

STATE OF INDIANA) Mailing address: 585 N. Kelly St., Hobart, IN 46342
)SS:
COUNTY OF LAKE)

AFFIDAVIT OF SURVIVORSHIP

Comes now Walter A. Sulak, Jr., and upon being duly sworn does attest and say:

- 1. That the affiant is the spouse of Helen L. Sulak aka Helen Sulak, deceased.
2. That Walter A. Sulak, Jr. and Helen L. Sulak aka Helen Sulak, acquired the following property as Husband and Wife during the term of their marriage.

LOT 13 IN BLOCK 2, AS MARKED AND LAID DOWN ON THE RECORDED PLAT OF LARSON'S FIRST SUBDIVISION, IN THE CITY OF HOBART, LAKE COUNTY INDIANA, AS THE SAME APPEARS OF RECORD IN PLAT BOOK 20, PAGE 26, IN THE RECORDER'S OFFICE OF LAKE COUNTY, INDIANA.

Commonly known as: 585 N. Kelly St., Hobart, IN 46342
Parcel No.: 45-09-29-253-004.000-018

- 3. That Walter A. Sulak, Jr. and Helen L. Sulak aka Helen Sulak, remained married until the death of Helen L. Sulak aka Helen Sulak on the 14th day of January, 2020.
4. That Walter A. Sulak, Jr. became the fee simple owner of the property at the death of Helen L. Sulak aka Helen Sulak.

I affirm under the penalties for perjury that the forgoing statements are true.

Walter A. Sulak, Jr.
Walter A. Sulak, Jr.

EXECUTED AND DELIVERED IN MY PRESENCE:

Witness Signature
Witness Printed

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

Before me, a notary public in fore said county and state this 18 day of November, 2021, Walter A. Sulak, Jr. acknowledged the execution of the forgoing or attached Affidavit of Survivorship as his voluntary act for the purposes stated therein.

Witness my hand and Notarial Seal this 18 day of November, 2021.

Notary Signature



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

Shauna M. Lange

This Instrument prepared by:
Shauna M. Lange, ESQ
REES AND LANGE, P.C.
301 Main Street, Hobart, IN 46342
(219) 947-1692

GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2021-068972
8:55 AM 2021 Nov 29

FILED
NOV 24 2021
JOHN E. PETALAS
LAKE COUNTY AUDITOR

Handwritten notes: 25 cc, CV# 1331, etc.



NOT AN OFFICIAL DOCUMENT

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 000147

EDR:IN 00000754569

State No: 001793

1. Decedent's Legal Name (Last, Middle, First) HELEN E. SULAK		3. Maiden Name (if female) SHORT		6. Sex FEMALE		7. Time of Death 06:40 PM		4. Date of Death (M, Day, Year) 01/14/20	
2. Social Security Number INDIANA		5. Under 1 Year 05/06/1942		8. Under 1 Month CHICAGO, IL		9. Date of Birth (Month/Day/Year)		10. Residence at Date of Death CHICAGO, IL	
8. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		10. If Death Occurred in a Hospital: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department/Outpatient <input type="checkbox"/> Based on Arrest		10a. If Death Occurred Somewhere Other Than a Hospital: <input type="checkbox"/> Home 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 MARY MEDICAL CENTER INC		14. Marital Status At Time of Death: <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/> Unknown	
12. City or Town, State, and Zip Code HOBERT, IN 46342		13. County of Death LAKE		15. Last Name Before First Marriage WALTER ANDREW SULAK		16. Decedent's Usual Occupation UNIT SECRETARY		17. Kind of Business Industry MEDICAL	
18. Residence if State INDIANA		18a. County LAKE		18b. City or Town HOBERT		18c. Street and Number 585 NORTH KELLY STREET		18d. Apt. No. 46342	
19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED		20. Decedent of Hispanic Origin <input checked="" type="checkbox"/> NOT HISPANIC		21. Decedent's Race White		22. Parent's Name (First, Middle, Last) MARY SHORT		23a. Parent's Last Name Before First Marriage MEISTER	
22. Parent's Name (First, Middle, Last) UNAVAILABLE SHORT		24. Informant's Name WALTER ANDREW SULAK		24a. Relationship to Decedent SPOUSE		24b. Mailing Address (Street and Number, City, State, Zip Code) 585 NORTH KELLY STREET, HOBERT, IN 46342		25. Place of Disposition PORTAGE, IN	
25a. Method of Disposition <input 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) CALVARY CEMETERY		25c. Location - City, Town, and State PORTAGE, IN		26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name and Complete Address of Funeral Facility REES FUNERAL HOME, HOBERT, CHAPEL, 600 W OLD RIDGE RD, HOBERT, IN 46342	
27a. Signature of Indiana Funeral Service Licensee JOSHUA R. KRAUSE, BY ELECTRONIC SIGNATURE		27b. License Number (of Licensee) FD29700036		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. ACUTE RESPIRATORY FAILURE		28. Was an Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		29. Were Autopsy Findings Available to Complete the Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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) B. ACUTE ON CHRONIC CONGESTIVE HEART FAILURE		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) C. ATRIAL FIBRILLATION		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) D. ACUTE KIDNEY INJURY		30. Signature of Informant MARK OREN CARTER, BY ELECTRONIC SIGNATURE		31. Date of Death 01/14/2020	
34. Date of Injury (Month/Day/Year) NO		35. Time of Injury NO		36. Location of Injury - State NO		36a. City or Town NO		36b. Apt. No. NO	
39. Describe How Injury Occurred NO		40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Other		41. Signature of Person Certifying Cause of Death MARK OREN CARTER, BY ELECTRONIC SIGNATURE		42. Certifier's Check (Do Not Check) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Other Health Care Provider <input type="checkbox"/> Other		43. State Number 01036615A	
43. Name, Address and Zip Code of Person Certifying Cause of Death MARK OREN CARTER, 164 BRACKEN PKWY, HOBERT, IN 46342		44. License Number 01036615A		45. Date of Death 01/14/2020		46. Signature of Local Health Officer CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE		47. For Registrar Only JAN 16 2020	

THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT
JAN 17 2020

NOT VALID UNLESS