

**FILED**

STATE OF INDIANA )  
COUNTY OF LAKE )

) SS:

DEC 27 1997

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

SAM ORLICH  
AUDITOR LAKE COUNTY

97 DEC 30 AM 10:53

**AFFIDAVIT OF SURVIVORSHIP**

MORNING

MARY LOU WATTERS, being first duly sworn upon oath, deposes and says:

1. That my father, Walter G. Novak, died without leaving a Will on May 30, 1983 at Hammond, Indiana.

2. That my mother, Katherine J. Novak, and my father, Walter G. Novak, were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

Lot 8 in Block 4 in LaSalle Addition to Hammond, as per plat thereof, recorded August 30, 1920 in Plat Book 14 Page 28, in the Office of the Recorder of Lake County, Indiana.

3. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of death of Walter G. Novak.

4. That all funeral expenses in connection with the death of said Walter G. Novak have been paid in full.

5. That all the assets of said Walter G. Novak which would be includable for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life, were not sufficient to necessitate payment of Federal Estate Tax.

FURTHER, AFFIANT SAYETH NOT.

COMMUNITY TITLE COMPANY  
FILE NO 2 14312

  
Mary Lou Watters

INSTRUMENT PREPARED BY: James A. Harris, Esq., 5832 Hohman Ave.,  
Hammond, IN 46320

001423

1300  
3201

SUBSCRIBED AND SWORN TO BEFORE me, a Notary Public, this  
9<sup>th</sup> day of December, 1997.

Barbara A. Alvarez  
Barbara A. Alvarez,  
Notary Public

My Commission Expires: 9/25/98

County of Residence: Lake



PLAINLY WITH  
UNFADING INK  
THIS IS A  
PERMANENT  
RECORD

Below for State Office Use

THIS CERTIFIES THE ABOVE IS A TRUE AND  
COMPLETE COPY OF THE CERTIFICATE OF DEATH  
ON FILE WITH THE HAMMOND HEALTH DEPT.  
JUN 1 1983

Date Issued

EMBALMER'S NAME Anthony Solan

LICENSE No. 5184

FUNERAL DIRECTOR'S SIGNATURE

FUNERAL DIRECTOR'S LICENSE No. 2141

FUNERAL HOME No. 289

Local No. 404

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION. GIVE RESIDENCE BEFORE ADMISSION

PARENTS

DISPOSITION

M.D. OR D.O.

CONDITIONS IF ANY WHICH GAVE RISE TO BASE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

State No.

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| DECEASED—NAME<br>FIRST MIDDLE LAST<br>1 Walter G. Novak   |  |   | SEX<br>Male  | DATE OF DEATH (MONTH DAY YEAR)<br>May 30, 1983                                      |  |
| RACE—(a) White (b) Black American Indian, etc. (Specify)  | AGE—Last Birthday (Yr. M. D.)<br>6a 79 | UNDER 1 YEAR<br>MO. DAYS  | UNDER 1 DAY<br>HOURS MIN.  | DATE OF BIRTH (Mo. Day Yr.)<br>Sept. 5, 1903  | COUNTY OF DEATH<br>7. Lake   |
| CITY, TOWN OR LOCATION OF DEATH<br>7b Hammond   |  | HOSPITAL OR OTHER INSTITUTION—(Name if not on other prev. street and number)<br>7c St. Margaret Hospital                                      |  | IF HOSP OR INST. Indicate DOA or (Embr. Rec. Institution) (Specify)<br>7d Inpatient |  |
| STATE OF BIRTH (If not in U.S.A. name country)<br>8 Indiana   | CITIZEN OF WHAT COUNTRY<br>9 USA       | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br>10 Married   | SURVIVING SPOUSE (If wife give maiden name)<br>11 Katherine (Paprocka)                             |   | WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)<br>12 no |
| SOCIAL SECURITY NUMBER<br>13 338-03-3070A   |  | USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>14a Machinist Helper                                |  | KIND OF BUSINESS OR INDUSTRY<br>14b La Salle Steel Co.                              |  |
| RESIDENCE—STATE<br>16a Indiana  | COUNTY<br>16b Lake                     | CITY, TOWN OR LOCATION<br>16c Hammond   |  |   |  |
| STREET AND NUMBER<br>16d 4926 Chestnut Ave.,  |  |   | IS RESIDENCE ON A FARM?<br>16e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | INSIDE CITY LIMITS (SPECIFY YES OR NO)<br>16f yes                                   |  |
| IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC.<br>16g YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |  |   |  |   |  |
| FATHER—NAME<br>18 George Novak  |  | MOTHER—MAIDEN NAME<br>17 Pearl Szafrorrial  |  |   |  |
| INFORMANT—NAME (Type or grade) RELATIONSHIP<br>18a Katherine Novak (Wife)   |  | MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP<br>18b 4926 Chestnut Ave., Hammond, Ind. 46327                                    |  |   |  |
| BURIAL, CREMATION, REMOVAL, OTHER (Specify)<br>19a Burial   |  | CEMETERY OR CREMATORY—FUNERAL HOME<br>19b St. John Cemetery   |  | LOCATION CITY OR TOWN STATE<br>19c Hammond, Ind.                                    |  |
| DATE (MONTH DAY YEAR)<br>20a June 3, 1983   |  | FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP)<br>20b Bolan Funeral Home, 7109 Calumet Ave., Hammond, Ind. 46324 |  |   |  |
| To the best of my knowledge death occurred at the time, date and place and due to the causes stated.<br>21a (Signature) <i>Florino G. Pamintuan, M.D.</i>   |  | DATE SIGNED (Mo. Day Yr.)<br>21b June 1, 1983   | HOUR OF DEATH<br>21c 10:30 P. M.   |   |  |
| NAME OF ATTENDING PHYSICIAN (Type or Print)<br>21d Florino G. Pamintuan, M.D.   |  | MAILING ADDRESS—PHYSICIAN<br>21e 7905 Calumet Ave. Munster, Indiana 46321   |  |   |  |
| HEALTH OFFICER—(Signature) <i>Dr. Franklin J. ...</i>   |  | DATE RECEIVED BY LOCAL HEALTH OFFICER<br>22b JUN 1 1983   |  |   |  |
| IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR 1(a) AND 1(b))<br>PART I (a) <i>Cardio-Respiratory arrest</i><br>DUE TO OR AS A CONSEQUENCE OF<br>(b) <i>Congestive Heart Failure</i><br>DUE TO OR AS A CONSEQUENCE OF<br>(c) <i>Atherosclerotic Heart Disease</i> |  | Interval between onset and death  |  |   |  |
| PART II OTHER SIGNIFICANT CONDITIONS—(Conditions contributing to death but not related to cause given in PART I)<br><i>Pneumonia</i>  |  | AUTOPSY (Specify Yes or No)<br>24 no  |  |   |  |