- NOTALEDOFFICIAL DOCUMENT

FFB 0 1 2024

2024-005107

PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR

GINA PIMENTEL RECORDER STATE OF INDIANA LAKE COUNTY RECORDED AS PRESENTED

2024 Feb 1 2:08 PM

Please send all tax bills to:

Suzana Bursich 2018 Iov Lane East Chicago, Indiana 46312 PARCEL NO. 45-03-27-126-014.000-024

AFFIDAVIT

Suzana Bursich, being sworn upon her oath, states that:

- 1. William A. Bursich, died on June 16, 2012. Please see attached Exhibit A.
- William A. Bursich owned a life estate interest in the following described real estate 2. in Lake County, Indiana, to-wit:

Commonly known as: 2018 Joy Lane, East Chicago, Indiana 46312

Legally described as:

Lot 26 and that part of Lot 25, Prairie Park Unit No. 4, in the City of East Chicago, as shown in Plat Book 52, page 42, in Lake County, Indiana, more particularly described as follows: Beginning at the Southeast corner of said Lot 25, said point also being the Northeast corner of Lot 26 in said Addition; thence along the Northeasterly line of Lot 25, North 30 degrees 16 minutes 31 seconds West, 14.30 feet; thence South 37 degrees 26 minutes 12 seconds West and parallel with the Northwesterly line of said Lot 25, 113,76 feet to the Southwesterly line of said Lot 25, thence 9.93 feet Southeasterly along said Southwesterly line along the arc of a curve that is concave to the Southwest and whose radius is 195 feet to the Southwest corner of said Lot 25, said corner also being the Northwest corner of said Lot 26; thence North 30 degrees, 13 minutes, 20 seconds East along the Southeasterly line of said Lot 25 to the point of beginning, commonly described as 2018 Joy Lane, East Chicago, Indiana.

- Affiant owns a 1/2 interest as tenant in common in this real estate. 3.
- Affiant makes this Affidavit from her own personal knowledge and for the purpose of removing the Life Estate reserved by William A. Bursich on the above described real estate under deed recorded July 15, 2004 as Instrument Number 2004-059538 in the Office of the Recorder of Lake County, Indiana.

NOT AN OFFICIAL DOCUMENT

I HEREBY AFFIRM, UNDER THE PENALTIES OF PERIURY, THAT THE FOREGOING REPRESENTATIONS ARE TRUE.

I affirm, under the penalties for perjury, that I have taken reasonable care to redact each social security

STATE OF INDIANA 155. COUNTY OF LAKE

I certify that SUZANA BURSICH, personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person, and she acknowledged that she signed and delivered the instrument as her free and voluntary act, for the uses and purposes set forth in the instrument.

Dated this January

Notary Signature: County of Residence:

My commission expires:

number in this document, unless required by law.

This instrument prepared by: Sophia J. Arshad, Esq.

Mrshad, Pangere and Warring LLP, 7899 Taft Street, Merrillville, IN, 46410; Peconder

(219) 736-6500

THE STANDARD OF SECTION OF DEFINENCE HAND SUPPLY SECTION OF SECTIO

Local	10 UU	1123	ED	1a. Maiden Na	000265	139	2. Sex	State	me Of Death	02	Of Death (Month/Day/Year)		
Decedent's Legal Name (First, Middle, Last) WILLIAM A BURSICH Social Security Number 6a. Age - Yrs 6b. Under 1 Year 6c. Under				6d. Under 1 Day	, , , , , ,			LE C	07:48 AM		06/16/2012		
5. Social Security Number 6a. /					-				Birthplace (City and State or Foreign Country)				
9. Ever in U.S. Armed Forces?	78 Months Days Hours Ever in U.S. Armed Forces? 1 10. If Death Occurred in A Hospital:						Minutes 01/04/1934 EAS				AST CHICAGO, IN		
☐ Hospice Facility ☐ Decedent's Home ☐ Nursing Home/Long-term Care Facility											sity		
Yes No Unknown 11. Facility Name (If Not Institution			spartmers Outpasers	☐ Dead on Arms	Other (Spe	cify)					A STATE OF THE PARTY OF THE PAR		
2018 JOY LANE		it and rediricely		1									
12. City Or Town, State, And Zip 6	13. County Of Death				14. Marital Status At Time Of Death Married Married, But Separated Divorced								
EAST CHICAGO, IN, 4		LAKE				☐ Wildowed ☐ Never Married ☐ Unknown							
15. Surviving Spouse's Name			15a	. (If Wife)Give Maid	en Last Name		16. Deced	ent's Usual Occu	pation	17. Kind	Of Business/Industry		
SUZANA E BURSICH				ACHUCA			BARBE	R		BARB	ER SHOP		
18. Residence - State)	18a.	County		18b. City C	r Town							
INDIANA										18f. Inside City Limits?			
18c. Street And Number								18d. Apt. No.	100. Арс но.		Yes □ No		
2018 JOY LANE	1-0/-1-	1 44 0 4 . 4 . 5				46312		M 160 1110					
19. Decedent's Education 20. Decedent Of Hispanic Origin 21. Decedent's Race SOME COLLEGE CREDIT, BUT NOT A													
DEGREE NOT HISPANIC White 22. Father's Name (First, Middle, Last) 23a. Mother's Maiden Last Nam 23. Mother's Name (First, Middle, Last) 23a. Mother's Maiden Last Nam											siden Last Name		
		(1											
ANTON BURSICH MARY BURSICH MIHALIC 24. Informant's Name 24a_Relationship To Decedent 24b. Mailing Address (Street And Number, City, State, Zip Code)													
SUZANA E BURSICH			WIFE					CAGO, IN					
					ace Of Disposition								
25a. Method Of Disposition ☑ Burial ☐ Cremation ☐ Dor	ation 🗌 Er		ce Of Disposition (N	ame Of Cemetery, C	rematory, Other Pi	ace) 25c.1	Location - City	, Town, And Stat	to				
Removal From State			HN CEMETE	(Ca			MOND	161					
Other (Specify): 26. Was Coroner Contacted?	27.	Name And Complete			K	JITAI	MMOND,	IIV		27a. Fu	neral Home License Number:		
⊠ Yes □ No					4 DOL 10 DI	UD - FAC	T 01 110		040	FURN	001512		
27b. Signature Of Indiana Funera	Service Lio			4201 INDIAN	IAPOLIS BL	VD., EAS	2	7c. License Num	nber (Of Licensee):	PHOS	001512		
JOHN P. FIFE , BY EL	ECTRO	NIC SIGNATU	IRE	use Of Death (Se	e Instructions A	nd Example		D01020366	6		Approximate		
28. Part I. Enter The Chain O Such As Cardiac Arrest, Resp A Line. Add Additinal Lines III	Events - I priratory Arre	Diseases, Injuries, C st, Or Ventricular Fi	r Complications - T crillation Without Sh	hat Directly Cause nowing The Etiolog	The Death Do , Do Not Abbrey	Not Enter Te late. Enter O	erminal Event Inly One Cau	s se On			Interval: Onset To Death		
Immediate Cause (Final Dise			eath) A.	CEREBRAL ANEL	JRYSM	1	As A Consequence				4 YEARS		
				HTN, HYPERLIPII	DEMIA		×						
Sequentially List Conditions, Line A. Enter The Underlying	Cause (Dis	sing To The Cause I sease Or Injury That	Initiated	TITIN, TITIN ENGLISH	JUNIOR	Due Mills	And Consequent	• Of					
The Events Resulting In Deat	h) Last		C.			Due SETO	As A Consequent	v 04					
			D.					<u> </u>			_		
Part II. Enter Other Significant Con	ditions Cont	ributing to Death But I	Not Resulting In The	Underlying Cause Gi	vin In Part I		as An Autops		☐ Yes	⊠ No			
OBESITY	Fa Davido	I as wrom				30. W	ere Autopsy F	33. Manner	To Complete The C	Cause Of D	Yes No		
1. Did Tobacco Use Contribute To Death? 32. If Female: 32. If Female: 33. If Female: 34. If Female: 35. If Female: 36. If Female: 36. If Female: 36. If Female: 37. If Female: 38. If Female: 39. If Female: 39. If Female: 30.					Not Pregnant, But Pregnant Within 42 Days Of Death			Natural €	Natural Romicide Accident Pending Investigation Suicide Could Not Be Determined				
34. Date Of Injury (Month/Day/Ye		35. Time 0			Unknown I Freg	Decedent's h	nt Year Home, Constru	Ction Site, Resta	Could Not Be I urant, Wooded An	petermined (sa)	7. Injury At Work?		
									O		☐ Yes ☐ No		
38 Location Of Injury - State		38a. City O	Town	38b. 5	Street & Number			117	38e. Apr.	No :	88d. Zip Code		
39. Describe How Injury Occurred	1							40. If Transp	portation Injury, Sp	ecify:	Other (Specify)		
41. Signature, Of Person Certifyi	an Causa Of	Death					To a						
41. Signature, Of Person Certifying Cause of Death: 42. Certifier MOHAMED TURKMANI , BY ELECTRONIC SIGNATURE								ertifying Physician	Check Only One) Physician Coroner Heath Officer [44. License Number 45. Date Certified				
				ALMIOND II	40004						06/20/2012		
MOHAMED TURKMAI 46. Additional Funeral Service Pri		4 INDIANAPO	LIS BLVD., H	AMMOND, IN	46324			47. */		_	06/20/2012		
48. Signature of Local Health Office		1120					49. For R	egistrar Only -	Date Filed (Month	(Day/Year):			
PAULA BENCHIK-ABRINKO, VIA ELECTRONIC SIGNATURE AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)									JUN 20 2012				
			AMENUME	A. TO CERTIFICA	TE OF DEATH	LIVIET OR	OrdinaL)						

State Form 53395 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and there will be no penalty for refusal.

IVRA-20 (7/05)