

2/23/23 5:16:02
09/27/2023 01:00 PM
TOTAL FEES: 25.00
BY: JAS
PG #: 3
RECORDED AS PRESENTED

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
GINA PIMENTEL
RECORDER

FILED

Sep 27 2023 BDD
PEGGY HOLINGA-KATONA
LAKE COUNTY AUDITOR

2023-529698
09/11/2023 03:21 PM
TOTAL FEES: 25.00
BY: JAS
PG #: 3
RECORDED AS PRESENTED

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
GINA PIMENTEL
RECORDER

FILED
Sep 11 2023 BDD
PEGGY HOLINGA-KATONA
LAKE COUNTY AUDITOR

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA
COUNTY OF LAKE

File No.: CTNW2303801A
Case No.:

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 7th, 2023.
S.W.

Stephen V. Pietras
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 7th day of September, 2023.
S.W.

Signature: *Susan M Woodall*
Printed: Susan M Woodall
Resident of: Lake County
State of: INDIANA
My Commission expires: 1-11-27

SUSAN M. WOODALL
Notary Public - Seal
Lake County - State of Indiana
Commission Number NP0623508
My Commission Expires Jan 11, 2027

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 Dena Phillips Farling.

Return to: _____

CHICAGO TITLE INSURANCE COMPANY

* This document being re-recorded to add date of Signing. S.W.

NOT AN OFFICIAL DOCUMENT

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 00 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 ALONG SAID WEST LINE, A DISTANCE OF 64.68 FEET TO THE NORTH-WEST 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.

Property of Lake County Recorder

NOT AN OFFICIAL DOCUMENT

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH



Local No. 3123-08

State No. _____
 1. Decedent's Legal Name (First, Middle, Last) **Balbine R. Pietras**
 2. Sex **Female**
 3. Time of Death **10:15 AM**
 4. Date of Death (Month/Day/Year) **September 12, 2008**

5. Social Security Number _____ 6a. Age - Yrs **78**
 6b. Under 1 Year _____ 6c. Under 1 Month _____
 6d. Under 1 Day _____ 6e. Under 1 Year _____
 7. Date of Birth (Month/Day/Year) **July 6, 1930**
 8. Birthplace (City And State Or Foreign Country) **Chicago, Illinois**

9. Ever in U.S. Armed Forces? Yes No Unknown
 10. If Yes, Where Served or A Hospital _____
 11. Facility Where (If Not Institution, Give Street And Number) **2708 41st Place**
 Hospital Emergency Department Outpatient Dead On Arrival Hospice Facility Decedent's Home Nursing Home/Long-Term Care Facility Other (Specify) _____

12. City Or Town, State, And Zip Code **Highland, Indiana 46322**
 13. County Of Death **Lake**
 14. Medical Status At Time Of Death
 Deceased Mangled, Not Separated Dismembered Mutilated Never Mutilated Unknown

15. Issuing Physician's Name **Stephen Pietras**
 16. City Of Birth **Indiana**
 17. County Of Birth **Lake**
 18. City Of Year **Highland**
 19. Kind Of Occupation **Retail**
 20. Street And Number **2708 41st Place**
 21. Apt. No. _____ 22. Zip Code **46322**
 23. Medical Day Length 24 Hr No

24. Decedent's Education **12**
 25. Decedent Of Hispanic Origin **White**
 26. Decedent's Race **White**
 27. Father's Name (First, Middle, Last) **John Kaminski**
 28. Mother's Name (First, Middle, Last) **Michaeline Kaminski**
 29. Mother's Maiden Last Name **Unavailable**

30. Decedent's Name **Stephen Pietras**
 31. Relationship To Decedent **Husband**
 32. Issuing Address (Street And Number, City, State, Zip Code) **2708 41st Place Highland, IN 46322**
 33. Place Of Disposition
 34. Method Of Disposition Burial Cremation Donation Entombment Burial With State Other (Specify) _____
 35. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) **Northwest Indiana Cremation Services**
 36. Location - City, Town, And State **Crown Point, Indiana**

37. Was Coroner Contacted? Yes No
 38. Name And Complete Address Of Funeral Facility **Fagen-Miller Funeral Home 2828 Highway Ave Highland, IN 46322**
 39. Funeral Home License Number **FB83003035**
 40. Signature Of Issuing Physician *Stephen Pietras*
 41. License Number Of Issuer **FD01006861**

42. Cause Of Death (See Instructions And Exemptions)
 28. Part I. Enter The Direct Cause - Disease, Injury, Or Complication - That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Venous Air Embolism 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) **Lung Cancer**
 29. Part II. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last.
 Underlying Cause **C**

30. Part I. Enter Other Significant Conditions Contributing To Death, But Not Resulting In The Underlying Cause Given In Part I.
 31. Was An Adaptor Permitted? Yes No
 32. Were Multiple Physicians Authorized To Complete The Cause Of Death? Yes No

33. Was Tobacco Use Contributing To Death? Yes No
 34. Date Of Injury (Month/Day/Year) _____
 35. Time Of Injury _____
 36. Place Of Injury (City, Decedent's Home, Commercial Site, Restaurant, Vehicle Area) _____
 37. Injury At Work? Yes No

38. Location Of Injury - State _____
 39. City Or Town _____
 40. Street & Number _____
 41. Signature, Or Print, Certifying Cause Of Death *David R Schoppert*
 42. Certifier (Check Only One) Certifying Physician Coroner Health Officer

43. Name, Address And Zip Code Of Person Certifying Cause Of Death **DAVID R SCHOPPERT, MD 11355 W 97TH Lane St. John IN 46035-1311**
 44. License Number **016035131**
 45. Date Certified **9/16/08**
 46. Additional Funeral Service Provider: _____
 47. "Other": _____

48. Signature of Local Health Officer *Susan J Bert, D.O.*
 49. For Registrar Only - Issue Date (Month/Day/Year) **September 16, 2008**

