

NOT AN OFFICIAL DOCUMENT

AFFIDAVIT OF SURVIVORSHIP COLLECTION OF REAL PROPERTY 29-1-8

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

IN THE ESTATE OF)
ANNA M KUBIAK, DECEASED)

GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2021-062830

10:59 AM 2021 Oct 12

MICHAEL KUBIAK, being first duly sworn upon his oath deposes and says:

1. That he is of lawful age and lives and resides at 8341 Christopher Drive, St. John, Lake County, Indiana 46373, that he is the son of ANNA M. KUBIAK, deceased.
2. That ANNA M. KUBIAK was the owner as a tenant by the entireties with her husband, David Walter Kubiak, in the following described real estate in Lake County, Indiana, to wit:

(LEGAL DESCRIPTION)

Lot 141 Autumn Chase Phase I, an Addition to the Town of Dyer as per plat thereof, recorded in Plat Book 76, Page 78, on July 7, 1994 Lake County Indiana and amended by Certificate of Correction recorded October 19, 1994, Document No. 94071863.

(COMMONLY KNOWN AS): 2971 Autumn Lane, Dyer, Indiana 46311

Key #: 45-10-24-129.004-034

3. That David W. Kubiak and the decedent, ANNA M. KUBIAK, acquired title as tenants in common with life estate in ANNA M. KUBIAK to said real estate by deed of conveyance on the 1st day of January, 1995 and recorded in the Office of the County Recorder.
4. That Affiant further says that the parties continued to be such owners of the title to said real estate until the death of ANNA M. KUBIAK the 14th day of October, 2016, in Lake County, Indiana. (See Certified copy of Death Certificate attached and incorporated herein).
5. That the gross value of the estate of the decedent as determined for the purpose of Federal Estate Taxes was less than the value required for the filing of a Federal Estate Tax Return; therefore, the decedent's estate was not subject to Federal Estate Tax.
6. That the value of the gross probate estate, wherever located, less liens and encumbrances, does not exceed fifty thousand dollars (\$50,000.00). That the decedent's estate was not subject to Indiana Inheritance Taxes.
7. That DAVID W. KUBIAK is the joint owner, and the successor to the Decedent or a claimant entitled to the payment or property of the named decedent.

FILED

OCT 12 2021

JOHN E. PETALAS
LAKE COUNTY AUDITOR

25 cc
2# 5091
Lk

NOT AN OFFICIAL DOCUMENT

8. This Affidavit is made to show that DAVID W. KUBIAK by reason of the decedent's death is sole owner to said real estate and to induce the Auditor of Lake County, Indiana, to strike the name of decedent, ANNA M. KUBIAK, from the tax rolls on said real estate and to include DAVID W. KUBIAK, as sole owner.

THE FOREGOING STATEMENT IS MADE UNDER PENALTIES OF PERJURY.


Further your Affiant saith not.


MICHAEL KUBIAK

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)


Subscribed and sworn to before me a Notary Public in and for Lake County and State this day of October 4 2021

BRIAN JOHN OCIEPKA
Notary Public - Seal
Lake County - State of Indiana
Commission Number 711760
My Commission Expires Mar 22, 2026


NOTARY PUBLIC
Brian Ociepka
NOTARY PUBLIC (Printed)

My Commission Expires: 3/22/26
My County of Residence: LAKE

"I AFFIRM UNDER THE PENALTIES FOR PERJURY, THAT I HAVE TAKEN REASONABLE CARE TO REDACT EACH SOCIAL SECURITY NUMBER IN THIS DOCUMENT, UNLESS REQUIRED BY LAW"



PREPARED BY:
Return to: SONYA A. MORRIS, ATTORNEY AT LAW, LLC; 222 INDIANAPOLIS BLVD., SUITE 205,
SCHERERVILLE, INDIANA 46375

Notary of Lake County Recorder



Local No 003343

EDR No 000000537474

State No 048784

1. Decedent's Legal Name (First, Middle, Last) ANNA M KUBIAK		1a. Maiden Name (If Female) CAPELLO		2. Sex FEMALE	3. Time Of Death 11:39 AM	4. Date Of Death (Month/Day/Year) 10/14/2016	
5. Social Security Number [REDACTED]	6a. Age - Yrs 66	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) 07/16/1950	
8. Birthplace (City and State or Foreign Country) CHICAGO, IL		10. If Death Occurred Somewhere Other Than A Hospital <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)					
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		10a. If Death Occurred Somewhere Other Than A Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival		10b. If Death Occurred Somewhere Other Than A Hospital <input type="checkbox"/> Hospice Facility <input 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) ST MARGARET MERCY HEALTHCARE CENTERS-DYER				12. City Or Town, State, And Zip Code DYER, IN, 46311		13. County Of Death LAKE	
14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		15. Surviving Spouse's Name DAVID W. KUBIAK		15a. Last Name Before First Marriage LAKE		16. Decedent's Usual Occupation HOME MAKER	
17. Kind Of Business/Industry OWN HOME		18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town DYER	
18c. Street And Number 2971 AUTUMN LANE		18d. Apt. No.		18e. Zip Code 46311		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White			
22. Parent's Name (First, Middle, Last) FRANK CAPELLO		23. Parent's Name (First, Middle, Last) MARY CAPELLO		23a. Parent's Last Name Before First Marriage MCKEAGUE			
24. Informant's Name DAVID W KUBIAK		24a. Relationship To Decedent HUSBAND		24b. Mailing Address (Street And Number, City, State, Zip Code) 2971 AUTUMN LANE, DYER, IN 46311			
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input 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) CHAPEL LAWN MEMORIAL GARDENS CEMETERY		25c. Location - City, Town, And State SCHERERVILLE, IN			
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility ELMWOOD CHAPEL LTD, 11300 W 97TH LN, SAINT JOHN, IN 46373		27a. Funeral Home License Number FH19900052			
27b. Signature Of Indiana Funeral Service Licensee: JAMES F BETKOWSKI, BY ELECTRONIC SIGNATURE				27c. License Number (Of Licensee): FD09200077			
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. PULMONARY EDEMA 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 B. _____ C. _____ D. _____							
29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown							
32. If Female: <input checked="" type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant Or Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 45 Days To 1 Year Before Death		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) OCT 19 2016			
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 checked="" type="checkbox"/> No			
38. Location Of Injury - State		38a. City Or Town		38b. Street And Number		38c. Apt. No.	
38d. Zip Code		38e. City		38f. State		38g. Zip Code	
39. Describe How Injury Occurred							
40. If Transportation Injury, Specify: NOT VALID UNLESS							
41. Signature, Of Person Certifying Cause Of Death: CHANDANA VAVILALA, BY ELECTRONIC SIGNATURE							
42. Name, Address And Zip Code Of Person Certifying Cause Of Death: CHANDANA VAVILALA, 2900 W. 93RD STREET, CROWN POINT, IN 46307							
43. Additional Funeral Service Provider:							
44. Signature Of Local Health Officer: CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE							
45. For Registrar Only: DATE FILED MONTH/DAY/YEAR OCT 19 2016							

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)