Chicago Title Insurance Company

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Gainer Bank
115 S. Court St.
Crown Point, IN 46307

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA
COUNTY OF LAKE } S. S.

On this 4-1-91 (insert date) before me personally appeared KENNETH J NOWAK

to me personally known, who being duly sworn on oath did say that:

1. Affiant resides at the address given below affiant's signature;
2. Affiant is OWNER (state interest of affiant in the above premises as "owner," "son of owner," etc.);
3. Said premises were formerly owned as joint tenants or as tenants by the entireties by KENNETH J. NOWAK and BARBARA O. NOWAK;
4. Said BARBARA O. NOWAK (fill in name of co-tenant who died)

   died on JUNE 19, 1988

   leaving NO will; (insert "a" or "no"; if will left, attach a copy)
5. The legal description of the premises in question is: # 15-457-8

   LOT 127, BON AIRE SUBDIVISION UNIT NO. 7, IN PLAT BOOK 41, PAGE 95, IN LAKE COUNTY, INDIANA.
6. To the best of affiant's knowledge there is no Federal or State estate or inheritance tax liability by reason of the death of said decedent;
7. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced? NO

   (If answer is "Yes," identify the divorce proceedings:
8. Affiant's relationship to the deceased was HUSBAND

Signature: Kenneth J Nowak
Kenneth J. Nowak

Address: 2688 W. 61 PL.
Merrillville, IN

Subscribed and sworn to before me by the affiant

this April 1, 1991 (insert date)

Linda Phelps
Linda Phelps Notary Public

My Commission Expires 11-1-93

FILED

APR 09 1991

Anna N. Anton
AUDITOR LAKE COUNTY

STATE OF INDIANA/S.S. NO.
LAKE COUNTY
FILED FOR RECORD
APR 10 1 23 PM '91
ROBERT ... FREELAND
RECORDER

00461

8.00 CK

This instrument prepared by Kenneth J. Nowak

CHICAGO TITLE INSURANCE COMPANY
INDIANA DIVISION

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RECORDER'S OFFICE
LAKE COUNTY
INDIANA

6.cc

INDIANA STATE BOARD OF HEALTH

CERTIFICATE OF DEATH

Local No. 68-88 State No.

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED—NAME First: Barbara Middle: O. Last: Nowak
2. SEX: Female
3. DATE OF DEATH: June 19, 1988
4. SOCIAL SECURITY NUMBER: 345-28-2690
5a. AGE—Last Birthday (Years): 52
5b. UNDER 1 YEAR Months Days
5c. UNDER 1 DAY Hours Minutes
6. DATE OF BIRTH: 12-10-1935
7. BIRTHPLACE (City and State or Foreign Country): Fulton, Kentucky
8. YEAR LAST SERVED IN US ARMED FORCES?
9a. PLACE OF DEATH (Check only one) HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA OTHER: ☐ Nursing Home ☐ Residence ☒ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Route 10 & I 65
9c. CITY, TOWN OR LOCATION OF DEATH: DeMotte,
9d. COUNTY OF DEATH: Jasper
10. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Kenneth J. Nowak
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Housewife
12b. KIND OF BUSINESS/INDUSTRY: Self
13a. RESIDENCE—STATE: IN
13b. COUNTY: Lake
13c. CITY, TOWN OR LOCATION: Merrillville,
13d. STREET AND NUMBER: 2688 W. 61st Place
13e. INSIDE CITY LIMITS? (Yes or no): YES
13f. FARM: NO
13g. ZIP CODE: 46410
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes Specify
15. RACE—American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12): 12 College (1-4 or 5+)

PARENTS

17. FATHER'S NAME (First, Middle, Last): Joseph Bazzell
18. MOTHER'S NAME (First, Middle, Maiden Surname): Mary Kincaid

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Kenneth J. Nowak
19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2688 W. 61st Place, Merrillville, IN 46410
19c. Relationship: Husband

DISPOSITION

20a. METHOD OF DISPOSITION ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place): June 23, 1988 Calumet Park Cemetery
20c. LOCATION—City or Town, State: Merrillville, Indiana
21a. SIGNATURE OF FUNERAL DIRECTOR: Robert Wiatrolik
21b. LICENSE NUMBER (of Licensee): FDR1001293
22. NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME: Stilinovich & Wiatrolik-FDH3004455 7535 Taft St., Merrillville, IN

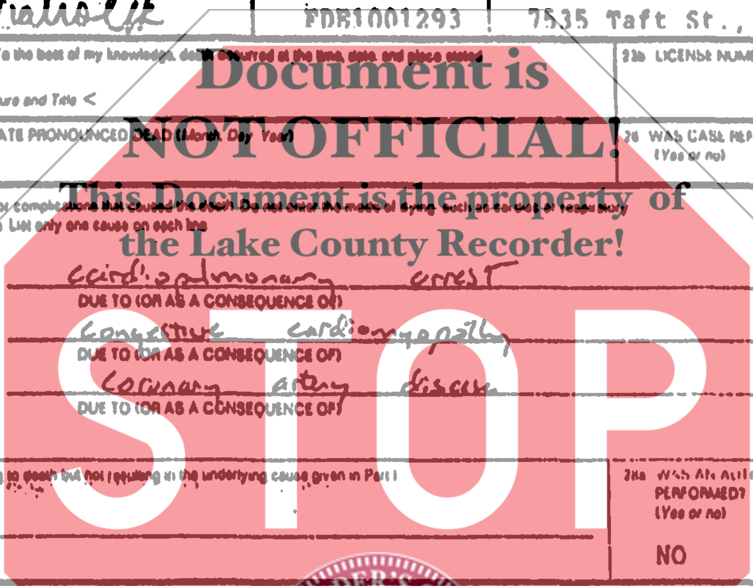
PRONOUNCING PHYSICIAN ONLY

Complete items 23a-c only when certifying physician is not available at time of death to certify cause of death

23a. To the best of my knowledge, death occurred at the time, date and place stated. Signature and Title <
23b. LICENSE NUMBER
23c. DATE SIGNED (Month, Day, Year)

ITEMS 24-26 MUST BE COMPLETED BY PERSON WHO PRONOUNCES DEATH

24. TIME OF DEATH: 11:15P M
25. DATE PRONOUNCED DEAD (Month, Day, Year)
26. WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? (Yes or no)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SEE INSTRUCTIONS

CAUSE OF DEATH

27. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death)
a. cardiopulmonary arrest — minutes
DUE TO (OR AS A CONSEQUENCE OF)
b. congestive cardiomyopathy — months
DUE TO (OR AS A CONSEQUENCE OF)
c. coronary artery disease — years
DUE TO (OR AS A CONSEQUENCE OF)
d.

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I

28a. WAS AN AUTOPSY PERFORMED? (Yes or no): NO
28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)

FILED

APR 09 1991

Anna M. Anton
AUDITOR LAKE COUNTY

SEE INSTRUCTIONS

CERTIFIER

29a. CERTIFIER (Check only one)
☒ CERTIFYING PHYSICIAN (Physician certifying cause of death when another physician has pronounced death and completed item 23) To the best of my knowledge, death occurred due to the cause(s) and manner as stated.
☐ PRONOUNCING AND CERTIFYING PHYSICIAN (Physician both pronouncing death and certifying cause of death) To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.
☐ MEDICAL EXAMINER ☐ CORONER ☐ HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.

29b. SIGNATURE AND TITLE OF CERTIFIER: [signature]
29c. LICENSE NUMBER: 01031712
29d. DATE SIGNED (Month, Day, Year): 6-21-88
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type/Print): Dr. Jack Zeigler, 3901 Broadway, Merrillville, IN 46410

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE: Michael Lueckman
32. DATE FILED (Month, Day, Year): June 28, 1988

CORONER OR MEDICAL EXAMINER USE ONLY

33. MANNER OF DEATH ☐ Natural ☐ Pending Investigation ☐ Accident ☐ Could not be Determined ☐ Suicide ☐ Homicide
34a. DATE OF INJURY (Month, Day, Year)
34b. TIME OF INJURY
34c. INJURY AT WORK? (Yes or no)
34d. DESCRIBE HOW INJURY OCCURRED
34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)
34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

Rec# 15-457-8

SBH06-004 State Form 10110 Rev. 10/87 DEATH/PD 1

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