section 18, and that part of the Southeast Quarter of Section 7, all in Township 36 North, Range 7 West of the Second Principal Meridian, described as follows: Commencing at a point in the center line of the Little Calumet River 48.90 feet West of the East line extended North of Lot 117, of Robert Bartlett's East Gary Small Farms Subdivision, and 1.45 feet North, running thence North 1,800 feet, more or less, to the center line of Burns Ditch; thence Northeasterly along the center line of said Burns Ditch, a distance of 828.73 feet, more or less, to the West right of way line of Grand Boulevard; thence Southeasterly along the West right of way line of Grand Boulevard to its intersection with the South line extended of Howard Street; thence Westerly along the South line of Howard Street extended to the intersection of said line with the center line of the Little Calumet River; thence Westerly along the center line of the Little Calumet River to the point of beginning, in Lake County, Indiana, excepting therefrom that part of said tract permanently taken by the State of Indiana for highway purposes in Cause No. C60-615 in the Circuit Court of Lake County, Indiana.

Pt. of  
Key # 19-10-

Pt. of  
Key # 20-300

PARCEL 4: That part of the Northeast Quarter of Section 18, and that part of the Southeast Quarter of Section 7, all in Township 36 North, Range 7 West of the Second Principal Meridian, described as follows:

Key # 19-10-28

Commencing at a point in the center line of the Little Calumet River 48.90 feet West of the East line extended North of Lot 117, of Robert Bartlett's East Gary Small Farms Subdivision, and 1.45 feet North, running thence North 1,800 feet, more or less, to the center line of Burns Ditch; thence Northeasterly along the center line of Burns Ditch, a distance of 828.73 feet, more or less, to the West right of way line of Grand Boulevard; thence Southeasterly along the West right of way line of Grand Boulevard to its intersection with the South line extended of Howard Street; thence Westerly along the South line of Howard Street extended to the intersection of said line with the center line of the Little Calumet River; thence Westerly along the center line of the Little Calumet River to the point of beginning, in Lake County, Indiana, excepting therefrom that part of said tract permanently taken by the State of Indiana for highway purposes in Cause No. C60-615 in the Circuit Court of Lake County, Indiana, excepting therefrom the East 8 acres thereof.



INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

TRUE COPY OF RECORD OF  
REGISTRATION ON FILE AT  
LA PORTE COUNTY HEALTH  
DEPARTMENT

Local No 000461

EDR No 00000646604

State No

1. Decedent's Legal Name (First, Middle, Last) <b>WILLIAM PATRICK MILCHAK</b>			1a. Maiden Name (If female)			2. Sex <b>MALE</b>	3. Time Of Death <b>02:20 PM</b>	4. Date Of Death (Month/Day/Year) <b>05/26/2018</b>	
5. Social Security Number	6a. Age - Yrs <b>55</b>	6b. Under 1 Year Months	6c. Under 1 Month Days	6d. Under 1 Day Hours	6e. Under 1 Hour Minutes	7. Date of Birth (Month/Day/Year) <b>01/08/1963</b>		8. Birthplace (City and State or Foreign Country) <b>GARY, IN</b>	
9. Ever In U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival			10a. If Death Occurred Somewhere Other Than A Hospital <input type="checkbox"/> Hospice Facility <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)				
11. Facility Name (If Not Institution, Give Street and Number) <b>1206 WEST 22ND STREET</b>									
12. City Or Town, State, And Zip Code <b>LA PORTE, IN, 46350</b>				13. County Of Death <b>LAPORTE</b>			14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		
15. Surviving Spouse's Name			15a. Last Name Before First Marriage			16. Decedent's Usual Occupation <b>CARPENTER</b>		17. Kind Of Business/Industry <b>CARPENTRY</b>	
18. Residence - State <b>INDIANA</b>		18a. County <b>LAPORTE</b>		18b. City Or Town <b>LA PORTE</b>					
18c. Street And Number <b>1206 WEST 22ND STREET</b>						18d. Apt. No.	18e. Zip Code <b>46350</b>	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education <b>HIGH SCHOOL GRADUATE OR GED COMPLETED</b>		20. Decedent Of Hispanic Origin <b>NOT HISPANIC</b>		21. Decedent's Race <b>White</b>					
22. Parent's Name (First, Middle, Last) <b>JOSEPH THOMAS MILCHAK SR</b>				23. Parent's Last Name Before First Marriage <b>SHOUP</b>			23a. Parent's Last Name Before First Marriage		
24. Informant's Name <b>JOHN MILCHAK</b>		24a. Relationship To Decedent <b>BROTHER</b>		24b. Mailing Address - (Street And Number, City, State, Zip Code) <b>4008 CARDINAL LANE, VALPARAISO, IN 46383</b>					
25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify):		25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) <b>MIDWEST CREMATION CENTER</b>			25c. Location - City, Town, And State <b>LA PORTE, IN</b>				
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	27. Name And Complete Address Of Funeral Facility <b>LAKEVIEW FUNERAL HOME &amp; CREMATORY, INC., 247 W. JOHNSON ROAD, LA PORTE, IN 46350</b>						27a. Funeral Home License Number: <b>FH10600025</b>		
27b. Signature Of Indiana Funeral Service Licensee: <b>CASMIER PULASKI, BY ELECTRONIC SIGNATURE</b>		27c. License Number (Of Licensee): <b>FD08900012</b>							
28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary.									
Immediate Cause (Final Disease Or Condition Resulting In Death)									
A. <b>FATAL CARDIAC ARRHYTHMIA</b> Due to (Or As A Consequence Of):									
B. _____ Due to (Or As A Consequence Of):									
C. _____ Due to (Or As A Consequence Of):									
D. _____ Due to (Or As A Consequence Of):									
Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last									
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I									
29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						30. Were Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No			
ESRD WITH DIALYSIS									
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year				33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined			
34. Date Of Injury (Month/Day/Year)		35. Time Of Injury		36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)			37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number		38c. Apt. No.	38d. Zip Code		
39. Describe How Injury Occurred						40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)			
41. Signature, Of Person Certifying Cause Of Death: <b>ALEXIS RENEE MCGUIRE, BY ELECTRONIC SIGNATURE</b>						42. Certifier (Check Only One) <input type="checkbox"/> Certifying Physician <input checked="" type="checkbox"/> Coroner <input type="checkbox"/> Health Officer			
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: <b>ALEXIS RENEE MCGUIRE, 1405 INDIANA AVE, LAPORTE, IN 46350</b>						44. License Number		45. Date Certified <b>05/30/2018</b>	
46. Additional Funeral Service Provider:						47. *Akas:			
48. Signature of Local Health Officer: <b>SANDRA DEAUSY, VIA ELECTRONIC SIGNATURE</b>						49. For Registrar Only - Date Filed (Month/Day/Year): <b>MAY 31 2018</b>			

8. Affiant's relationship to the deceased was Brother

Signature: Joseph T. Milchak Jr.

Printed Name: Joseph T. Milchak Jr.

Address: 95 E. 652 N.

Valparaiso IN 46383

STATE OF INDIANA )  
                                  ) SS.  
COUNTY OF LAKE )

Before me, a Notary Public, in and for said County and State this 18 day of Aug, 2020 personally appeared \_\_\_\_\_ [ Grantor's ] and acknowledged the execution of the above and foregoing instrument to be his/her free and voluntary act and deed for the uses and purposes set forth therein.

WITNESS my hand and notarial seal this 18 day of August, 2020



Laverne Cohen  
Aug. 18, 2020, Notary Public  
A Resident of Porter County

My Commission Expires:  
March 21, 2027



EXECUTED AND DELIVERED in my presence:

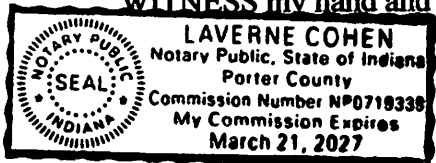
Jayne Addison-Milchak [ Witness's Signature ]  
Witness: Jayne Addison-Milchak [ Witness's Printed ]

STATE OF INDIANA )  
                                  ) SS:  
COUNTY OF LAKE )



Before me, a Notary Public in and for said County and State, personally appeared Jayne Addison-Milchak [ Witness's ], being known to me to be the person whose name is subscribed as a witness to the foregoing instrument, who, being duly sworn by me, deposes and says that the foregoing instrument was executed and delivered by Joseph T. Milchak & John A. Milchak [ Grantor's ] in the above-named subscribing witness's presence, and that the above-named subscribing witness is not a party to the transaction described in the foregoing instrument and will not receive any interest in or proceeds from the property that is the subject of the transaction.

WITNESS my hand and notarial seal this 18 day of Aug, 2020.



Laverne Cohen  
Laverne Cohen, Notary Public  
A Resident of Porter County

My Commission Expires:  
March 21, 2027

I AFFIRM UNDER THE PENALTIES FOR PERJURY that the above and foregoing Representations are true and correct to best of my knowledge and belief and no Social Security number in this document, unless required by law.