

# NOT AN OFFICIAL DOCUMENT

**FILED**

Dec 08 2022 LM  
JOHN E. PETALAS  
LAKE COUNTY AUDITOR

2022-548798  
12/08/2022 01:06 PM  
TOTAL FEES: 25.00  
BY: JAS  
PG #: 4

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
GINA PIMENTEL  
RECORDER

Send Tax Bills to:  
Paul Lukas  
7032 Woodlawn Avenue  
Hammond, IN 46324

Parcel No.  
45-07-07-303-021.000-023

## SURVIVORSHIP AFFIDAVIT

**Horizon Trust and Investment Services**, being first duly sworn upon oath, states as follows:

1. Affiant is the personal representative of the estate of Mary Jane Lukas, wife to Arthur J. Lukas ("Decedent") and is qualified to make this Affidavit.
2. Decedent died a resident of Lake County, Indiana on August 11, 2020. A copy of Decedent's death certificate is attached as Exhibit "A".
3. At the time of his death, Arthur J. Lukas and Mary Jane Lukas were husband and wife and were not legally separated.
4. At the time of his death, Decedent had an interest in real estate legally described as follows:

LOT 18 AND THE NORTH 22 1/4 FEET OF LOT 17 IN BLOCK 1 IN CALUMET BOULEVARD ADDITION TO HAMMOND, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 18, PAGE 31 IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

**Commonly Known As: 7032 Woodlawn Avenue, Hammond, Indiana 46324**

**Parcel No.: 45-07-07-303-021.000-023**

Subject to any and all easements, rights-of-way, streets, highways and valid restrictions presently existing and of record, any rights of tile and drainage ditches, and any zoning ordinances applicable hereto.

5. The assets of Decedent's gross estate, as defined for federal estate tax purposes, were either not sufficient to necessitate the payment of federal estate tax or such federal estate tax has been paid.

6. Mary Jane Lukas, surviving spouse of Decedent and surviving joint owner of the Real Estate, pursuant to Indiana law, is the owner of all right, title, and interest to the Real Estate.

Dated this 6<sup>th</sup> day of December, 2022.

*Horizon Trust & Investment, PR for Mary Jane Lukas Estate, by Marcia Hickey, VP, Senior Trust Officer*  
\_\_\_\_\_  
MARCIA HICKEY, VP,  
Sr. Personal Trust Officer  
Horizon Trust and Investment Services,  
as personal representative of  
The Estate of Mary Jane Lukas

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WITNESS to the above:

Lisa King  
WITNESS SIGNATURE

Lisa King  
WITNESS NAME, PRINTED

STATE OF INDIANA )  
          LAPORTE ) SS:  
COUNTY OF PORTER )



Before me, a Notary Public in and for said County and State, on this 6<sup>th</sup> day of December, 2022, personally appeared **MARCIA HICKEY, VP, Sr. Personal Trust Officer of Horizon Trust and Investment Services, as personal representative of the estate of Mary Jane Lukas**, who acknowledged the execution of the foregoing Personal Representative's Deed. I have, in witness thereof, subscribed my name and affixed my official seal.

My Commission Expires: 12-5-2028 Leslie Helen Biggs  
County of Residence: LAPORTE Leslie Helen Biggs, Notary Public  
Commission Number: NP0640304

STATE OF INDIANA )  
          LAPORTE ) SS:  
COUNTY OF PORTER )



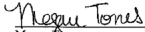
Before me, a Notary Public in and for said County and State, on this 6<sup>th</sup> day of December, 2022, personally appeared the above named Witness, LISA KING, to the foregoing instrument, who, being duly sworn by me, did depose and say that he/she knows **MARCIA HICKEY, VP, Sr. Personal Trust Officer of Horizon Trust and Investment Services, as personal representative of the estate of Mary Jane Lukas**, to be the individual described herein and who executed the foregoing instrument; that said Witness, LISA KING, was present and saw said **MARCIA HICKEY, VP, Sr. Personal Trust Officer of Horizon Trust and Investment Services, as personal representative of the estate of Mary Jane Lukas**, execute the same; and that said Witness, LISA KING, at the same time subscribed her name as a witness thereto.

My Commission Expires: 12-5-2028 Leslie Helen Biggs  
County of Residence: LAPORTE Leslie Helen Biggs, Notary Public  
Commission Number: NP0640304

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Pursuant to I.C. 36-2-11-15, 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.

Signed:  
Printed Name:

  
Megan Torres

This Instrument Prepared By: Kimberly R. Kass, Smith Legal Group LLC, 802 Wabash Avenue, Suite 100 Chesterton, Indiana 46304 Telephone: (219) 728-3250

Property of Lake County Recorder

EXHIBIT

A



## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. 244749

Local No 003389

EDR No 00000797471

State No 044066

1. Decedent's Legal Name (First, Middle, Last) <b>ARTHUR J LUKAS</b>		1a. Maiden Name (If Female)		2. Sex <b>MALE</b>		3. Time Of Death <b>03:45 AM</b>		4. Date Of Death (Month/Day/Year) <b>08/11/2020</b>			
5. Social Security Number <b>[REDACTED]</b>		6a. Age - Yrs <b>91</b>		6b. Under 1 Year Months <b>11</b>		6c. Under 1 Month Days <b>10</b>		6d. Under 1 Day Hours <b>10</b>			
7. Date of Birth (Month/Day/Year) <b>06/16/1929</b>		8. Birthplace (City and State or Foreign Country) <b>HAMMOND, IN</b>									
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"/> 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		10b. 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		10c. 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			
11. Facility Name (If Not Institution, One Street and Number) <b>7032 WOODLAWN AVENUE</b>				12. City or Town, State, and Zip Code <b>HAMMOND, IN 46324</b>		13. County of Death <b>LAKE</b>		14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown			
15. Sponsoring Spouse's Name <b>MARY JANE LUKAS</b>		15a. Last Name Before First Marriage <b>JANCOSEK</b>		16. Decedent's Usual Occupation <b>FIREMAN</b>		17. Kind Of Business/Industry <b>GOVERNMENT</b>					
18. Residence - State <b>INDIANA</b>		18a. County <b>LAKE</b>		18b. City or Town <b>HAMMOND</b>		18c. Apt. No.		18d. Zip Code <b>46324</b>			
18e. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		19. Decedent's Education <b>HIGH SCHOOL GRADUATE OR GED COMPLETED</b>		20. Decedent Of Hispanic Origin <b>NOT HISPANIC</b>		21. Decedent's Race <b>White</b>					
22. Person's Name (First, Middle, Last) <b>JOSEPH LUKASZEWSKI</b>		23. Person's Name (First, Middle, Last) <b>ROSE LUKASZEWSKI</b>		24. Person's Last Name Before First Marriage <b>KUZELL</b>							
24. Informant's Name <b>MARY JANE LUKAS</b>		24a. Relationship to Decedent <b>WIFE</b>		24b. Mailing Address (Street and Number, City, State, Zip Code) <b>7032 WOODLAWN AVENUE, HAMMOND, IN 46324</b>							
25. 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)		25a. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) <b>ELMWOOD CEMETERY</b>		25b. Location - City, Town, and State <b>HAMMOND, IN</b>							
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name and Complete Address Of Funeral Facility <b>PAGEN-MILLER FUNERAL GARDENS, INC.-SAINT JOHN, 6590 WICKER AVENUE, SAINT JOHN, IN 46373</b>		27a. Funeral Home License Number <b>FH10200006</b>							
27b. Signature Of Indiana Funeral Service Licensee <b>RICHARD ALAN MILLER, BY ELECTRONIC SIGNATURE</b>		27c. License Number Of Licensee <b>FD20400030</b>		28. Part I. Enter The Cause Of Death - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Venous Thrombosis 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) <b>A. ACUTE CARDIOVASCULAR ARREST</b>							
28a. Underlying Cause (Underlying Cause Is The Disease Or Injury That Initiated The Events Resulting In Death) Last		28b. Underlying Cause (Underlying Cause Is The Disease Or Injury That Initiated The Events Resulting In Death) Next To Last		28c. Underlying Cause (Underlying Cause Is The Disease Or Injury That Initiated The Events Resulting In Death) Third To Last		28d. Underlying Cause (Underlying Cause Is The Disease Or Injury That Initiated The Events Resulting In Death) Fourth To Last		28e. Underlying Cause (Underlying Cause Is The Disease Or Injury That Initiated The Events Resulting In Death) Fifth To Last			
29. Part II. Enter Other Significant Conditions Contributing To Death That Not Resulting In The Underlying Cause Given In Part I		30. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30a. Were Autopsy Findings Applicable 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 type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		32. If Female: <input type="checkbox"/> Not Pregnant <input type="checkbox"/> Pregnant <input type="checkbox"/> In 1 Year Postpartum <input type="checkbox"/> In 1 Year Prepartum <input type="checkbox"/> In 1 Year Postpartum <input type="checkbox"/> In 1 Year Prepartum		33. Manner Of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accidents <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicides <input type="checkbox"/> Could Not Be Determined		34. Date Of Injury (Month/Day/Year) <b>AUG 14 2020</b>		35. Time Of Injury		36. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
37. Location Of Injury - State		37a. City or Town		37b. Street & Number <b>AUG 14 2020</b>		37c. Apt. No.		37d. Zip Code			
38. Describe How Injury Occurred		39. If Transportation Injury, Specify: <input type="checkbox"/> Automobile <input type="checkbox"/> Passenger Of Passenger Vehicle <input type="checkbox"/> Other (Specify)		39a. Not Valid Unless Certified (Check Only One) <input type="checkbox"/> Certified Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer							
41. Signature, Of Person Causing Cause Of Death: <b>CHRISTOPHER J MCINTIRE, BY ELECTRONIC SIGNATURE</b>		42. Name, Address And Zip Code Of Person Causing Cause Of Death: <b>CHRISTOPHER J MCINTIRE, 3931 HOHMAN AVE, HAMMOND, IN 46327</b>		43. License Number <b>02001818</b>		44. Date Issued <b>08/13/2020</b>		45. Date Expired			
46. Signature of Local Health Officer: <b>CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE</b>		46. For Registrar Only - Date Paid (Month/Day/Year) <b>AUG 14 2020</b>		47. Date Paid (Month/Day/Year)							