

FILED

Jun 20 2024 SLG
PEGGY HOLINGA-KATONA
LAKE COUNTY AUDITOR

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA

File No.: FNW2400998

COUNTY OF LAKE

Comes now Marguerite E. Muzek, who being duly sworn upon his/her oath, deposes and says:

That, Marguerite E. Muzek is the surviving spouse of William A. Muzek, deceased who died domiciled in Lake County, Indiana, on July 31, 2011.

That Marguerite E. Muzek and William A. Muzek 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

Affiant states that Marguerite E. Muzek and William A. Muzek 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 William A. Muzek's death.

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 Marguerite E. Muzek.

IN WITNESS WHEREOF, the undersigned have executed this document on May 9, 2024.

Executed: May 9, 2024

Marguerite E. Muzek
Signature

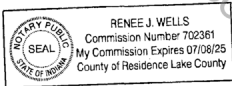
Marguerite E. Muzek
Print Name

STATE OF INDIANA
COUNTY OF LAKE

Subscribed and sworn to before me, a Notary Public in and for said county and state, by Marguerite E. Muzek, this 9TH day of MAY, 2024.

[Signature]

Notary Public RENEE J. WELLS
Resident of LAKE County
My Commission expires: 7-8-25



NOT AN OFFICIAL DOCUMENT

SURVIVORSHIP AFFIDAVIT (continued)

Prepared by:
Timothy R. Kuiper
Austgen Kuiper Jasaitis P.C.
130 North Main Street, Crown Point, IN 46307

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

Renee Wells.

Return to: Binh Thanh Le and Chi Thu Thi Tran
9624 Jackson Ct.
Crown Point, IN 46307

Tax bills sent to: 624 Jackson Ct., Crown Point IN 46307

Property of Lake County Recorder

NOT AN OFFICIAL DOCUMENT

EXHIBIT "A" Legal Description

For APN/Parcel ID(s): 45-12-33-257-026.000-029

THAT PART OF LOT 1 LYING NORTH OF A LINE DRAWN RADIAL THROUGH A POINT ON THE EAST LINE OF SAID LOT 1 AN ARC DISTANCE OF 38.94 FEET SOUTHERLY OF THE NORTHEAST CORNER OF SAID LOT 1 AS MEASURED ALONG THE EAST LINE OF SAID LOT 1 IN CROWN RIDGE ESTATES 1ST RESUBDIVISION OF TRACTS 38 AND 39 IN CROWN RIDGE ESTATES UNIT THREE, A PLANNED UNIT DEVELOPMENT IN CROWN POINT, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 87 PAGE 76 IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Property of Lake County Recorder

NOT AN OFFICIAL DOCUMENT



INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No **002375**

EDR No **000000212093**

State No **034244**

1. Decedent's Legal Name (First, Middle, Last) WILLIAM ALLEN MUZEK				2. Sex MALE		3. Time Of Death 04:35 AM		4. Date Of Death (Month/Day/Year) 07/31/2011			
5. Social Security Number 71		6a. Age - Yrs Months Days		6b. Under 1 Year Months Days		6c. Under 1 Month Days		6d. Under 1 Day Hours			
7. Date Of Birth (Month/Day/Year) 01/23/1940				8. Birthplace (City and State or Foreign Country) GARY, IN							
9. Ever In U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				10. If Death Occurred In A Hospital: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Death 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) VIBRA HOSPITAL OF NORTHWESTERN INDIANA											
12. City Or Town, State, And Zip Code					13. County Of Death LAKE						
14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown											
15. Surname Spouse's Name MARGUERITE MUZEK			15a. If Wife/Give Maiden Last Name COAPSTICK			16. Decedent's Usual Occupation LAB TECHNICIAN			17. Kind Of Business/Industry STEEL INDUSTRY		
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town CROWN POINT							
18c. Street And Number 9624 JACKSON COURT		18d. Apt. No.		18e. Zip Code 46307		18f. Inside City Limits? <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 HISPANIC			21. Decedent's Race White					
22. Father's Name (First, Middle, Last) WILLIAM MUZEK			23. Mother's Name (First, Middle, Last) MARGARET MUZEK			23a. Mother's Maiden Last Name EVANS					
24. Informant's Name MARGUERITE MUZEK		24a. Relationship To Decedent WIFE		24b. Mailing Address (Street And Number, City, State, Zip Code) 9624 JACKSON COURT, CROWN POINT, IN 46307							
25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" 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 Home, Crematory, Other Place) GEISEN CREMATION CENTRE		25c. Place Of Disposition CROWN POINT, IN		25c. Location - City, Town, And State					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Home GEISEN FUNERAL HOME INC.-MERRILLVILLE, 7905 BROADWAY, MERRILLVILLE, IN 46410-5559			27c. License Number (Or Licensee) FD01005912		27a. Funeral Home License Number FH83007762				
27b. Signature Of Indiana Funeral Service Licensee RONALD J. MESARCH, BY ELECTRONIC SIGNATURE											
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 Venetous/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. FAILURE TO THRIVE Approximate Interval To Death DAYS											
B. _____											
C. _____											
D. _____											
28. Part II. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last											
29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					29a. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
NATURAL											
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 <input type="checkbox"/> Pregnant In This Or That <input type="checkbox"/> Not Pregnant, But Pregnant Within 1 Year Of This Or That <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"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined							
34. Date Of Injury (Month/Day/Year)		35. Time Of Injury		36. Place Of Injury (I.E., Decedent's Home, Construction Site, Workplace, Wooded Area) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
36. Location Of Injury - State		36a. City Or Town		36b. Street & Number		36c. Apt. No.		36d. Zip Code			
39. Describe How Injury Occurred											
40. If Transportation Injury, Specify: <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other (Specify)											
41. Signature Of Person Causing Cause Of Death: RUPESH J. SHAH, BY ELECTRONIC SIGNATURE					42. Coroner (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		43. Date Certified 08/05/2011				
43. Name, Address And Zip Code Of Person Causing Cause Of Death: RUPESH J. SHAH, 202 E 86TH PLACE, MERRILLVILLE, IN 46411					44. License Number 02002106A		45. Date 08/05/2011				
46. Additional Funeral Service Provider:					46. For Registrar Only - Date First (Month/Day/Year) AUG 08 2011						
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE					49. For Registrar Only - Date First (Month/Day/Year) AUG 08 2011						
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)											