

NOT AN OFFICIAL DOCUMENT

Please forward original recorded document to:
Scott R. Bilse
ABRAHAMSON, REED & BILSE
8230 Hohman Avenue
Munster, IN 46321

GINA PIMENTEL
RECORDER
2022-029944
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
11:34 AM 2022 Aug 18

STATE OF INDIANA)
)
COUNTY OF LAKE)

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AFFIDAVIT OF SURVIVORSHIP

Comes now **PETER J. ZOLKES**, who being first duly sworn upon oath, states as follows:

Affiant **PETER J. ZOLKES** is the surviving husband of decedent **SHEILA R. ZOLKES**, and has personal knowledge of the facts set forth herein below.

Affiant **PETER J. ZOLKES** and **SHEILA R. ZOLKES** were husband and wife at the time they acquired title as tenants by the entireties to real estate commonly known as **9158 Chestnut Lane, Munster, Indiana 46321** by WARRANTY DEED dated April 28, 2000, recorded on May 4, 2000 as Document Number 2000 030427, in the Office of the Lake County Recorder, the legal description for which real estate is as follows:

Lot 13, in Fairmeadow 8th Addition, Block 4, to the Town of Munster, as per plat thereof, recorded in Plat Book 43, page 103, in the Office of the Recorder of Lake County, Indiana.

(Lake County Parcel Number: 45-07-29-352-003.000-027)

That the marital relationship which existed between **PETER J. ZOLKES** and **SHEILA R. ZOLKES** continued unbroken from the time they so acquired title to said real estate until the death of **SHEILA R. ZOLKES** on June 29, 2022, at which time **PETER J. ZOLKES** acquired title to the real estate as surviving tenant by the entireties. A redacted copy of the Death Certificate for **SHEILA R. ZOLKES** is attached hereto as **Exhibit "A"**.

That the gross value of the taxable estate of decedent **SHEILA R. ZOLKES**, as determined for the purpose of Federal Estate Taxes, was less than the value required for the filing of a Federal Estate Tax Return, and the decedent's estate is not subject to Federal Estate Taxes. That the decedent's estate is also not subject to Indiana Inheritance Taxes.

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cc
D

FILED

AUG 18 2022

JOHN E. PETALAS
LAKE COUNTY AUDITOR

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That all funeral expenses in connection with the death of said **SHEILA R. ZOLKES** have been paid in full.

FURTHER THE AFFIANT SAYETH NAUGHT.

IN WITNESS WHEREOF, the said **PETER J. ZOLKES** has hereunto set his hand and seal this **17th day of August, 2022.**



PETER J. ZOLKES

STATE OF INDIANA)
)
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared **PETER J. ZOLKES**, who acknowledged the execution of the foregoing Affidavit of Survivorship, this **17th day of August, 2022.**

WITNESS my hand and notarial seal.

My Commission Expires: 9/13/2025
Resident of Lake County
My Commission Number: 705230


Scott R. Bilse, Notary Public

This instrument prepared by:

Scott R. Bilse, Attorney #13926-45
ABRAHAMSON, REED & BILSE
8230 Hohman Avenue
Munster, Indiana 46321
(219) 595-5306, ext. 224



SOCIAL SECURITY REDACTION: 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.

-Scott R. Bilse-

EXHIBIT AINDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 002788

EDR No 000011394152

State No 2022-037768

1. Decedent's Legal Name (First, Middle, Last) Sheila Rae Zolkes		1a. Maiden Name (if female) Lannin		3. Gender Female		5. Time of Death 05:53 PM		4. Date of Death (Month/Day/Year) 06/29/2022	
5. Social Security Number REDACTED		6a. Age - Yrs 75		8b. Under 1 Year Months Days Hours		8c. Under 1 Month Days Hours		8d. Under 1 Year Months Days Hours	
7. Date of Birth (Month/Day/Year) 04/28/1947		8. Birthplace (City and State or Foreign Country) Hammond, Indiana							
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department/Outpatient <input type="checkbox"/> Dead on Arrival		10a. 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) Franciscan Health Munster									
12. City Or Town, State, And Zip Code Munster, Indiana				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 Peter Zolkes			15a. Last Name Before First Marriage Zolkes			16. Decedent's Usual Occupation Office Manager		17. Kind Of Business/Industry Hyre Electric	
18. Residence - State IN		18a. County Lake		18b. City Or Town Munster		19a. Apt. No.		19b. Zip Code 46321	
19c. Street And Number 9518 Chestnut Lane		19d. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		20. Decedent Of Hispanic Origin High School graduate or GED completed Not Spanish/Hispanic/Latino		21. Decedent's Race White		22. Parent's Name (First, Middle, Last) Jeremiah Lannin	
23. Parent's Name (First, Middle, Last) Jeremiah Lannin		23a. Parent's Last Name Before First Marriage Davis		24. Informant's Name Peter Zolkes		24a. Relationship To Decedent Husband		24b. Mailing Address (Street And Number, City, State, Zip Code) 9518 Chestnut Lane, Munster, IN, 46321	
25. Place Of Decedention									
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			25c. Location - City, Town, And State Schererville, IN				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Solan-Prunzi Funeral Service Inc, Dba Solan-Prunzi 14 Kennedy Avenue, Schererville, Indiana, 46375			27a. Funeral Home License Number FH10200037				
27b. Signature Of Indiana Funeral Service Licensee: John S Prunzi Jr		27c. License Number (ILL/IN/IL/IA) Electronically Signed			27d. License Number (ILL/IN/IL/IA) PD29600199				
28. Part I. Enter The <u>Chain Of Events</u> - 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 Each Line. Add Additional Lines If Necessary.									
Immediate Cause (Final Disease Or Condition Resulting In Death)									
A. Septic shock days									
B. Bacteremia days									
C. perforated colon days									
D. days									
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									
Part II. Enter Other <u>Significant Conditions Contributing To Death</u> , But Not Resulting In The Underlying Cause Given In Part I									
Acute kidney injury, hypothermia, acute respiratory failure.									
29. Was An Autopsy Performed ON HEALTH OFFICER'S RECOMMENDATION? <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 type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, Not Pregnant 0-12 Days To 1 Year Before Death <input type="checkbox"/> Lost/Stillborn Or Pregnant Within That Year Year		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)			
35. Date Of Injury (Month/Day/Year)		35a. Time Of Injury		35b. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)		35c. Apt. No.		35d. Zip Code	
36. Location Of Injury - State		36a. City Or Town		36b. Street & Number		36c. Apt. No.		36d. Zip Code	
37. Describe How Injury Occurred									
41. Signature, Of Person Certifying Cause Of Death: Mark Sahlo		42. Certifier (Check Only One) <input checked="" type="checkbox"/> Physician <input type="checkbox"/> Not Valid Without ESS			43. License Number 01075468A				
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: Mark Sahlo 5454 Hohman Avenue, Hammond, IN 46320		44. License Number 07/08/2022			47. Date 07/08/2022				
46. Additional Funeral Service Provider:		48. For Registrar Only - Sign First (Month/Day/Year) Electronically Signed			48. For Registrar Only - Sign First (Month/Day/Year) 07/08/2022				
48. Signature of Local Health Officer: Chanelene Varvada									