2020 Nov 24 12:45 PM

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

**COUNTY OF LAKE** 

STATE OF INDIANA

## AFFIDAVIT OF SURVIVORSHIP

LYNNE M. BACH, being duly sworn upon her oath, says:

1. That she the joint tenant with right of survivorship of HELEN ELEANOR BALAZS, who was named as a Grantee in a Quit-Claim Deed recorded on December 28, 2010, of the following described real estate, to-wit:

### **SEE ATTACHED**

Commonly known as: 2209 E. State Road 231, Crown Point, Indiana

Parcel Number: 45-16-23-326-008.000-041

2. That the said HELEN ELEANOR BALAZS died on April 1, 2018, a resident of Crown Point, Lake County, Indiana, and at that time was the joint tenant of affiant herein. A certified copy of the death certificate of HELEN ELEANOR BALAZS has been attached hereto and labeled as Exhibit "A".

3. That HELEN ELEANOR BALAZS and LYNNE M. BACH, as Joint Tenants with Rights of Survivorship, held title to the property at the time of HELEN ELEANOR BALAZS' death.

4. That the estate of HELEN ELEANOR BALAZS did not owe Federal Estate Taxes.

Further, Affiant Sayeth Not.

LYNNE M. BACH

EXECUTED AND DELIVERED in my presence:

[Witness Signature]

[Witness's Printed Name]

FILED

NOV 24 2020

JOHN E. PETALAS LAKE COUNTY AUDITOR

STATE OF INDIANA

**COUNTY OF LAKE** 

Before me, a Notary Public in and for said County and State, this 19<sup>th</sup> day of November, 2020, personally appeared Lynne M. Bach, and who, being fully empowered to do so, acknowledged the execution of the above and foregoing release and waiver.

SEAL

County of Residence: <u>Newton</u> Commission Expires: <u>03/11/2020</u> Kelly S. Murillo, Notary Public

KELLY S. MURILLO
Notary Public
Newton County, State of Indiana
Commission Expires March 11, 2027
Commission Number: NP0719116

25 2047 STATE OF INDIANA )
) SS:
COUNT OF LAKE )

Before me, a Notary Public in and for said County and State, personally appeared Lynne M. Bach, 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 Lynne M. Bach, in the abovenamed 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.

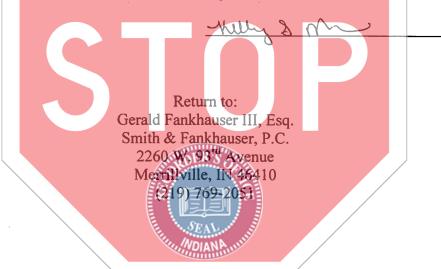
Witness my hand and notarial seal this 19th day of November, 2020.

Thelly & M [Notary's signature]

Kelly S. Murillo [Notary's printed name]



I affirm under the penalties for perjury, that Phave taken reasonable care to redact each Social Security number in this document, unless required by daw.



# Legal Description

#### PARCEL 1:

PART OF THE EAST ½ OF THE SOUTHWEST ¼ OF SECTION 23, TOWNSHIP 34 NORTH, RANGE 8 WEST OF THE 2<sup>ND</sup> PRINCIPAL MERIDIAN, DESCRIBED AS: COMMENCING AT THE POINT ON THE EAST LINE THEREOF 1512.65 FEET SOUTH OF THE NORTHEAST CORNER THEREOF: THENCE NORTHWESTERLY ON AN ANGLE FROM NORTH TO WEST OF 49 DEGREES 32 MINUTES. A DISTANCE OF 728.17 FEET TO THE BEGINNING POINT OF THIS TRACT, THENCE CONTINUING NORTHWESTERLY ON THE SAME ANGLE 184.67 FEET. PHENCE NORTHEASTERLY AT RIGHT ANGLES TO LAST DESCRIBED LINE A DISTANCE OF 173.55 FEET 10 THE SOUTHERLY LINE OF STATE ROAD 53, THENCE SOUTHEASTERLY ALONG THE SOUTHWESTERLY LINE OF SAID ROAD, 184.75 FEET, THENCE SOUTHWESTERLY 163.45 FEET TO THE POINT OF BEGINNING, IN LAKE COUNTY, INDIANA. KEY NUMBER 7-19-32

#### PARCEL 2:

A FIVE ACRE TRACT IN THE EAST 1/2 OF THE SOUTHWEST 1/4 OF SECTION 23 TOWNSHIP 34 NORTH, RANGE 8 WEST OF THE 2<sup>ND</sup> PRINCIPAL MERIDIAN, DESCRIBED AS: COMMENCING AT A POINT ON THE EAST LINE OF SAID SOUTHWEST A TRAT IS 1S12.65 FEET SOUTH OF THE NORTHEAST CORNER THEREOF THENCE NORTHWESTERLY ON A STRAIGHT LINE THE NUKTHEAST CURVER THEREOF HIENCO NORTHWESTRRET ON A STRAIGHT LINE
THAT MAKES AN INTERIOR ANGLE OF 49 DEGREES 32 MINUTES, MEASURED NORTH TO
WEST WITH SAID EAST LINE, 728.17 FBET TO THE POINT OF REGINNING OF SAID 5 ACRE
TRACT; THENCO CONTINUING NORTHWESTWARD ON SAID 728.17 FOOT LINE, A DISTANCE
OF 610.58 FBST TO THE CENTER LINE OF THE PUBLIC DITCH AND THE EAST LINE OF
PROPERTY OWNED BY ELLIS G. AND LORA E. DILLABAUGH AND RECORDED IN DEED RECORD 543 PAGE 475 IN THE RECORDER'S OFFICE, LAKE COUNTY, INDIANA, SAID POINT IN THE CENTER LINE OF THE DITCH BEING 208 FEET AT RIGHT ANGLES FORM THE SOUTHERLY RIGHT OF WAY LINE OF STATE ROAD 53, THENCE SOUTHWESTERLY ALONG THE EAST LINE OF SAID DILLABAUGH PROPERTY 42.62 FEET; THENCE SOUTHWESTERLY ON A STRAIGHT LINE THAT MAKES AN INTERIOR ANLE OF 225 DEGREES 25 MINUTES MEASUREED NORTHEAST THROUGH SOUTH TO SOUTHWEST 112.20 FEET; THENCE SOUTHWESTERLY ON A STRAIGHT LINE THAT MAKES AN INTERIOR ANGLE OF 143 DEGREES 34 MINUTES MEASURED NORTHEAST THROUGH SOUTH TO SOUTHWEST 125.30 FEET: THENCE SOUTHERLY ON A STRAIGHT LINE THAT MAKES AN INTERIOR ANGLE OF 149 DEGREES 15 MINUTES MEASURED NORTHEAST TO SOUTH 38.90 FEET; THENCE SOUTHEASTERLY ON A STRAIGHT LINE THAT MAKES AN INTERIOR ANGLE OF 152 DEGREES MEASURED NORTH TO SOUTHEAST 100 FEET; THENCE SOUTHEASTERLY ON A STRAIGHT LINE THAT MAKES AN INTERIOR ANGLE OF 173 DEGREES 43 MINUTES MEASURED NORTHWEST THROUGH NORTH TO SOUTHEAST 70.00 FEET: THENCE SOUTHEASTERLY ON A STRAIGHT LINE THAT MAKES AN INTERIOR ANGLE OF 194 DEGREES 27 MINTUES MEASURED NORTHWEST THROUGH NORTH TO SOUTHEAST 135.00 FEET THENCE SOUTH ON A STRAIGHT LINE THAT MAKES AN INTERIOR ANGLE OF 200 FEET. DEGREES 19 MINUTES MEASURED NORTHWEST THROUGH NORTH TO SOUTH 100.00 FEET; THENCE SOUTHEASTERLY ON A STRAIGHT LINE THAT MAKES AN INTERIOR ANGLE OF 99 DEGREES INMINUTES MEASURED NORTH TO SOUTHEAST 428.7 FEET; THENCE NORTHEASTERLY ON A STRAIGHT LINE THAT MAKES AN INTERIOR ANGLE OF 125 DEGREES 33 MINUTES MEASURED NORTHWEST THROUGHT NORTH TO NORTHEAST 200 FEET TO THE POINT OF BEGINNING IN LAKE COUNTY, INDIANA. KEY NUMBER: 7-19-40.

# INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. 155436

1. Decedent's Legal Name	al No 90		ED	R No 0000		67	State	No 01709	2	
	• • • • • • • • • • • • • • • • • • • •	,		1a. Maiden Nam	e (if female)	2. 8	Sex 3. T	ime Of Death	5. Date Of Death (Month/Day/Year)	
ELEANOR HELEN  5. Social Security Number		6b. Under 1 Year	6c. Under 1 Month	STRILKO 6d. Under 1 Day	6e. Under 1 Hour	7. Date of Birth (	MALE (	08:50 AM	04/01/2018	
-7199	85	Months	Days	Hours	Minutes				nd State or Foreign Country)	
9. Ever in U.S. Armed Force		th Occurred in A Hosp		Hours	1	03/04 rred Somewhere Or	/1933 ther Than A Hospita	GARY, IN		
Yes No Unkr		ent 🔲 Emergency De	spartment Outpatient	Dead on Arrival	Hospice Facility Other (Specify)			ing Home/Long-term C	are Facility	
11. Facility Name (If Not Institution, Give Street and Number) 2209 EAST US 231										
12. City Or Town, State, And	d Zip Code				13. County (	of Death		14. Marital Status		
CROWN POINT, IN					LAKE			☐ Married ☐ Married, But Separated ☐ Divorced ☐ Widowed ☐ Never Married ☐ Unknown		
15. Surviving Spouse's Nam	te		15a	. Last Name Before Fi	rst Marriage	16. Dec	cedent's Usual Occu	pation 1	7. Kind Of Business/Industry	
						CRAN	E OPERATO	OR S	TEEL	
18. Residence - State		18a. (	County		18b. City Or Tow					
18c. Street And Number		LAKE	<u> </u>		CROWN PC	INT				
						_	18d. Apt No.	18e. Zip Cod		
2209 EAST US 231	1	120	Decadary Of Little	0.02				4630	7 Yes 🖾 No	
HIGH SCHOOL GF	RADUATE C	R GED	Decedent Of Hispar	ocun	ient i	escient's Race				
COMPLETED 22. Parent's Name (First, Mic	ddle, Last)	NC	HISPANIC		White 23, Parents Name (F			220 Bosses	nt's Last Name Before First Marriage	
HARRY O STOW :	•		NU	UF	FICI	AL!			928ПВМ ЛЕПЧ БТОГО. Бишет жас че	
HARRY G STRILK	U .	- / m	24a Relationship T		MARY STRIL		er, Cry. State. Zin C	FALL		
LYNNE MARIE BA	СН		DAUGHTER		175 PARK PL					
25a. Method Of Disposition		Lags Sta	the La	25. Plac	e Of Disposition	or acr.				
☐ Burial ☑ Cremation ☐	Donation 🔲 Er		Of Disposition (Na	ime Of Cemetery, Cre	matory, Other Place)	25c. Location - 0	City, Town, And Stat	te		
Removal From State Other (Specify):		NORT		ANA CREM <mark>A</mark> T	TON	CBOMBLO	CIAIT IN			
26. Was Coroner Contacted	? 27.	Name And Complete		Facility		ICROWN P	OINT, IN	[ 2	7a. Funeral Home License Number:	
Yes 🛭 No	DI.	IDNIC ELINED	AL HOME /CE	OMAN DOINT	40404 BBO	IDIA/AV OD/	OVAINI DOMIT			
27b. Signature Of Indiana Funeral Service Licensee: 27c. Licensee Number (Of Licensee):										
JAMES E. BURNS	, BY ELEC	RONIC SIGN		use Of Death (See	Instructions And	xamples)	FD20700059	9	A	
28. Part I. Enter The Ch. Such As Cardiac Arrest,	Respiratory Arre	st. Or Ventricular Fit	r Complications - The	nat Directly Caused lowing The Etiology.	The Death. Do Not I	Enter Terminal Eve	ents ause On		Approximate Interval: Onset To Death	
A Line. Add Additional L	ines if Necessar	y.							SEVERAL	
Immediate Cause (Final	Disease Or Con	dition Resulting In De	eath) A	CHRONIC OSSTRU	ICTIVE PULMONAR	CY DISEASE  Due to (Or As A Consequ	uence Ot):	<del></del>	MONTHS	
Sequentially List Condition				S.O.		Due to (Or As A Consequ			· ·	
Line A. Enter The Under The Events Resulting In	rtying Cause (Dis Death) Last	ease Or Yojury That	Initiated C.			Doe of for Na v Conseq.				
					크네 :	Due to (Or As A Consec	uenos Of);			
Part II. Enter Other Significan	nt Conditions Cont	ributing to Death But N	D. Not Resulting In The I	Underlying Cause Give	in In Part I	29. Was An Autó	osy Performed?			
				VIII/NDI	ANA			Yes To Complete The Caus	⊠ No se Of Death? ☐ Vac ☐ No	
31. Did Tobacco Use Contri	bute To Death?	32. If Femal	id: act Within Past Year	December 44 The continue	O Mar Danier - Trans		33. Manner		Yes No	
Yes Probably 🗵		☐ Not Pregn	ant. But Pregnant 43 Days To	1 year Before Death	Not Pregnant, But Pregr Unknown If Pregnant W	thin The Past Year	☐ Suicide	Could Not Be Deter	ident Pending Investigation mined	
34. Date Of Injury (Month/D.	ay/Year)	35. Time C	Y Injury	36. Plac	o Of Injury (E.G., Dec	edent's Home, Con:		turant, Wooded Area)	37. Injury At Work?	
38. Location Of Injury - State		38a. City O	Town	38b St	reat & Number			390 And No.	Yes No	
								38c. Apt. No.	38d. Zip Code	
39. Describe How Injury Oc	curred						40. If Transp	portation Injury, Specifi or Pesseggy (Pedes	<u> </u>	
41. Signature, Of Person C	odihina Carra	Deeth	······································					NOIV	ALID UNLESS	
TEOFILO S VINLU  43. Name, Address And Zip	AN , BY EL	ECTRONIC SI	oth: i	HIS IS A TRUE	COPY OF			Coroner .		
			THE	RECORD ON F	ILE WITH THE	<u> </u>	44. Lic	onse Number	Tale Conflod	
TEOFILO S VINLU. 48. Additional Funeral Service	MN , 261 TA	ALL HMBERS	COURT, VA	YARAISU AN	46388ARTME	TM	0105	T042A	7 ON/04/2018	
48. Signature of Local Health		<del></del>	1	APR AR	2018	1 20 2	Parist : 5		The state of the s	
CHANDANA VAVIL	ALA, VIA E	LECTRONIC S	SIGNATURE	ELIN U U		- 1		APR 05.20	The state of the s	
		<del></del>	AMENDMEN	IT TO CERTIFICAT	E OF DEATH (ENT	RY OR ORIGINAL	-)	L. I Marie	1 Section 2 Section 2	
LAKE COUNTY HEALTH OFFICE							1			
			Section Section	COUNTY MEA	LIH OFFICE			The second secon		
itate Form 53395 ATTEN	TION ESTATE: 1	The Social Security #	is being ran toot-	by this state	da Lui					
		cooding w	A radinasi80	ny una state agency	rin order to pursue.	responsibility. Dis	closure is voluntar	y a RAISED	SEAL AFFIXED	