NOT AN OFFICIAL DOCUMENT

2022-515353 04/12/2022 12:16 PM TOTAL FEES: 25.00 BY: JAS PG #: 3 STATE OF INDIANA LAKE COUNTY FILED FOR RECORD GINA PIMENTEL RECORDER

STATE OF INDIANA)
COLINTY OF LAKE) SS:

AFFIDAVIT OF SURVIVORSHIP

Melody Jo Gibson, being duly sworn, state as follows:

- 1. I am over the age of eighteen (18) and suffer from no disability which would render my testimony incompetent.
- 2. Affiant is the daughter of Jack Darrell Junkens (aka Jack Darrell Junkens, Sr., aka Jack D. Junkens, Sr.) and Claudette Junkens.
- Jack Darrell Junkens, (aka Jack Darrell Junkens, Sr., aka Jack D. Junkens, Sr.) and Claudette Junkens are the owners in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

57.66 feet by parallel lines off the entire North side of the following described property commencing at a point 461.28 feet South and 660 feet East of the Northwest corner of the Northwest Quarter of the Southwest Quarter of Section 28. Township 36 North, Range 9 West of the 2nd Principal Meridian, thence running East parallel with the North line of the Northwest Quarter of the Southwest Quarter of Section 28, a distance of 566.60 feet to the West Right of Way line of the Chicago, Indiana and Southern Railroad, thence South along the West right of way line a distance of 214.80 feet, thence West 566.60 feet, thence North 209.03 feet to the Description, all in the Town of Highland, Lake County, Indiana.

Commonly Known As: 9337 Spring Street, Highland, IN 46322

Affiant's Address: 2174 St. Joseph, Lake Station, IN 46405

Tax ID #45-07-28-303-007.000-026

 Jack Darrell Junkens (aka Jack Darrell Junkens, Sr., aka Jack D. Junkens, Sr.) and Claudette Junkens acquired title to said real estate as Husband and Wife, tenants by the entirety, by Warranty Deed on the 15th day of January, 1958 and recorded in the Office of the Lake County Recorder on the 6th day of February, 1958 as Document No. 81946.

FILED

Apr 11 2022 cR JOHN E. PETALAS LAKE COUNTY AUDITOR

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Claudette Junkens died on August 24, 2018. See attached Death Certificate for Claudette Junkens.

5. 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.

Melody Jo Gibson, Affiant

2174 St. Joseph, Lake Station, IN 46405

15 Pecorder

STATE OF INDIANA

() SS:

COUNTY OF LAKE

Before me, the undersigned, a Notary Public in and for said County and State, this \(\frac{\gamma + h}{1} \)
day of \(\frac{April.}{2022} \)
Personally appeared: \(\frac{Melody Jo Gibson}{2000} \)
and acknowledged the execution of the foregoing deed. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

Lesa A. Potacki, Notary Public My commission expires: 2/13/2022

Resident of Lake County

Laffirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law. /s/Gary P. Bonk

This Instrument Prepared By: Gary P. Bonk, Attorney at Law (Attorney No. 20519-45), (219) 864-7800 900 Parker Place, Suite A, Schererville, Indiana 46375

NOT AN OFFICIAL TO DESCRIPTION OF DEATH OF DEATH

LAUDETTE JUNKENS Social Security Number 6a. Age - Yrs			la. Maiden N	000661	250	2. Se:	State	NO ne Of Death	4. Dat	Of Death (Month/Dav/Ye
		0	REEN					0.40.444		00040040
	6b. Under 1 Year 6c; Under	1 Month 6d.	Under 1 Day	6e. Under 1 Ho	r 7. Dat	e of Birth (M	IALE 0	9:49 AM 8. Birthplace (City	and Stat	08/24/2018 e or Foreign Country)
Ever in U.S. Armed Forces? 10 // Death	Months Days	Hou	irs	Minutes		11/23/1	936	HAMMOND	IN:	
	Occurred in A Hospital:			☐ Hospice Fac			r Than A Hospital	ng Home/Long-term	Care Ea	olibu
	nt 🔲 Emergency Department Or	tpatient 🔲	Dead on Arriv	al Dother (Speci			And District	ng Frome-Long-willi	Colo Fo	uny
Facility Name (If Not Institution, Give Street 37 SPRING STREET	and Number)									
. City Or Town, State, And Zip Code				13. Coun	y Of Death			14. Marital Statu		
GHLAND, IN, 46322	46322					LAKE Married Marri				
Surviving Spouse's Name		15a. Last	Name Before	First Marriage		16. Deced	lent's Usual Occup			d Of Business/Industry
CK JUNKENS						соок			-DUG	ATION
Residence - State	18a. County			18b. City Or 1	own	COOK			ייייי	ATION
DIANA	LAKE			HIGHLAN)					
Street And Number	-			11.0.00			18d. Apt. No.	18e. Zip Co	ode	181. Inside City Limit
37 SPRING STREET	0_							4632	22	⊠ Yes □ No
Decedent's Education	20. Decedent O	Hispanic Orig	jin	21.	Decedents	Race		1 4032		
H - 12TH GRADE; NO DIPLO	MA NOT HISPA	NIC		Wh	te					
Parent's Name (First, Middle, Last)	1			23. Parent's Name	(First, Midd	lo, Last)		23a. Pare	ent's Las	Name Before First Marris
CAR GREEN				EDITH GRE	=N			BAUG	H.	
nformant's Name	24a. Refatio	ship To Dece	dent	24b. Mailing Addre		and Number,	City, State, Zip Co	de)		- 11
CK JUNKENS	SPOUSE			9337 SPRIN		ET, HIG	HLAND, IN	46322		
Method Of Disposition	25b. Place Of Disposit	no (Name Of	25, Pla	ce Of Disposition	260 10	cation - City	Town, And State			
Burlat Cremation Donation Entor	ibment		2	mining, onto 1 lace	1	outer - City,	TOIN, AND GUILE			
Removal From State Other (Specify):	CHAPEL LAWN	, ,	14		CRO	WN POI	NT IN			
Was Coroner Contacted? 27. Na	ime And Complete Address Of Fe	neral Facility	1/5)					27a. Fur	eral Home License Numb
1 Yes ⊠ No HILL: 4632	SIDE FUNERAL HON	IE & CRE	MATION	CENTER, 8	41 KLE	INMAN	ROAD, HIG	HLAND, IN		00003
Signature Of Inclana Funeral Service License	10:			$\overline{}$. License Numbe	r (Of Licensee):	H) 1/	00003
VIŇ BRYANT NORDYKE , BY		Cause Of	Death (See	Instructions And	Fxamoles		29600005		<u> </u>	Approximate
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mediate Cause (Final Disease Or Condition	n Resulting In Death)	A PROTE	IN-CALORIE	MALNUTRITION	12:	A Consequence o				MONTHS
		. CHRON	IIC ISCHEM	IC HEART DISEAS	- 6	V coursectures	100			YEARS
quentially List Conditions; If Any, Leading e A. Enter The Underlying Cause (Disease		a. Onto	IIQ IOOTILM	O HEART DIGERO	Ove to (O), All	A Consequence (TEARS
e Events Resulting in Death) Last		D			Date to 10r As	A Consequence (
		D.								
I. Enter Other Significant Conditions Contribution	ng to Death But Not Resulting In	The Underlyin	g Cause Give	n In Part I	29. Was A	n Autopsy P	erformed?	☐ Yes	⊠ No	
					30. Were	Autopsy Fins		complete The Cause	Of Dea	h? ☐ Yes ☐ No
id Tobacco Use Contribute To Death?	32. If Female: Not Pregnant Within Past Year	☐ Fregnant At	Time Of Death	Not Pregnant, But Presen	int Willia 42 Da	ys Of Death	33. Manner Of L	Seath:	dent F	Pending Investigation
s ☐ Probably ☐ No ☑ Unknown	Not Pregnant, But Pregnant 43 D		e Death [Unknown if Pregnant Wi	No The Foot Ye	er -	☐ Suicide ☐ C	ould Not Be Determ	nined	
	35. Time Of Injury		36. Place	Of Injury (E.G., Deci	dent's Hom	e, Constructi	on Site, Restaurar	t, Wooded Area)		Injury At Work?
ate Of Injury (Montil/Day/Year)		AL- 100 c		at P. Marchae	A. W. COMME	Color Ambronia			Fed.	∐ Yes ∐ No Zip Code
	38a. City Or Town	- 1						1 3Bc Art No		
	38a. City Or Town		THE REC	ORD ON EILE	tourns :	PLIET		38c. Apt. No.	380	. Esp cooc
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isotile few injury State Isotile Hew Injury Occurred The Author of Person Certifying Cause Of Death E. R. MUNN. BY ELECTRONIC	SIGNATURE	Lat	HE REC	ORD ON FILE	WITH	MENT	40. If Transporta Orient/Operator [or (Check Only O ring Physician 44. License	tion Injury, Specify. Passanger Passanger NOT	VAL	rr (Specify)
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