NOT AN OFFICIAL DOCUMENT

GINA PIMENTEL RECORDER STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2021-070415

8:37 AM 2021 Dec 7

| STATE OF INDIANA |) |
|------------------|-------|
| |) SS: |
| COUNTY OF LAKE |) |

SURVIVORSHIP AFFIDAVIT

- 1. Affiant resides at the address given below Affiant's signature.
- 2. The following real estate was formerly owned by Thomas W. Vadas

("Affiant") and Sharon M. Vadas a/k/a Sharon Vadas as husband and wife:

LOT 39 IN NORTHGATE FIRST ADDITION. TO THE TOWN OF DYER, AS PER PLAT THEEREOF, RECORDING IN PLAT BOOK 39, PAGE 41, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Parcel Number: 45-10-01-476-010.000-034 Common Address: 707 211th Place, Dyer, Indiana 46311

- Sharon M. Vadas a/k/a Sharon Vadas ("Decedent") passed away on the 7th day of September 2021, a resident of 707 211th Place, Dyer, Indiana, Lake County, Indiana.
- To the best of Affiant's knowledge there is no estate or inheritance tax liability by reason of the death of Decedent.
 - Affiant is the surviving spouse of Decedent.

THOMAS W. VADAS 707 211th Place Dyer, Indiana 46311

d. 34

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| STATE OF INDIANA |)) SS: |
|------------------|------------|
| COUNTY OF LAKE |) 55. |

Before me, the undersigned, a Notary Public in and for said County and State, this 2nd day of December 2021, personally appeared THOMAS W. VADAS and acknowledged the execution of the foregoing Affidavit as her voluntary act for the purposes stated therein. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

NOTARY PUBLIC RESIDENT OF LAKE COUNTY, IN

I affirm under the penalties for perjury that I have taken reasonable care to redact each Social Security

My Commission Expires: Commission #663891

number in this document, unless required by law.

KENNETH M WILK Notary Public - Seal State of Indiana Lake County My Commission Expires Feb 10, 2023

This instrument was prepared by RUBINO, RUMAN, CROSMER & POLEN By: Kenneth M. Wilk -#1242-45
275 Joliet Street, Suite 330, Dyer, IN 46311
(219) 322-8222

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| Social Security Number 6a. Age - Yrs 6b. L | Under 1 Year 6 | ic. Under 1 M | Prims fonth 6d. Under 1 Day | 6e. Under | 1 Hour 7. Da | ate of Birth (M | onth/Day | Year) 8 | Birthplace (Ci | ty and Stat | e or Foreign Country) |
| 80 Mont | THE RESERVE | Davs | Hours | Minutes | | 4/16/194 | | 3 | Hammond | , Indiana | a |
| Ever in U.S. Armed Forces? 10. If Death Occu | | | rous | 10a. If Dea | ath Occurred Sc | mewhere Oth | er Than A | Hospital | | | |
| Yes No Unknown Inpatient | Emergency Depa | artment Outpo | atient Dead on Arrivo | al Other (5 | | Decedent's it | lome | Nursing | Home-Long-te | m Care Fa | olity |
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| City Or Town, State, And Zip Code | 107.2 | i i ii Piac | De . | 13.1 | County Of Deat | | -11 | 110 | 14. Marital Si | tatus At Tim | se Of Death |
| Over, Indiana 46311 | | | | Lak | | | | II E | Married [| Married. | But Separated Divorce |
| 5. Surviving Spouse's Name | | 1 | 15a. Last Name Before | First Marriage | 100 | 16. Deor | ident's Us | ual Occupa | | | d Of Business/Industry |
| | | | Vadas | | | Hair S | tylist | | | Beaut | v III |
| Thomas Vadas | 18a. Co | ounty | 10 | 18b. Cit | y Or Town | - Proper | 7 | Harr | Legali | 1771 | THE PERSON NAMED IN |
| N | Lake | | | Dyer | | | | | | | |
| Bc. Street And Number | THE PERSON | 11 | | 44 | 1 | | 184. | Apt. No. | 18e. Zig | Code | 18f. Inside City Limits |
| 707 211th Place | | | | | | | Elli | | 4631 | 1 | Yes No |
| 9. Decedent's Education | 20. C | Decedent Of H | Spanic Origin | | 21. Decede | nt's Race | - | ALTES | | Till. | The latest and the la |
| High School graduate or GED compl | | | spanic/Latino | | White | | | | | | |
| 2. Parent's Name (First, Middle, Last) | (1 | JILLEY | THE PERSON NAMED IN | 23. Parent's | Name (First, M | idde, Last) | L. III | Hope | 23a. | Parent's La | st Name Before First Marrie |
| Leroy Prims | | Mary I | | Dorothy | Prims | | | | Kal | len | |
| 4. Informant's Name | | | thip To Decedent | | Address (Stre | | | tate, Zip Cor | de) | | |
| Thomas Vadas | miller. | Husband | | 707 211 | th Place, I | yer, IN, 4 | 6311 | 111 | | | |
| Sa Method Of Disposition | I 96h Disce | Of Disposition | n (Name Of Cemetery, C | Place Of Disposit Crematory, Othe | tion | Location - C | ty Town | And State | 200 | | |
| Burial Cremation Donation Entombre | | 1 | 100 | | | | | | | | |
| Removal From State Other (Specify): | Memor | y Lane Ce | emetery | | С | rown Poir | t, IN | | | | |
| 6. Was Coroner Contacted? 27. Name | And Complete A -Miller Funer | ddress Of Fu | neral Facility | | | 500 | | | | - | uneral Home License Numb |
| ☐ Yes ☐ No IncSa | int John 858 | 80 Wicker | Avenue, Saint J | ohn, Indian | a, 46373 | | | | | - | 0200006 |
| 75. Signature Of Indiana Funeral Service Licensee: Richard Alan Miller | Street, Street | | - Table 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 | - | | | | | | | ALCOHOLD STREET |
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