

NOT AN OFFICIAL DOCUMENT

FILED
Dec 08 2022 LM
JOHN E. PETALAS
LAKE COUNTY AUDITOR

2022-548800
12/08/2022 01:06 PM
TOTAL FEES: 25.00
BY: SP
PG #: 4

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
GINA PIMENTEL
RECORDER

Send Tax Bills to:
Mary Beth Lukas
7025 Woodlawn Avenue
Hammond, IN 46324

Parcel No.
45-07-07-304-0009.000-023

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 3, BLOCK 2, M. CVEICH'S ADDITION TO HAMMOND, AS SHOWN IN PLAT BOOK NO. 19, PAGE NO. 29, IN LAKE COUNTY, IN.

Commonly Known As: 7025 Woodlawn Avenue, Hammond, Indiana 46324

Parcel No.: 45-07-07-304-009.000-023

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 6th day of December, 2022.

*Horizon Trust & Investment Management, 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

WITNESS to the above:

Risa 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 6th 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
County of Residence: LAPORTE

Leslie Helen Biggs
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 6th 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
County of Residence: LAPORTE

Leslie Helen Biggs
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 Jones
Megan Jones

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 044086

1. Decedent's Legal Name (Print, Middle, Last) ARTHUR J LUKAS		1a. Maiden Name (If Female)		2. Sex MALE	3. Time Of Death 03:45 AM	4. Date Of Death (Month/Day/Year) 08/11/2020	
6. Social Security Number	5a. Age - Yrs 91	5b. Under 1 Year Months	5c. Under 1 Month Days	5d. Under 1 Day Hours	5e. Under 1 Hour Minutes	7. Date of Birth (Month/Day/Year) 06/16/1929	
8. Enter in U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		9. If Death Occurred In A Hospital: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival		10. 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)		8. Birthplace (City and State or Foreign Country) HAMMOND, IN	
11. Facility Name (If Not Institution, Give Street and Number) 7032 WOODLAWN AVENUE				13. County Of Death LAKE		14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, Div 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 HAMMOND, IN 46324		15a. Last Name Before First Marriage MARY JANE LUKAS		15b. Decedent's Usual Occupation FIREMAN		15c. Kind Of Business/Industry GOVERNMENT	
16. Residence - State INDIANA		16a. County LAKE		16b. City Or Town HAMMOND		16c. Apt. No. 7032 WOODLAWN AVENUE	
16d. Zip Code 46324		16e. Inmate City/County <input type="checkbox"/> Yes <input type="checkbox"/> No					
19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White			
22. Parents Name (Print, Middle, Last) JOSEPH LUKASZEWSKI		23. Parents Name (Print, Middle, Last) ROSE LUKASZEWSKI		22a. Father's Last Name Before First Marriage KUZELL			
24. Decedent's Name MARY JANE LUKAS		24a. Relationship To Decedent WIFE		24b. Mailing Address (Street And Number, City, State, Zip Code) 7032 WOODLAWN AVENUE, HAMMOND, IN 46324			
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Reburial Fresh State <input type="checkbox"/> Other (Specify)		25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) ELMWOOD CEMETERY		25c. Location - City, Town, And State HAMMOND, IN			
26. Was Coroner Notified? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility ROSEN-MILLER FUNERAL GARDENS, INC - SAINT JOHN, 8580 WICKER AVENUE, SAINT JOHN, IN 46373		27a. Funeral Home License Number FH10200006			
27b. Signature Of Indiana Funeral Service Licensee RICHARD ALAN MILLER, BY ELECTRONIC SIGNATURE		27c. License Number (Of Licensee) FD20400030					
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 Cause. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death)							Approximate Interval - Onset To Death
A. ACUTE CARDIOPULMONARY ARREST							IMMEDIATE
B. _____							_____
C. _____							_____
D. _____							_____
29. Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I PROSTATE CANCER							
30. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
31. Did Toxicology 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"/> not Pregnant, 1st Trimester <input type="checkbox"/> not Pregnant, 2nd Trimester <input type="checkbox"/> not Pregnant, 3rd Trimester <input type="checkbox"/> Pregnant, 1st Trimester <input type="checkbox"/> Pregnant, 2nd Trimester <input type="checkbox"/> Pregnant, 3rd Trimester							
33. Manner Of Death <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Natural <input type="checkbox"/> Unknown							
34. Date Of Injury (Month/Day/Year)		35. Time Of Injury		36. Street & Number AUG 14 2020		37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
38. Location Of Injury - State		38a. City Or Town		38b. Apt. No.		38c. Zip Code	
39. Describe How Injury Occurred							40. If Transportation Injury, Specify (Employment Or Personal Use) NOT VALID UNLESS
41. Signature, Of Person Causing Cause Of Death CHRISTOPHER J MCINTIRE, BY ELECTRONIC SIGNATURE				42. Certifier (Check One Only - Certifying Physician) <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer			
43. Name, Address And Zip Code Of Person Causing Cause Of Death CHRISTOPHER J MCINTIRE, 3831 HOHMAN AVE, HAMMOND, IN 46327				43a. License Number 02004516A		43b. Date Certified 08/13/2020	
44. Additional Funeral Service Provider							
45. Signature of Local Health Officer CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE				46. For Registrar Only - Date Filed (Month/Day/Year) AUG 14 2020			
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)							