

GINA PIMENTEL  
RECORDER  
STATE OF INDIANA  
LAKE COUNTY  
RECORDED AS PRESENTED

**2024-021594**

4:08 PM 2024 Aug 18

STATE OF INDIANA )  
                                  )  
COUNTY OF LAKE )

Re: Mike B. Yurko, Deceased  
Parcel No.: 45-12-05-455-015.000-030

**AFFIDAVIT OF PASSAGE OF TITLE**

Comes now Robin Meacham ("Affiant"), being duly sworn upon her oath, and states as follows:

1. Michael B. Yurko a/k/a MIKE B. YURKO ("Decedent") died intestate on September 9, 2016. (A true and accurate copy of the death certificate of Michael B. Yurko, with social security number and cause of death redacted, is attached hereto and incorporated herein by reference as Exhibit "A.")

2. The Affiant is the Personal Representative and sole legatee and devisee of the Estate of Edward Paul Yurko (the Decedent's subsequently deceased brother) and makes this Affidavit based upon personal knowledge.

3. Mike B. Yurko and Edward Paul Yurko are the owners of the following described real estate located in Lake County, Indiana:

Lot 19, Block 6, Corrected Plat of Wright Manor Addition to Gary, as shown in Plat Book 33, page 62, in Lake County, Indiana

Commonly known as: 5987 Mckinley Street, Merrillville IN 46410.

4. The real estate was transferred to Mike B. Yurko and Edward Paul Yurko, as tenants in common (each as to an undivided one-half (1/2) interest), pursuant to a Warranty Deed that was duly recorded as Document Number 269926 in the Office of the Recorder of Lake County, Indiana, on September 26, 1974.

**FILED**

AUG 16 2024

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

25 -  
2019  
AM

# NOT AN OFFICIAL DOCUMENT

5. The aforementioned Warranty Deed is the most recent instrument recorded in the Office of the Recorder of Lake County, Indiana, that conveys title to the real estate or discloses a title transaction (as defined in IC 32-20-2-7) affecting the real estate.

6. The legal description of the real estate, as it appears in the instrument described in paragraph 4 of this Affidavit is as follows:

Lot 19, Block 6, Corrected Plat of Wright Manor Addition to Gary, as shown in Plat Book 33, page 62, in Lake County, Indiana

7. The Decedent was not married at the time of his death, never had any children, and was not survived by either of his parents. The Decedent was survived by one sibling, namely, Edward Paul Yurko. The Decedent's remaining sibling, Paul A. Yurko, predeceased him and was survived by one or more descendants. The following children, and no others, were born to or adopted by the Decedent's predeceased sibling, Paul A. Yurko: Michael V. Yurko, who survived the Decedent and is a competent adult, and Elizabeth A. Gordon, who survived the Decedent and is a competent adult. The Decedent had no other living brothers or sisters, biological or adopted, and the Decedent was not predeceased by any brother or sister, biological or adopted, or descendants of any predeceased brother or sister, other than as identified herein. Accordingly, Edward Paul Yurko, Michael V. Yurko, and Elizabeth A. Gordon are the Decedent's only heirs-at-law under IC 29-1-2-1 (hereinafter referred to as the "Heirs") and his only known distributees.

8. Title to the Decedent's undivided one-half (1/2) interest in real estate was immediately vested in the Decedent's Heirs upon the Decedent's death by operation of the law under IC 29-1-7-23, subject to the power of a personal representative to divest title under the requirements of IC 29-1-7-15.1.

9. No petition was filed for probate of a will and for issuance of letters testamentary, or for the appointment of an administrator with the will annexed, or for the appointment of an administrator under IC 29-1-7-5 within five (5) months after Decedent's death, nor did the Clerk issue letters testamentary or letters of administration within seven (7) months after Decedent's death; whereby, the power of a personal representative to divest title has expired as a matter of law

# NOT AN OFFICIAL DOCUMENT

under IC 29-1-7-15.1(b), and title to the Decedent's undivided one-half (1/2) interest in the real estate is now vested indefeasibly in the Decedent's Heirs as follows:

<u>Name</u>	<u>Relationship</u>	<u>Address</u>	<u>Percentage</u>
Edward Paul Yurko	Brother	5987 Mckinley Street Merrillville IN 46410	50%
Michael V. Yurko (taking by representation through Paul A. Yurko)	Nephew	112 Bluebird Drive 3B Hillsborough, NJ 08844	25%
Elizabeth A. Gordon (taking by representation through Paul A. Yurko)	Niece	340 Tower Lane Penn Valley, PA 19072	25%

10. Because Edward Paul Yurko was already the owner of an undivided one-half (1/2) interest in real estate, the fractional interest of each distributee, *in relation to the whole of the real estate*, is as follows: Edward Paul Yurko owns an undivided three-fourths (3/4) interest (his original one-half plus the one-fourth that passed to him upon the Decedent's death), Michael V. Yurko owns an undivided one-eighth (1/8) interest, and Elizabeth A. Gordon owns an undivided one-eighth (1/8) interest.

11. This Affidavit is made by the undersigned for the purpose of establishing the facts contained in this Affidavit and to confirm that the Decedent's undivided one-half (1/2) interest as tenant in common in the above-described real estate is now vested in Edward Paul Yurko, Michael V. Yurko, and Elizabeth A. Gordon, and to induce the Auditor of Lake County, Indiana to remove the name of Mike B. Yurko from title and reflect the correct ownership of such real estate on said Auditor's records.

I affirm under the penalties for perjury that the foregoing statements are true.

  
ROBIN MEACHAM





# NOT AN OFFICIAL DOCUMENT

INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Tracing No. 4 1836

Local No 002995

EDR No 00000206190

State No 2016-043828

1. Decedent's Legal Name (First, Middle, Last) <b>MICHAEL B YURKO</b>		1a. Maiden Name (If female)		2. Gender <b>Male</b>	3. Time of Death <b>11:46 PM</b>	4. Date of Death (Month/Day/Year) <b>09/09/2016</b>	
--	--	-----------------------------	--	--------------------------	-------------------------------------	--	--

5. Social Security Number <b>73</b>		6a. Age - Yrs	6b. Under 1 Year	6c. Under 1 Month	6d. Under 1 Day	6e. Under 1 Hour	7. Date of Birth (Month/Day/Year) <b>01/12/1943</b>	8. Birthplace (City and State or Foreign Country) <b>Gary, Indiana</b>	
--	--	---------------	------------------	-------------------	-----------------	------------------	--	---	--

9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input 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		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) **METHODIST HOSPITAL SOUTHLAKE**

12. City or Town, State, and Zip Code <b>Merrillville, Indiana 46410</b>		13. County of Death <b>Lake</b>		14. Marital Status at Time of Death <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown	
---	--	------------------------------------	--	---	--

15. Surviving Spouse's Name		15a. Last Name Before First Marriage		16. Decedent's Usual Occupation <b>TRACTOR DRIVER</b>		17. Kind Of Business/Industry <b>US STEEL</b>	
-----------------------------	--	--------------------------------------	--	--	--	--	--

18. Residence - State <b>IN</b>		18a. County <b>Lake</b>		18b. City or Town <b>Merrillville</b>		18d. Apt. No.		18e. Zip Code <b>46410</b>		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
------------------------------------	--	----------------------------	--	--	--	---------------	--	-------------------------------	--	---	--

18c. Street and Number <b>5987 MCKINLEY Street</b>		18d. Apt. No.		18e. Zip Code <b>46410</b>		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
---	--	---------------	--	-------------------------------	--	---	--

19. Decedent's Education <b>High School graduate or GED completed</b>		20. Decedent Of Hispanic Origin <input type="checkbox"/> Not Spanish/Hispanic/Latino		21. Decedent's Race <b>White</b>	
--	--	---	--	-------------------------------------	--

22. Parent's Name (First, Middle, Last) <b>MICHAEL YURKO</b>		23. Parent's Name (First, Middle, Last) <b>MARGARET YURKO</b>		23a. Parent's Last Name Before First Marriage <b>KOVGZUN</b>	
---	--	--	--	---	--

24. Informant's Name <b>EDWARD P YURKO</b>		24a. Relationship To Decedent <b>Brother</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>5987 MCKINLEY Street, Merrillville, IN, 46410</b>	
---	--	---	--	---	--

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 Cemetery, Crematory, Other Place) <b>KELLY CARROLL CREMATION SERVICE</b>		25c. Location - City, Town, and State <b>Gary, IN</b>	
---	--	--	--	--	--

26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>Pruzin Brothers-Merrillville 6360 BROADWAY, Merrillville, Indiana, 46410</b>		27a. Funeral Home License Number <b>FH83002453</b>	
---	--	--	--	---	--

27b. Signature Of Indiana Funeral Service Licensee: <b>THOMAS G. PRUZIN</b>		Electronically Signed Cause of Death (See Instructions And Examples)		27c. License Number (Of Licensee): <b>FD01009893</b>	
--	--	---	--	--	--

28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Cause 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. [REDACTED]**

Sequentially List Conditions. If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last

**B. [REDACTED]** Due to [REDACTED] Cause Of Death

**C. [REDACTED]** Due to [REDACTED] Cause Of Death

**D. [REDACTED]** Due to [REDACTED] Cause Of Death

Approximate Interval: Onset To Death **YEARS**

Approximate Interval: Onset To Death **YEARS**

Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I

29. Was An Autopsy Performed?  Yes  No

30. Were Autopsy Findings Available To Complete The Cause Of Death?  Yes  No

31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input 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 type="checkbox"/> Natural <input type="checkbox"/> Hemorrhage <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year <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 (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)		37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
-------------------------------------	--	--------------------	--	---	--	---	--

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:  
 Driver/Operator  **NON-DRIVER/OPERATOR**  **UNLESS**

41. Signature, Of Person Certifying Cause of Death: <b>FADI Issa ALZEIDAN</b>		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: RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT <b>FADI Issa ALZEIDAN 311 E. 89TH AVE, Merrillville, IN 46410</b>		44. License Number <b>01063003A</b>		45. Date Certified <b>09/20/2016</b>	
--	--	--	--	---	--

46. Additional Funeral Service Provider:		47. Akas		48. Signature of Local Health Officer: <b>CHANDANA NAYLGA</b>		49. For Registrar Only (Date Filed (Month/Day/Year)) <b>09/20/2016</b>	
--	--	----------	--	--	--	---	--

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

**AUG 16 2024**

LAKE COUNTY HEALTH

EXHIBIT

number **A**