

NOT AN OFFICIAL DOCUMENT

FILED

Jan 23 2023 BDD
PEGGY HOLINGA-KATONA
LAKE COUNTY AUDITOR

2023-502118
01/23/2023 01:51 PM
TOTAL FEES: 25.00
BY: SP
PG #: 4

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
GINA PIMENTEL
RECORDER



2398227-1753-
0

AFFIDAVIT OF SURVIVORSHIP

Property Address: 1651 Fir Avenue, Crown Point, IN 46307
Property County: Lake

Victor E. Wislo, of adult age, being first duly sworn, upon deposes and says:

That **Victor E. Wislo**, is the Husband of Lanna G. Wislo, deceased, who died on January 2, 2019 a resident of Lake County, Indiana.

That affiant and said decedent, as husband and wife acquired title to the following described real estate located in Lake County, IN to wit:

SEE ATTACHED LEGAL DESCRIPTION

and hereinafter sometimes called "the Real Estate" for convenience by a Deed from Vickie L. Walters recorded October 16, 2015 as Document No. 2015070531 in the Office of the Recorder of Lake County, Indiana.

That affiant and said decedent were legally married to one another at this time and that said marital relationship between them continued unbroken by divorce, dissolution or annulment of marriage, until the death of said decedent on the date hereinabove indicated.

That all debts, funeral expenses, and expenses of last illness of the decedent have been fully paid and satisfied. That the gross value of the estate of said decedent, including all jointly held property, all gifts made in the contemplation of death, or made within the three years next preceding said death, together with the value of all above described, plus the proceeds of all insurance on the life of said decedent, was an amount which was not subject to a Federal Estate Tax.

That the purpose of this affidavit is to induce the Auditor of the County in which said real estate is located to change the tax records, and, if necessary to show the title to the above described real estate in the name of Victor E. Wislo, surviving spouse or tenant of the decedent. **See Attached exhibit***

Further, Affiant sayeth not.

Victor E. Wislo by Marjorie D. Zarik
Victor E. Wislo, By Marjorie D. Zarik, His
Attorney in Fact *His Attorney in Fact*

MTC File No.: 23-1006 (AOS)

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State of Indiana, County of Hamilton ss:

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared the within named **Victor E. Wisio** who acknowledged the execution of the foregoing Affidavit and who, having been duly sworn, stated that the representations therein contained are true.

WITNESS, my hand and Seal this: 5th day of January, 2023.

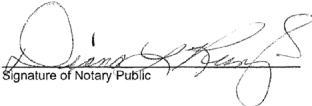
My Commission Expires: _____

Commission No. _____

Notary Public County and State of Residence _____

This instrument was prepared by:
Andrew R. Drake, Attorney-at-Law
11711 N. Pennsylvania St., Suite 110, Carmel, IN 46032

Property Address:
1651 Fir Avenue
Crown Point, IN 46307


Signature of Notary Public

Printed Name of Notary



Grantee's Address and Mail Tax Statements To:

14851 Legacy Oaks Drive
Carmel, IN 46032

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. Andrew R. Drake

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LEGAL DESCRIPTION

The East 1/2 of Lot 156 in Prairie View Unit 3, an Addition to City of Crown Point, as per plat thereof, recorded in Plat Book 88, Page 59, in the Office of the Recorder of Lake County, Indiana.

Tax ID Number(s):

State ID Number Only

45-16-09-254-016.000-042

Property of Lake County Recorder

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INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 18250



Local No 900064

EDR No 00000685212

State No 000926

1. Decedent's Legal Name (First, Middle, Last) **LANNA G WISLO** 1a. Maiden Name (if female) **ST MYERS** 2. Sex **FEMALE** 3. Time of Death **05:40 PM** 4. Date of Death (Month/Day/Year) **01/02/2019**

5. Social Security Number **[REDACTED]** 6a. Under 1 Year **79** 6b. Under 1 Month **79** 6c. Under 1 Year **79** 6d. Under 1 Day **79** 6e. Under 1 Hour **79** 7. Date of Birth (Month/Day/Year) **09/30/1939** 8. Birthplace (City and State or Foreign Country) **GARY, IN**

9. Ever in U.S. Armed Forces? Yes No Unknown 10. If Death Occurred in A Hospital: Inpatient Emergency Department Outpatient Dead on Arrival 10a. If Death Occurred Somewhere Other Than A Hospital: Hospice Facility Decedent's Home Nursing Home/Long-term Care Facility 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, IN, 46342** 13. County of Death **LAKE** 14. Marital Status At Time of Death Married Married, But Separated Divorced Widowed Never Married Unknown

15. Surviving Spouse's Name **VICTOR E WISLO** 15a. Last Name Before First Marriage **LAKE** 16. Decedent's Usual Occupation **PURCHASING DEPT** 17. Kind Of Business/Industry **INDIANA UNIVERSITY**

18. Residence - State **INDIANA** 18a. County **LAKE** 18b. City Or Town **CROWN POINT**

19a. Street And Number **1651 FIR AVENUE** 19b. Zip Code **46307** 19c. Inside City Limits? Yes No

19. Decedent's Education **HIGH SCHOOL GRADUATE OR GED COMPLETED** 20. Decedent Of Hispanic Origin **NOT HISPANIC** 21. Decedent's Race **White**

22. Parent's Name (First, Middle, Last) **LARRY RUSSELL ST MYERS** 23. Parent's Name (First, Middle, Last) **BERTHA MAE ST MYERS** 23a. Parent's Last Name Before First Marriage **BLAKEMORE**

24. Informant's Name **VICTOR E WISLO** 24a. Relationship To Decedent **HUSBAND** 24b. Mailing Address (Street And Number, City, State, Zip Code) **1651 FIR AVENUE, CROWN POINT, IN 46307**

25a. Method Of Disposition Burial Cremation Donation Entombment Removal From Site Other (Specify) **CALUMET PARK CEMETERY** 25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) **MERRILLVILLE, IN** 25c. Location - City, Town, And State

26. Was Coroner Contacted? Yes No 27. Name And Complete Address Of Funeral Facility **BURNS FUNERAL HOME (CROWN POINT), 50101 BROADWAY, CROWN POINT, IN 46307** 27a. Funeral Home License Number: **FH83003445**

27b. Signature Of Indiana Funeral Service Licensee: **JAMES E. BURNS BY ELECTRONIC SIGNATURE** 27c. License Number (Of Licensee): **FD20700059**

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. ACUTE LIVER FAILURE** Cause of Death (See Instructions And Examples) **ONE WEEK** Approximate Interval: Onset To Death

28. Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I. **B. [REDACTED]** **C. [REDACTED]** **D. [REDACTED]**

29. Was An Autopsy Performed? Yes No 30. Were Autopsy Finding Available To Complete The Cause Of Death? Yes No

31. Did Tobacco Use Contribute To Death? Yes No Unknown 32. If Female: Not Pregnant Within Past Year Pregnant At Time Of Death Not Pregnant, But Pregnant Within 42 Days Of Death Not Pregnant, But Pregnant 43 Days To 1 Year Before Death Unknown Or Pregnant Within The Past Year

33. Date of Injury (Month/Day/Year) **79** 34. Time of Injury **79** 35. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area) **[REDACTED]** 36. Manner Of Death: Natural Homicide Accident Pending Investigation Suicide Could Not Be Determined 37. Injury At Work? Yes No

38. Location Of Injury - State **INDIANA** 38a. City Or Town **HOBART** 38b. Apt. No. **[REDACTED]** 38c. Zip Code **46342**

39. Describe How Injury Occurred **[REDACTED]** 40. If Investigation Injury Suspect: Uncharged Charged **NOT VALID UNLESS**

41. Signature of Person Certifying Cause of Death: **JYOTHI ACHANKUNJU BY ELECTRONIC SIGNATURE** 42. Certifier (Check Only One) Certifying Physician Other Health Officer 43. Name, Address And Zip Code Of Person Certifying Cause Of Death: **JYOTHI ACHANKUNJU, 1500 S. LAKE PARK AVE, HOBART, IN 46342** 44. License Number **01078327A** 45. Date Certified **01/10/2019**

46. Additional Funeral Service Provider: **LAKE COUNTY HEALTH DEPARTMENT** 47. *Date **JAN 11 2019** 48. For Registrar Only - Date Filed (Month/Day/Year) **JAN 11 2019**

49. Signature of Local Health Officer: **CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE** 50. For Registrar Only - Date Filed (Month/Day/Year) **JAN 11 2019**

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

State Form 53395 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and **RAISED SEAL AFFIXED**

Exhibit A