## NOT AN OFFICIAL

09/27/2023 03:21 TOTAL FEES: 25.00 BY: JAS PG #: 3 RECORDED AS PRESENTED

FILED FOR RECORD GINA PIMENTEL RECORDER

FILED

Sep 27 2023 BDD PEGGY HOLINGA-KATONA LAKE COUNTY AUDITOR

## SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA COUNTY OF LAKE

> 1. A. Terry L. Matusak (hereinafter "Affiant"), reside at 933 Hanover Lane, Dyer, IN 46311, am over the age of 18, and of sound mind.

- 2. Affiant was married to the deceased, Walter A. Matusak, and was married continuously. without legal separation or divorce filing(s), until decedent's death on September 10, 2022.
- 3. At the time of the decedent's death, decedent and Affiant both owned the land described herein ("Property") as tenants by the entireties by Corporate Warranty Deed recorded November 10, 1975 as Instrument No. 325008, more specifically described as:

Lot Thirty-seven (37) in Parkview Terrace 1st Addition to the Town of Dyer, as shown in Plat Book 44, page 133, in the Office of the Recorder of Lake County, Indiana. Parcel No.: 45-11-06-154-003.000-034

- 4. The deceased died on September 10, 2022 as is evidenced by the death certificate, at which time title passed solely to Terry L. Matusak as surviving tenant by the entireties by operation of law. (see attached for death certificate)
- 5. No estate has been opened for the deceased, nor is one contemplated, and there is no Indiana inheritance tax due

Affiant makes this affidavit for the purpose of inducing the county auditor of the county in which the Property is located to transfer said Property to Affiant as the surviving spouse of decedent, pursuant to Indiana statute 32-17-3-1. ecorder

Further Affiant Saith Not

IN2305256.1m

## NOT AN OFFICIAL DOCUMENT

STATE OF INDIANA	}							
COUNTY OF LAKE	)							
	and for said County and State, personally app tion of the foregoing Affidavit, and who, having be ontained are true.							
Witness my hand and Notarial Seal this	22nd day of September , 2023							
A)	Signature:	, Notary Public						
O	Printed: Lisa M Matson							
My Commission Expires: 02/01/2024								
My County of Residence is:  Lake	Lisa M. Matson Notary Public, State of Indiana Lake County							
File No.: IN2305256	Commission Number 678758 My Commission Expires February 1, 2024							
	Prepared by and return to:							
Rose K, Kleindl, Esq.								
Near North Title Group, 101 E. 90th Drive, Suite C, Merrillville, IN 46410								
I affirm, under the penalties for p Security Number in this doo	perjuny, that I have taken reasonable care to redact cument, unless required by law, Rose K. Kleindl, E.	: each Social sq.						
O								
Grantee mailing address and please s	~/							
Terry Watusak - 8/13 SUN	set De., Sullivan II							
	61951							
	Pen							
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	Pecoro	0						

## OT AN OTAN STREET AMENT OF DEATH OF DEA

Local No 00	EDF	R No 000011431546					State No. 2022-055108								
Decedent's Legal Name (First, Middle, L     Walter A Matus ak	9SI)		The second	3011	1a. Maiden N	ame (nte	emaio)		2 Gen	a revelope & 6	06:45		09/10	Of Death (Month/Day/Year) /2022	
5. Social Security Number   6a. Age - Yrs	6b. Under	Year	6c. Under 1	Month	6d. Under 1 Day	60.	Under 1 H		e of Birth (Mo					or Foreign Country)	
76	Months		Days	:10	Hours	Minu		12010	3/11/1946	化全面线验	252 28	ary, Ind	lana		
9. Ever in U.S. Armed Forces? 10.4 Death Occurred in A Hospital:    No   Withness   No   Unitroown   Incasent   100 Emergency Department Outpetiers   Dead on Arrival							10a. B Death Occurred Screwhere Other Than A Hostifal   Hospice Facility   Docorar's Home   Nursing Homal.cog/semi Cate Facility   Other (Specify)								
11. Facility Name (If Not Institution, Give S	reet and Númbe	Fra	nciscan H	ealth	Dyer	10.		Thomas La			101777	11.000	Tarme i	Principle constitution	
12. City Or Yewn, State, And Zip Code	15245		To A company to	Server of the se	Market Street	some i	CONTRACTOR OF	n'y Of Death		Harris I			Status At Tim		
Dyer, Indiana					414	Lake							But Separated Divorced ver Married Unknown		
15. Surviving Spouse's Name			1400	da: Last Name Belore First Mamage Barkey				16. Decedents Usual Occupation Electrician			on Salasas Milasas	17, Kind Of Business/Industry Tradesman			
Terry Matusak 18. Residence - State	11 100 11	188	County	137		18	Bb. City Or	Town	Adams (	ertotul (	21284	most file			
ÎN	Lake					Dyer					11 1000	Unit			
18c Street And Number 933 Hanover Lane										18d. Apt. No. 18e			b Code	18f Inside City Limits? 26 Yes □ No	
se. Decedents Education High School graduate or GED	completed	Caro s	Decedent Of Not Spanish/H	2200	China a good hard	erene erene erene	'n	1. Decedent Thite				Miles of the			
zz. Parentz Name (Frst, Middis-Last) Walter E Matusak						Lois	23 Parenta Name (Piet, Middle, Casi)   233 Parenta Last Name Betore First Man Lois, Matusak   Enviro							u Name Before First Marriage	
24 Informants Name Terry Matusak							245. Maling Address: [Street And Number, City, State, Zp Code) 933. Harnover Lane, Diyer, IN, 46311								
25a, Method Of Disposition    Surial   M Cremation   Donation   Removal From State   Other (Specify):	on Doneson Enformment Skyline Crematory							(*O'Disposition matery, Other Passe)   Sest Lossiston Cely, Toke, Jan Siste   Monee, IL							
25. Was Corone Contacted?  27. Name And Complete Address Of Fameral Facility Kulper Fundral Home 9039 Kiteinman Road, Highland,								and, Indiana, 46322 Francil home License Number: FH10300021							
27b. Signature Of Indiana Funeral Service Lashenna Hairston	Lloensob:							Signed		7c. Lioens	e Number	(Of License	*) FD217	00002	
28 Part I. Enter The Chain Of Events Such As Cardiac Arrest, Respiratory A A Line Add Additional Lines If Necess	ary.	100	100 mm 1 m	ns · The out Sho	se Of Death (9 at Directly Caus- wing The Etiological Acute myoc	nd The D yy. Do No	eath: Do l of Abbrevi	Vot Enter Te ate. Enter O	es) rminal Even rnly Ohe Cau	ts isé On				Approximate Interval: Onset To Death	
Immediate Cause (Final Disease Or Condition Resulting in Death)  Sequentially List Conditions, If Any Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Inhabited The Event Resulting in Death) Lead					dery Di	Quello (Or ha A Contregueno Of):						Years			
					abic f	MARIN	Daeta Ce	As A Corne Count	56 Off.	OFFINA 1	1000	11 11 11 11	Unknown		
The Events Resulting of Deality Class	des Aresta	1000		C	Unknown	Diano Cir As A Correct			As A Commerce	w 00:	estrike ( 2 Stanta		1000	Unknown	
Part II. Enter Other Significant Conditions Co	ontributing to Des	th But I	Not Resulting to	U	Period American & S	iven In P	arl I	29 W	s An Autons	Petorno	d2	ПУ	s DEIN	and the state of t	
Unknown 31. Did Tobecco Use Contribute To Death			A TANK A STATE	Series	200	200		30. W	re Autopsy F			omplete The	Cause OI D	eath? Yes No	
Yes	D	32. If Fermale:     Not Progrant Within Print Year						No: Prognant But Prognant Within 42 Days Of Death :			Marner Ol Death: Natural   Homicide   Accident   Pending Investigation Suisde   Could Not Be Determined				
34. Date Of Injury (Month/Day/Year)	35.	Trna C	X Injury		36. P	lace Of In	ury (E.G.,	Decedent's H	lome, Canstru	uction Site.	Restauran	I, Wooded A	(rea)	37. Injury At Work?	
38. Location Of Injury - State	388.	City O	r Town	Carry 1	380	Street&J	Mumbry	7 1 - A	Market II.	various.	word C	38c. Ap	t No.	38d: Zip Code	
		1	TH'S IL	4 ;	KUE COPY	OF			Allegaria					Andrew Control of Control	
Describe How Injury Occurred     Signature: Of Person Certifying Cause	THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT						40. II Transportation Injury, Specify:								
Steven A. Corse  43. Name, Address And Zip Code Of Perso	11111111111	e Of De	eath: Of	`T-f	5 2022	Electr	onically	Signed	1286	erflying Ph	yskrien 14. Licensi	- El-000	neraza E	Heder Officer	
Steven A. Corse 8691 Connecticut, Merrilville, IN 46410						1					020006	86A	STATE OF THE STATE OF	09/30/2022	
46. Additional Furneral Service Provider:							A.	0.011		1352212	47. Alons				
48. Signature of Local Health Officer: Chandana Vavilala	Marine 2	710	LAKE COI	YTYL	HEALTH O	FFICE	R	Signed	49. For R	legistrar O	nly + Date	Filed (Mor	dvDay/Year)	10/05/2022	
In a firm to be a second	er dienisch	Laction			T TO CERTIFIC				ORIGINAL)		L dy's	34 (27)			
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