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2020-086259

2020 Nov 24

9:20 AM

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

Send Tax Bills to: 7266 Polk Street Merrillville, IN 46410 Parcel No. 45-12-09-404-002.000-030

SURVIVORSHIP AFFIDAVIT

CHERYL A. BARBAULD, being first duly sworn upon oath, states as follows:

- 1. Affiant is the surviving daughter of WALTERA. SYJUT ("Decedent") and is qualified to make this Affidavit
- Decedent died a resident of Lake County, Indiana, on October 1, 2020. A copy of Decedent's death certificate is attached hereto.

 the Lake County Recorder! 2.
- At the time of his death, Walter A. Syjut was unmarried. 3.
- At the time of his death, Decedent had an undivided fee-simple interest in real 4. estate (the "Real Estate") legally described as follows:

LOT 183, TURKEY CREEK MEADOWS, UNIT NO. 3, AS SHOWN IN PLAT BOOK 33, PAGE 98, IN LAKE COUNTY, INDIANA.

Commonly known as: 6665 Van Buren Place, Merrillville, Indiana 46410.

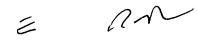
- Before his death, on or about February 13, 2019, Decedent executed a Transfer on 5. Death Deed that was filed with the Lake County Recorder on February 25, 2019, as Document No. 2019-011266. That Deed conveyed the Real Estate upon Decedent's death to Cheryl A. Barbauld, Kenneth E. Svjut and Ronald W. Svjut, each as to a one-third, undivided interest, as tenants in common.
- 6. Affiant records this Survivorship Affidavit for the purpose of transferring title to the Real Estate into Cheryl A. Barbauld, Kenneth E. Syjut and Ronald W. Syjut, each as to a one-third, undivided interest, as tenants in common, pursuant to the aforementioned Transfer on Death Deed.

FILED

NOV 23 2020

JCHN E PETALAS LAKE COUNTY AUDITOR

25 11826 nn



I swear or affirm under the penalty for perjury that the foregoing statements are true.

Dated this 2nd day of November, 2020.

Cleyl A. Barbauld CHERYL A. BARBAULD Document is

STATE OF INDIANA

This Document is the property of

COUNTY OF LAKE

This Document is the property of the Lake County Recorder!

Before me the undersigned, a Notary Public for the State of Indiana, personally appeared Cheryl A. Barbauld, and she, being first duly sworn by me upon her oath, says that the facts alleged in the foregoing instrument are true this 2nd day of November, 2020.



Alice Anne Cole, Notary Public

My Commission Expires: 01/06/2028

Commission No. NP0724330 Resident of County, Indiana

EXECUTED AND DELIVERED in my presence:

Witness Signature

Witness:

Wendy M. Evans Wendy Evans STATE OF INDIANA
) SS:
COUNTY OF LAKE
)

Before me, a Notary Public in said County and State, personally appeared Wendy Evans, 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 Cheryl A. Barbauld in the above-named subscribing witness's presence, and that the abovenamed 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.





Alice Anne Cole, Notary Public
My Commission Expires: 01/06/2028
Commission No. NP0724330
Resident of County, Indiana

I affirm, under the penalties for perjury, that I have taken reasonable care to redact each social security number in this document, unless security low. George W. Carberry

This Instrument prepared by:

George W. Carberry, Burke Costanza & Carberry LLP 9191 Broadway, Merrillville, IN 46410

WDIANA

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. 251318

Local No 0042	EDF	DR No 000000807635				State No 055505						
Decedent's Legal Name (First, Middle, Last)			1a. Maiden Name (If female)			2. Sex 3. Time O			Of Death 4. Date Of Death (Month/Day/Year			Day/Year)
WALTER A. SYJUT 5. Social Security Number 6a. Age - Yrs 6b	6b. Under 1 Year 6c. Under 1 Month			4 Day So Under 4 Herry 7		MALE e of Birth (Month/Day/Year)		12:01 AM 8. Birthplace (City and Sta			10/01/2020	
5. Social Security Number 6a. Age - 17s 6b	. Unger 1 Year	ec. Under 1 Month	ed. Under 1 Day	6e. Under 1 Hour	7. Date o	TBIRD (MC	ntr/Day/Year)	8. Birth	ipiace (City i	ing State of	Foreign Countr	y)
	onths	Days	Hours	Minutes		10/31/1			CAGO, I	<u> </u>		
	ccurred in A Hosp Emergency De	ital: partment Outpatient	Dead on Arrival	10a. If Death Occur Hospice Facility Other (Specify)		vnere Other cedent's Ho			e/Long-term	Care Facility	•	
11. Facility Name (If Not Institution, Give Street an	d Number)			<u> </u>								
6665 VAN BUREN PLACE 12. City Or Town, State, And Zip Code				13. County (Of Death			1 14	Marital Statu	s At Time C	f Death	
								10	Married 🔲	Married, Bu	Separated	
MERRILLVILLE, IN, 46414 15. Surviving Spouse's Name		1466	Last Name Before Fi	LAKE		16 Doord	anta Heuri Ora		Widowed		Married U	
15. Surviving Spouse's Matte	. Last Name Belore Fi	irst Marriage 16. Decedent's Usual Occupa					ation 17. Kind Of Business/Industry COMMERCIAL AND					
		<u> l</u>		T		PAINTE	R				NTIAL PA	
18. Residence - State	18a. (County		18b. City Or Tov	wn							
INDIANA	LAKE	<u> </u>		MERRILLVI	LLE					· · · · · ·		
18c. Street And Number				-			18d. Apt. No		18e. Zip C	ode	18f. Inside Ci	•
6665 VAN BUREN PLACE				204					464	10	⊠ Yes [00 L
19. Decedent's Education HIGH SCHOOL GRADUATE OR		Decedent Of Hispan	lic Origin		ecedent's F	Raco						
COMPLETED	NO	T HISPANIO	TOP	White								
22. Parent's Name (First, Middle, Last)		NU	IUF	23. Parents Name (First, Middle	o, (Last)			23a. Par	ent's Last N	ame Before Fire	st Marriage
ANDREW SYJUT	· / 🌃	his Doc	ument i	FULYS AMMA	onet	et v	f		KALE	TA		
24. Informant's Name		24a. Relationship T	o Decedent	24b. Mailing Address	s (Street Ar	nd Number,						
CHERYL BARBAULD		DAUGHTER	ike Cou	7265 POLKS	PREET	MERF	RILLVILLE	N 46	6410			
25a. Method Of Disposition	Lissa Olo	o Of Disposition (No		e Of Disposition			, Town, And St					
⊠ Burial		Se Of Disposition (Na	ane Of Cemetery, Cic	maiory, Odier Place)	250. LO	Canon - City	, TOWN, AND S	ate				
Removal From State		ALET DADY O	EMETERN		NACE OF	DIL 1 V/II	N= 1N1					
Other (Specify): 28. Was Coroner Contacted? 27. Na		MET PARK C Address Of Funeral			IVIER	RILLVIL	LE, IN	_		27a. Fune	ral Home Licens	se Number
□ Van ⊠ Na									Į.			
27b. Signature Of Indiana Funeral Service License		ERS-MERRIL	LVILLE, 6360	BROADWAY	, MERR		LE, IN 464 7c. License Nu			FH8300	02453	
THOMAS G. PRUZIN , BY ELEC						F	D0100989					
28. Part I. Enter The Chain Of Events - Dise	ages Injuries O	Complications - T	use Of Death (See	The Death Do Not	Enter Term	inal Event	ls.				Approxir Interval:	
Such As Cardiac Arrest, Respiratory Arrest, A Line. Add Additional Lines If Necessary.	Or Ventricular Fit	prillation Without Sh	lowing The Etiology.	Do Not Abbreviate.	Enter Only	y One Cau	se On				To Deat	
Immediate Cause (Final Disease Or Condition	Resulting to De	esth) A	HEART SAILURE E	TICLOGY UNKNO	WN						SEVERAL MONTHS	
Timiodale Gass (File Siscess of Garana	TO TO SERVING MY DI	<i></i>		YEE		A Consequenc	se Ot):				-	
Sequentially List Conditions, If Any, Leading	To The Cause L	isted On B.			Due to (Or As	s A Consequenc	Se Oη:				· ———	
Line A. Enter The Underlying Cause (Diseas The Events Resulting In Death) Last	e Or injury That	C.		از زالها								
			E . SE	Al	Due to (Or As	A Consequenc	zi Oη:				-	
Part II. Enter Other Significant Conditions Contribu	ing to Death But N	D.	Inderlying Calles Gly	ANEgar	1 29 Mas	Ar Autons	/ Performed?					
Tatal Data Cold Shallingail Collaboration	ing to Dodge Dut I	or resulting in The	on and the second	THUS.		/	inding Available	To Com	Yes	☑ No use Of Dea	th?	
31. Did Tobacco Use Contribute To Death?	32. If Fema	ie:					33. Manne				☐ Yes	□ No
Yes Probably No Unknown		ant Within Past Year		Not Pregnant, But Pregnant W		•			ticide 🔲 A		Pending Inves	tigation
34. Date Of Injury (Month/Day/Year)	35. Time C	ant, But Pregnant 43 Days To Of Injury		e Of Injury (E.G., Dec							Injury At Work	7
		Γ	THIS IS	A TRUE COP	YOF					- 1	☐ Yes ☐	□ No
38. Location Of Injury - State	38a. City O	rTown		Repartition being E. V.				T	38c. Apt. No). 380	J. Zip Code	
ĺ	-		LAKE COUNT	Y HEALIR DE	PARTM	ENT		- }		- 1		
39. Describe How Injury Occurred						····	40. If Tran	sportation	NOT'	ify:	ner/Snecity)	
			01	CT 13 202	(1)					ALID	TÜNLES	<u> </u>
41. Signature, Of Person Certifying Cause Of Dea TEOFILO S VINLUAN, BY ELEC		GNATURE		and the same of th	1	42. Co ⊠ C	ertifier (Check (ertifying Physici	only One)	Coroner		Health Officer	
43. Name, Address And Zip Code Of Person Cert			/	//				License N	umber	45.	Date Certified	
TEOFILO S VINLUAN , 261 TAL	L TIMBERS	COURT, VA	LPARAISO, IN	46385	Ostronom		010	57042	Α		10/09/20)20
48. Additional Funeral Service Provider:		-	LAKE COU	NTY HEALTH	OFFICE:			Akas:				
48. Signature of Local Health Officer:						49. For R	logistrar Only	- Date Fil	ed (Month/C	ay/Year):		
CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE				T OF BEI	TDV 6= 6	Diam.	····		CT 13 2	020		1
		AMENDME	NT TO CERTIFICA	IE OF DEATH (EN	INY OR O	KIGINAL)			**			and the second
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