

FILED

Oct 28 2022 SLG
JOHN E. PETALAS
LAKE COUNTY AUDITOR

2022-543835
10/28/2022 10:41 AM
TOTAL FEES: 25.00
BY: SP
PG # : 2

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
GINA PIMENTEL
RECORDER

Recordation Requested By /Return to:
WFG Lender Services
2625 Townsgate Rd, Suite 101
Westlake Village, California 91361

SURVIVORSHIP AFFIDAVIT

STATE OF Indiana)
COUNTY OF Lake)

SS:

Edward J Basick, being first duly sworn upon oath, deposes and says:

- 1. That Kathryn Basick died on 21 May 2017 at Hobart, Indiana (City/State)
- 2. That Edward Basick and Kathryn Basick were duly and legally married at the time they acquired title as husband and wife to the following described real estate:
LOT 8 IN DEER RUN ESTATES, AN ADDITION TO THE CITY OF LAKE STATION, COUNTY OF LAKE, STATE OF INDIANA AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 84 PAGE 75, IN THE RECORDER OF LAKE COUNTY, INDIANA, AND AMENDED PLAT RECORDED IN PLAT BOOK 85 PAGE 23

- 3. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of (his) (her) death. *Death Certificate Attached esp
- 4. That all funeral expenses in connection with the death of said decedent have been paid in full.
- 5. That all of the assets of said decedent which would be includable for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

Further affiant sayeth not.

Edward J Basick
Affiant Signature

STATE OF Indiana)
COUNTY OF Lake)

ACKNOWLEDGEMENT

Before me, a Notary Public in and for said County and State, personally appeared Edward J Basick who acknowledged the execution of the foregoing instrument, and who, having been duly sworn, stated that any representations therein contained are true. Witness my hand and Notary Seal this 26th day of September, 2022.

Resident of Lake County, Indiana. Signature Maurice C Watson
My Commission Expires: 3-22-2026 Printed Maurice C Watson

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. Carmen Juarez
(Name) Carmen Juarez

This instrument prepared by Carmen Juarez
2625 Townsgate Rd, Suite 101
Westlake Village, California 91361





INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No. 001823

EDR No. 00002052362

State No. 2017-025885

1. Decedent's Legal Name (First, Middle, Last) KATHRYN BASICK				1a. Maiden Name (if female) COOK		2. Gender Female		3. Time of Death 10:00 AM		4. Date of Death (Month/Day/Year) 05/21/2017									
5. Social Security Number 67		6a. Age - Yrs Months Days		6b. Under 1 Year Hours		6c. Under 1 Month Minutes		7. Date of Birth (Month/Day/Year) 02/02/1950		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 type="checkbox"/> Hospital Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Other (Specify):																			
11. Facility Name (If Not Institution, Give Street and Number) ST MARY MEDICAL CENTER INC																			
12. City or Town, State, and Zip Code Hobart, Indiana 46342				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 EDWARD BASICK				16a. Last Name Before First Marriage LAKE				16. Decedent's Usual Occupation HOME MAKER		17. Kind of Business/Industry OWN HOME									
18. Residence - State IN			16a. County Lake			16b. City or Town Lake Station													
19. Street and Number 4251 DEER RUN Court								18d. Apt. No.		18e. Zip Code 46405		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
19. Decedent's Education High School graduate or GED completed				20. Decedent Of Hispanic Origin Not Spanish/Hispanic/Latino				21. Decedent's Race White											
22. Parents Name (First, Middle, Last) PAUL COOK				23. Parents Name (First, Middle, Last) EDNA COOK				23a. Parent's Last Name Before First Marriage FLOYD											
24. Informants Name EDWARD BASICK				24a. Relationship To Decedent Spouse		24b. Mailing Address (Street and Number, City, State, Zip Code) 4261 DEER RUN Court, Lake Station, IN, 46405													
25. Place Of Disposition																			
25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" 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) HILLSIDE FUNERAL HOME AND CREMATION C				25c. Location - City, Town, and State Highland, IN											
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Hillside Funeral Home & Cremation Center 8941 KLEINMAN ROAD, Highland, Indiana, 46322						27a. Funeral Home License Number FH11700003											
27b. Signature Of Indiana Funeral Service Licensee: KEVIN M. HOBBS						27c. License Number (Of Licensee) FD29600005			27d. License Number (Of Licensee) FD29600005										
28. Part I. Enter The <u>Cause Of Death</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 Of A Line. Add Additional Lines If Necessary.)																			
Immediate Cause (Final Disease Or Condition Resulting In Death)																			
A. GLIOBLASTOMA MULTIFORME OF THE BRAIN																			
B. SEPTIC SHOCK																			
C.																			
D.																			
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 Significant Conditions Contributing to Death, But Not Resulting In The Underlying Cause Given In Part I																			
29. DIABETES						30. Were Any Other Findings (Available To Complete This Cause Of Death)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No													
31. Did Tobacco Use Contribute To Death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown				32. If Female: <input checked="" type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death <input type="checkbox"/> Pregnant If Pregnant Within The Past 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. Time Of Injury				36. Place Of Injury (E.O.S., Toxicology Home, Construction Site, Restaurant, Wooded Area)				37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
38. Location Of Injury - State				38a. City Or Town				38b. Street & Number				38c. Apt. No.				38d. Zip Code			
39. Describe How Injury Occurred																			
40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)																			
41. Signature, Of Person Certifying Cause Of Death: HAVISHAKRISHNA SARMA						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician CHANDRA VAIDYANATHAN			43. License Number 02009960A			43a. Issue Date 05/23/2017							
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: HAVISHAKRISHNA SARMA 2640 HAMSTROM RD., Portlar, IN 46368						47. *Date: 05/24/2017													
44. Signature of Local Health Officer: CHRISTOPHER W. ZELAZKA						46. For Registrar Only - (Gas Filed) (Month/Day/Year): 05/24/2017													
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)																			

State Form 53365

ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and there will be no penalty for refusal.

RAISED SEAL AFFIXED