

NOT AN OFFICIAL DOCUMENT

FILED

Aug 18 2022 LM
JOHN E. PETALAS
LAKE COUNTY AUDITOR

2022-534121
08/18/2022 02:27 PM
TOTAL FEES: 25.00
BY: JAS
PG #: 3

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
GINA PIMENTEL
RECORDER

SEND TAX BILLS TO:

Jennifer L. Linko n/k/a Jennifer L. Skalski
1200 W. Fred
Whiting, IN 46394

RECORDED DOCUMENT TO:

Attorney Lisa A. Kmak
1022 - 119th Street
Whiting, IN 46394

SURVIVORSHIP AFFIDAVIT

Jennifer L. Linko n/k/a Jennifer L. Skalski, an interested person herein, being duly sworn, says:

1. That **Michael J. Linko** died on the 9th day of January, 2009. A redacted copy of the Owner's Death Certificate is attached to this Affidavit and made part of it by reference.
2. That **Michael J. Linko and Jennifer L. Linko n/k/a Jennifer L. Skalski**, held fee simple title, as husband and wife (tenants by the entireties), in the property commonly known as **1200 W. Fred Street, Whiting, Indiana 46394**, and further described as follows:

LOT 1, BLOCK 2, DAVIDSON'S FRED STREET ADDITION,
IN THE CITY OF WHITING AS SHOWN IN PLAT BOOK 5,
PAGE 35, IN LAKE COUNTY, INDIANA.

Parcel Number: 45-03-07-254-001.000-025

3. That the marital relationship which existed between them remained in effect and unbroken until the date of the death of **Michael J. Linko**.
4. That due to the death of **Michael J. Linko**, fee simple title in the above-described real estate now vests solely in **Jennifer L. Linko n/k/a Jennifer L. Skalski**.
5. That this affidavit is being filed to clarify the title to said real estate and to induce the Auditor of Lake County, Indiana, to transfer ownership of the real estate described above, fee simple, to **Jennifer L. Linko n/k/a Jennifer L. Skalski, 1200 W. Fred Street, Whiting, IN 46394**.

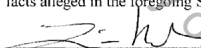
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Further your affiant sayeth not this 15 day of August, 2022.


Jennifer L. Linko n/k/a Jennifer L. Skalski

STATE OF INDIANA)
) SS
COUNTY OF LAKE)

Before me, a Notary Public in and for said county and state, personally appeared Jennifer L. Linko n/k/a Jennifer L. Skalski, and being first duly sworn by me upon her oath, says that the facts alleged in the foregoing Survivorship Affidavit are true.



Lisa A. Kmak, Notary Public
Resident of Lake County, IN
My Commission #705935
Expires: 11/07/2025



I affirm, under the penalties of perjury, that I have taken reasonable care to protect each Social Security Number in this document, unless required by law. - Lisa A. Kmak

This instrument prepared by Lisa Kmak, LLC, 1022 - 119th Street, Whiting, IN 46394, 219/659-1355 at the specific bequest of the Affiant based solely on information supplied by one or more of the parties to this conveyance, and without examination of title or abstract. The drafter assumes no liability for any errors, inaccuracy, or omissions in this instrument resulting from the information provided, the parties hereto signifying their assent to this disclaimer by the Affiant's execution.



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INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No. 10062-09

State No. _____

1. Decedent's Legal Name (Print, Middle, Last) MICHAEL J. LINKO				14a. Maiden Last Name (If Female)				2. Sex M		3. Time of Death 09:50 P.M.		4. Date of Death (Month/Day/Year) JANUARY 9, 2009			
5. Social Security Number [REDACTED]		6a. Age At Death 47		6b. Under 1 Year Months		6c. Under 1 Month Days		6d. Under 1 Year Hours		6e. Under 1 Year Minutes		7. Date of Birth (Month/Day/Year) NOVEMBER 22, 1961			
8. Ever in U.S. Armed Forces <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>		10. If Death Occurred In A Hospital: <input 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 checked="" type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-Term Care Facility <input type="checkbox"/> Other (Specify)				8. Birthplace (City And State Or Foreign Country) HAMMOND, INDIANA					
11. Facility Name (If Not Institution, Give Street And Number) WILLIAM J. RILEY MEMORIAL RESIDENCE, 611 OTIS BOWEN DRIVE												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	
12. City Or Town, State, And Zip Code MUNSTER, INDIANA 46321				15a. (If Why/Give Maiden Last Name) DOMASICA				16. Decedent's Usual Occupation PARK FOREMAN		17. Kind of Accommodation CITY OF WHITING					
15. Surviving Spouse's Name JENNIFER L. LINKO				15b. (If Why/Give Maiden Last Name)				16. Decedent's Usual Occupation PARK FOREMAN		17. Kind of Accommodation CITY OF WHITING					
18a. Residence - state INDIANA				18b. City Or Town LAKE				18c. City Or Town WHITING				19. Mailing Address (If Different From Above) 1200 WEST FRED STREET			
19a. Street And Number 1200 WEST FRED STREET				19b. Apt. No.		19c. Zip Code 46394		19d. 10997 CITY LIGHTS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
20. Decedent's Education High school graduate or GED completed				20a. Decedent Of Hispanic Origin No, not Spanish/Hispanic/Latino				20b. Decedent's Race White							
22. Father's Name (Print, Middle, Last) RAYMOND J. LINKO				23. Mother's Name (Print, Middle, Last) JEAN A. LINKO				23a. Mother's Maiden Last Name KORBEL							
24. Deceased's Name MRS. JENNIFER L. LINKO				24a. Relationship To Decedent WIFE				24b. Mailing Address (If Different From Above) 1200 WEST FRED STREET, WHITING, INDIANA 46394							
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) JANUARY 14, 2009 ST. JOHN CEMETERY				25c. Location - City, Town, And State HAMMOND, INDIANA							
25a. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				27. Name And Complete Address Of Funeral Facility BARAN & SON, INC. 1235 119TH STREET, WHITING, INDIANA 46394				27a. Funeral Home License Number FDH83007267							
27b. Signature of Indiana Funeral Service Licensee <i>[Signature]</i>				27c. License Number (Of Licensee) FDE01018466											
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. Metastatic Non-Small Cell Lung Cancer Due To (Or As A Consequence Of) B. _____ Due To (Or As A Consequence Of) C. _____ Due To (Or As A Consequence Of) D. _____ Approximate Interval: Onset To Death 3 mos															
Part II. Enter Other Significant Conditions Contributing To Death, But Not Resulting In The Underlying Cause Given In Part I a. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No b. Were Autopsy Findings Available To Complete The Chain Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No															
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" 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, But Pregnant Within 1 Year Before Death <input type="checkbox"/> Unknown (Pregnant Within The Past Year)				33. Manner of Death: <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Indeterminate <input type="checkbox"/> Cause Unknown							
34. Date of Injury (Month/Day/Year)				35. Time of Injury				36. Place of Injury (i.e., Decedent's Home, Construction Site, Restaurant, Wooded Area) <input type="checkbox"/> Yes <input type="checkbox"/> No							
38. Location of Injury - State				38a. City Or Town				38b. Street & Number							
39. Describe How Injury Occurred															
41. Signature of Person Certifying Cause of Death <i>[Signature]</i>															
42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Licensed Health Officer															
43. Name, Address And Zip Code Of Person Certifying Cause of Death: BARBARA L. FULLER, M.D., 801 MAC ARTHUR BLVD., #401, MUNSTER, INDIANA 46321				44. License Number 01034701				45. Date Certified JAN. 11, 2009							
46. Additional Funeral Service Provider:															
48. Signature of Local Health Officer <i>[Signature]</i>				48. For Registrar Only - Date Filed (Month/Day/Year) January 12, 2009											