

SINA PIMENTEL
RECORDER

2024-006971

STATE OF INDIANA
LAKE COUNTY
RECORDED AS PRESENTED

1:28 PM 2024 Feb 23

SURVIVORSHIP AFFIDAVIT

STATE OF Indiana)
)
COUNTY OF Lake) SS:

Celeste S LewisLinde [insert name of person making affidavit],
being first duly sworn upon oath deposes and says:

1. That Joseph Zygmunt Stasik [insert name of deceased person] (the "Decedent") died on the 6th day of July, 2008 at St Margaret Mercy Health Care Center-North [and insert location of death.]
2. That the Decedent and Violet Stasik, passed March 28, 1998 [insert name of Decedent's spouse] were duly and legally married at the time they acquired title as husband-and-wife to the following described real estate:

Legal Description: The South 50 feet of lots 1,2, and 3, and the North 8.94 feet of that portion of the vacated alley adjoining said lots to the South in Block " M ", Gary city Estates, in the City of Gary, as shown in Plat Book 15, page 28 in Lake County, Indiana, commonly known as 612 Hamlin Street, Gary Indiana 46406. ~~46406-4641~~ 170-07-01-309, 000-004 CL

3. That the marital relationship which existed between them at the time they acquire title to said real estate remained in effect and unbroken until the date of the decedent's death.
4. That all funeral expenses in connection with the death of the Decedent have been paid in full.
5. That all of the assets of the Decedent which would be includable for Federal State Tax purposes, including joint bank accounts and life insurance on the Decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

Further affiant sayeth not.

FILED

FEB 23 2024

Celeste S LewisLinde
Signature of Affiant
Celeste S LewisLinde
Type or Print Name

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

STATE OF Indiana)
)
COUNTY OF Lake) SS:

ACKNOWLEDGMENT

Before me, a Notary Public in and for said County and State, personally appeared Celeste S LewisLinde who acknowledged the execution of the foregoing instrument, and who, having been duly sworn, stated that any representations therein contained are true. Witness my hand and Notary Seal this 23rd day of Feb, 20 24.

23-
Cash
D

NOT AN OFFICIAL DOCUMENT



Resident of Porter County, IN

Signature [Handwritten Signature]

My Commission Expires: 4-8-31

Printed Debra L. Delaney

I affirm, under penalties for perjury, that I have taken reasonable care to read that each Social Security number in this document, unless required by law.

Celeste S Lewis Linde
Name

This instrument prepared by: Celeste S Lewis Linde

Property of Lake County Recorder

NOT AN OFFICIAL DOCUMENT

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH



Local No. 2031-08

State No. _____

1. Decedent's Legal Name (First, Middle, Last) JOSEPH Z. STASIK				1a. Maiden Last Name (if Female)		2. Sex Male	3. Time of Death 6:06p.m.	4. Date of Death (Month/Day/Year) July 6, 2008		
5. Social Security Number 85		6a. Age - Yrs 85	6b. Under 1 Year Months	6c. Under 1 Month Days	6d. Under 1 Day Hours	6e. Under 1 Hour Minutes	7. Date of Birth (Month/Day/Year) June 12, 1923		8. Birthplace (City And State Or Foreign Country) Poland	
9. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Attended Physicians?		10. If Death Occurred In A Hospital: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead On Arrival			10a. If Death Occurred Somewhere Other Than A Hospital: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-Term Care Facility <input type="checkbox"/> Other (Specify)					
11. Facility Name (if Not Institution, Give Street And Number) St. Margaret Mercy Health Care Center-North										
12. City Or Town, State, And Zip Code Hammond, Ind 46320					13. County Of Death Lake		14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown			
15. Surviving Spouse's Name None				15a. (If Alive) Give Maiden Last Name N/A		16. Decedent's Usual Occupation Foreman		17. Kind Of Business/Industry Blaw Knox Co.		
18. Residence - State Indiana			18a. County Lake		18b. City Or Town Gary		18c. Apt. No.		18d. Zip Code 46406	
18e. Street And Number 612 Hamlin St.		18f. Other City		18g. Other State		18h. Other Zip Code		18i. Other City/County <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
19. Decedent's Education 12			20. Decedent Of Hispanic Origin NO			21. Decedent's Race White				
22. Father's Name (First, Middle, Last) Joseph Stasik					23. Mother's Name (First, Middle, Last) N/A			23a. Mother's Maiden Last Name N/A		
24. Informant's Name Celeste Linde			24a. Relationship To Decedent Daughter		24b. Mailing Address (Street And Number, City, State, Zip Code) 4046 Delaware St. Gary, Ind. 46409					
25a. Method Of Disposition: <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify)			25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) Calvary Cemetery			25c. Location - City, Town, And State Portage, Indiana				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Rendina Funeral Home 5100 Cleveland St. Gary, Ind.					27a. Funeral Home License Number: FH83007819			
27b. Signature Of Indiana Funeral Service Licensee <i>Anthony S. Rendina</i>						27c. License Number (Of Licensee): FD01010402				
Cause Of Death (See Instructions And Examples)										
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. <u>Sepsis</u> Due To (Or As A Consequence Of)										
B. <u>Hypertension</u> Due To (Or As A Consequence Of)										
C. <u>Renal failure</u> Due To (Or As A Consequence Of)										
D.										
28. Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I										
28. Were All Autopsy Findings Available For Complete Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No										
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown										
32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input checked="" type="checkbox"/> Pregnant, But Pregnant 43 Days To 1 Year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year										
33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Undetermined <input type="checkbox"/> Could Not Be Determined										
34. Date Of Injury (Month/Day/Year)		35. Time Of Injury		36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)			37. Injury A Work-Related Injury? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		38. Date Of Death	
38. Location Of Injury - State			38a. City Or Town		38b. Street & Number		38c. Apt. No.		38d. ZIP Code	
39. Describe How Injury Occurred							40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)			
41. Signature, Of Person Certifying Cause Of Death <i>[Signature]</i>						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer				
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: DR. TAROOGI 5454 Hohman Ave. Hammond In 46320						44. License Number: 01063801A		45. Date Certified: 2/9/08		
46. Address Of Funeral Service Provider						47. *Aka:				
48. Signature Of Local Health Officer: <i>Susan W Best DO</i>						49. For Registrar Only - Date Filed (Month/Day/Year): July 9, 2008				