## NOT AN OFFICIAL

PG # · 3 RECORDED AS PRESENTED GINA PIMENTEL RECORDER

**FILED** 

Sep 11 2023 BDD PEGGY HOLINGA-KATONA LAKE COUNTY AUDITOR

#### SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA

File No.: CTNW2303801A

Case No.:

COUNTY OF LAKE

Comes now Stephen V. Pietras, who being duly sworn upon his oath, deposes and says:

That. Stephen V. Pietras is the surviving spouse of Balbine R. Pietras, deceased who died domiciled in Lake County. Indiana, on September 12, 2008.

That Stephen V. Pietras and Balbine R. Pietras acquired title to certain real estate as husband and wife, said real estate being described as follows:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

Property: 2708 41st Pl, Highland, IN 46322

Affiant states that Stephen V. Pietras and Balbine R. Pietras continued to live and cohabit together as husband and wife continuously from the date they took title to the above described real estate, until the date of Balbine R. Pietras's death. The Parties acquired title to the premises by Deed recorded October 21, 1994 as Instrument No. 94072400 in the Office of the Recorder of Lake County, Indiana.

Affiant states that the total assets of said estate, including the proceeds of life insurance policies and real and personal property, were not sufficient to subject the estate to Federal Estate Tax.

This affidavit is made for the purpose of maintaining a clear record of title to the above described real estate and to induce the appropriate county authority of Lake County, Indiana, to transfer the above described real estate to Stephen V. Pietras.

IN WITNESS WHEREOF, the undersigned have executed this document on September

Stephen V. Pietras ;
STATE OF INDIANA
COUNTY OF LAKE
Subscribed and sworn to before me, a Notary Public in and for said county and state, by Stephen V. Pietras, this
Prepared by: Dena Phillips Farling, for the benefit of Chicago Title Company, LLC
I affirm, under penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law <a href="Decirity Farling">Decirity Farling</a> .
Return to:

CHICAGO TITLE INSURANCE COMPANY

Affidavit (Survivorship) IND1079.doc / Updated: 03.28.23

Printed: 09.06.23 @ 02:00 PM by JSC IN-CT-FCTM-01080.246395-CTNW2303801

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#### **EXHIBIT "A"** Legal Description

#### For APN/Parcel ID(s): 45-07-28-327-016.000-026

PART OF LOT 1, SARA'S ADDITION TO THE TOWN OF HIGHLAND, AS RECORDED IN PLAT BOOK 75 PAGE 04, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA, MORE PARTICULARLY DESCRIBED AS FOLLOWS: COMMENCING AT THE SOUTHEAST CORNER OF SAID LOT 1; THENCE NORTH 0D DEGREES 03 MINUTES 49 SECONDS WEST ALONG THE EAST LINE OF SAID LOT 1, THENCE NORTH 0D DEGREES 03 MINUTES 49 SECONDS WEST ALONG THE EAST LINE OF SAID LOT 1, A DISTANCE OF 70.60 FEET TO THE POINT OF BEGINNING; THENCE SOUTH 89 DEGREES 51 MINUTES 47 SECONDS WEST, A DISTANCE OF 80.28 FEET TO A POINT ON THE WEST LINE OF SAID LOT 1: THENCE NORTH 00 DEGREES 04 MINUTES 00 SECONDS EAST VE, 30 MIN EET; THL ADISTANCE

OF LOOK ALONG SAID WEST LINE, A DISTANCE OF 64.68 FEET TO THE NORTHWEST CORNER OF LOT 1; THENCE SOUTH 89 DEGREES 56 MINUTES 00 SECONDS EAST TO THE NORTHEAST CORNER OF SAID LOT 1, A DISTANCE OF 80.14 FEET; THENCE SOUTH 00 DEGREES 03 MINUTES 49 SECONDS EAST ALONG THE EAST LINE OF SAID LOT 1, A DISTANCE OF 64.40 FEET TO THE POINT OF BEGINNING.

Affidavit (Survivorship) IND1079.doc / Updated: 03.28.23 Printed: 09.06.23 @ 02:00 PM by JSC IN-CT-FCTM-01080.246395-CTNW2303801

# NOT AN OFFICIAL DOCUMENT INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local NG 12-3-08 State No.												
				u. Maken Luti Name (d'Fennale) Keminski			<sup>2.5∞</sup> Female	15 AM				
5. Social Secrety Nomber 6a. Age - Yrs 6	, Under I Year	St. Linder 1 Month	Gt. Under 1 Day		r 1 Hour	7. Date 0	Y Birth (Month Day)	ear)	8. Birthplace (City	y And State Or	Foreign Country)	
8. Syst in U.S. Armed Forest?   18. WOrsel C	codes	Days	Hours	Modes 10v H O	eath Occurred	July	6, 1930	O Chicago, Illinois				
Ver 80 No Unicoson												
2708 41st Place												
12. City Or Town, State, And Zip Code ·				13. County Of Death				- 1	14. Markal Status At Time Of Death			
Highland, Indiana 46322			Lake				District December 1			Married		
Stephen Pietras						Cashier			Retail			
18. Residence - State	County	188. City Or Town						ACCULA				
Indiana Lake Highland												
2708 41st Place									4632	22	∰Yes □ No	
19. Decedent's Education 20. Decedent Of Hispanic Co						odentsRuce hite						
12  22. Fatter's Name (First, Midde, Last)						nite stassistas	9		284	MODELS MINE	M Cast Name	
John Kaminski						e Kami			Ur	avail	able	
Stephen Pietras	Stephen Pietras Husband				2708 41st Place Highland, IN 46322							
26. Mattool Of Copusation.   26. Place Of Copusation Name Of Constant, Copusation   26. Learner - Chr. Twen, And State												
Burbal   Companion   Convoion   Informerer												
Color (Spanish)   Northwest Indiana Cremation Services   Crown Point; Indiana   22 Northwest Indiana   23 Northwest Indiana   24 Northwest Indiana   25 Northwest Indiana   27 Northwest Indiana   28 Northw												
Facen-Miller Fineral Home 2828 Higherst Ave Highland IN 46322 FUR3003035												
27 Square Of Indiana Schera Service Languer				20 11	, and	1140 1	27s, License	dumber (C	f Licensee)-	11100	.003033	
FD01006861  Cause DI Beath (See Instructions And Examples)												
28. Part I. Enter The <u>Chain Of Everty</u> —Oksasses, Injanies, Or Complications—That Directly Cassed The Dealth, Dir Not Enter Terminal Events Such As Cardiac Armst. Respondency Armst. O'Vertificular Foliation Without Showin												
Immediate Cause (Final Disease Or Condition Resulting in Death A. Luyes CANCEY								To Death				
Sequentially List Conditions, If Any, Leading 1	Due Try De no Consequence OS:  Ger 16 (On As) Consequence OX:											
Sequentially List Conditions, If Any, Leading T Line A. Enter The Underlying Cause (Disease The Events Resulting In Dooth) Last	nitiated C _	Su Distribution (C										
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51. Dis Tobacco Use Contribute To Death?					. Out Processed W	Min42 Dury Of D	-	C Marie	CT Ambout CT 0		_	
34. Date Of Injury (Month/DayPear)	25. Time Of a	Place Proposed Wilder Port Vacc   Districted Wilder   Districted W								njury At Work?		
38. Location Of Injury - State	36a, City Or T			treet & Nam		77.1195.69					□Yes □No	
Se transfer pay-	Jan. Cay Or Town				THE LANGE THE SECRET WE SECRET WITH THE SECRET SECR						<b>,</b>	
30 Describe How Injury Coourned												
1 047 t 8 2000 ·										es Colocoli)		
41. Separation, Of Profession Commy Officials:						42. Ceptifier (Check Only One)  12 Certifying Physician   Conner   Health Officer						
43. Name, Address And Zip Code Of Person Ce	tifying Cause Of	Deathc				1	1 44	Licentia	Number	45, Date	Certified	
DAMA. Deschopper, m.D. 11355 w. 97th Lane St. John IV St. 035131 9116608												
44. Signature of Local Health Officer:							. For Registrar Co.		vied (MonByDkyW	en)		
Susan DBest. Do.							3.4		1.45	11	2500/	
Swam DEST. so. September 16,200										SOUR		