

2024-5 3497
04/30/2024 12:10 PM
TOTAL FEES: 25.00
BY: KD
PG #: 3
RECORDED AS PRESENTED

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
GINA PIMENTEL
RECORDER

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

AFFIDAVIT OF SURVIVORSHIP

Michael J. Toth ("Affiant"), being duly sworn upon his oath deposes and says:

1. That the Affiant is the Personal Representative of the Unsupervised Estate of Eleanor Molnar a/k/a Yolanda Molnar, deceased, which estate is pending in the Superior Court of Lake County, Room Number Two sitting at East Chicago, Indiana, under Cause Number 45D02-2205-EU-000277 in the Office of the Clerk of the Court of Lake County, Indiana, pursuant to an order of the Lake Superior Court of Lake County, Indiana, dated the 4th day of May 2022.

2. That the Affiant resides in Kankakee County, State of Illinois.

3. That the Affiant is a competent adult and is over the age of twenty-one years.

4. That at the time of her death on March 22, 2022, Eleanor Molnar a/k/a Yolanda Molnar ("the Decedent:") held a life estate to certain real estate and the real estate is described as follows:

THE SOUTH HALF OF LOT NO. THREE (3) AND THE NORTH HALF OF LOT NO. FOUR (4), IN BLOCK NO. EIGHT (8), AS MARKED AND LAID DOWN ON THE RECORDED PLAT OF CENTRAL PARK ADDITION TO WHITING, IN LAKE COUNTY, INDIANA, AS THE SAME APPEARS OF RECORD IN PLAT BOOK 5 PAGE 1, IN THE RECORDER'S OFFICE OF LAKE COUNTY, INDIANA.

and commonly known as: 1807 LaPorte Avenue, Whiting, Indiana 46394.
Parcel No.: 45-03-07-209-003.000-025

5. That Eleanor Molnar a/k/a Yolanda Molnar ("the Decedent") died on March 22, 2022. That a copy of the death certificate of Eleanor Molnar a/k/a Yolanda Molnar ("Decedent") showing her date of death to be March 22, 2022, is attached hereto as Exhibit A and made a copy of this affidavit by reference.

6. That at the time of the death of Eleanor Molnar a/k/a Yolanda Molnar on March 22, 2022, the Life Estate held by Eleanor Molnar a/k/a Yolanda Molnar in the real estate commonly known as 1807 LaPorte Avenue, Whiting, Indiana 46394 and described in Paragraph No. 4 above was extinguished.

CTNW 2401780

FILED

Apr 30 2024 BDD
PEGGY HOLINGA-KATONA
LAKE COUNTY AUDITOR

*Survivorship Affidavit
Page 1 of 2*

NOT AN OFFICIAL DOCUMENT

7. That the Affiant makes this affidavit so that the Lake County Recorder and the Lake County Auditor will remove the Life Estate interest once held by the Decedent in the real estate commonly known as 1807 LaPorte Avenue, Whiting, Indiana 46394 and described in Paragraph No. 4 from their records.

8. That all of the above representations are true.

Michael J. Toth
MICHAEL J. TOTH

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public, in and for said County and State, personally appeared **Michael J. Toth**, who being first duly sworn by me upon an oath, states that the facts set forth in the foregoing Affidavit of Survivorship are true.

WITNESS MY HAND AND SEAL this 19 day of April 2024.

JAMES
NOTARY PUBLIC
Jennifer Armes
PRINTED NAME OF NOTARY PUBLIC

County of Residence: Lake
My Commission Expires: 2/8/26

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

Joseph L. Curosh, Jr.
Joseph L. Curosh Jr.

Record + Return to:
This instrument was prepared by:

Joseph L. Curosh, Jr., Indiana
Attorney Number 3473-45
Curosh & Curosh
1532 - 119th Street
Whiting, Indiana 46394

JENNIFER ARMES
Notary Public - Seal
Lake County - State of Indiana
Commission Number NPOT09320
My Commission Expires Feb 8, 2026

NOT AN OFFICIAL DOCUMENT

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 320115

Local No 001419		EDR No 00001263042		State No 2022-018268	
1. Decedent's Legal Name (First, Middle, Last) Eleanor E. Yolanda Molnar		13. Maiden Name (if female) n/a		2. Gender Female	
6. Social Security Number 85		3. Time of Death 06:15 PM		4. Date of Death (Month/Day/Year) 03/22/2022	
5a. Age - Yrs 85		5b. Under 1 Year Months		5c. Under 1 Month Days	
5d. Under 1 Year Months		5e. Under 1 Month Days		5f. Under 1 Day Hours	
7. Date of Birth (Month/Day/Year) 04/28/1936		8. Birthplace (City and State or Foreign Country) Whiting, Indiana			
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred in a Hospital: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival		11a. 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) Hammond-Whiting Care Center					
12. City or Town, State, and Zip Code Whiting, Indiana 46394			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 type="checkbox"/> Widowed <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Unknown
15. Surviving Spouse's Name		15a. Last Name Before First Marriage		16. Decedent's Usual Occupation clerical worker	
15b. County		15c. City or Town		17. Kind of Business/Industry corn products company	
15d. Residence - State IN		15e. County Lake		15f. City or Town Whiting	
18c. Street Address Number 1807 LaPorte Avenue		18d. Apt. No.		18e. Zip Code 46394	
18f. House City Unltd? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
19. Decedent's Education High School graduate or GED completed		20. Decedent of Hispanic Origin Not Spanish/Hispanic/Latino		21. Decedent's Race White	
22. Parents Name (First, Middle, Last) Alex Molnar		23. Parents Last Name Before First Marriage Toth			
24. Relationship to Decedent Cousin		25. Place of Disposition St. John Cemetery			
26. Place of Disposition (Name Of Cemetery, Crematory, Other Place) St. John Cemetery		27. Location - City, Town, and State Hammond, IN			
28. Name and Complete Address of Funeral Facility Baran & Son Inc 1235 119th Street, Whiting, Indiana, 46394		29. Funeral Home License Number FH83007267			
27a. Signature of Indiana Funeral Service Licensee: Mertina E. Oyer		27b. License Number (If Licensed): FD01019456			
28. Cause of Death (See Instructions and Examples) 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 Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease or Condition Resulting in Death) A. Cardiac arrhythmia Seconds B. Acute kidney injury Days C. Poor oral intake with failure to thrive Weeks D. Dementia Years					
Part II. Enter One or More Contributing Conditions Contributing to Death, But Not Resulting in the Underlying Cause Given in Part I. A. Cardiac arrhythmia Seconds B. Acute kidney injury Days C. Poor oral intake with failure to thrive Weeks D. Dementia Years					
29. Were Any Finding Available to Complete the Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		32. If Fatigue: <input type="checkbox"/> Not Reported, Not Fatigue <input type="checkbox"/> Reported At Time Of Death <input type="checkbox"/> Not Reported, But Reported Within 24 Hours Of Death <input type="checkbox"/> Not Reported, But Reported More Than 24 Hours After Death		33. Manner Of Death: <input checked="" type="checkbox"/> Illness <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Unknown <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)	
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: Derek Gasper		42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Other (Specify)		NOT VALID UNLESS	
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: Derek Gasper 1101 E Glendale Boulevard 102-A, Valparaiso, IN 46383		44. License Number 0203380041		45. Signature 03/22/2022	
46. Signature of Local Health Officer: Cherlene Vasilic		47. For Registrar Only 03/22/2022			

Exhibit A