STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

99029054

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

99 APR -6 AM 10:26

MORRIS W. CARTER
RECORDER

SURVIVORSHIP AFFIDAVIT

I, JUANITA S. FAZEKAS, having been first duly sworn upon my oath, state that I am the wife and well acquainted with JEROME J. FAZEKAS, SR., the deceased, who passed away on on the 23rd day of October, 1998 (copy of death certificate attached hereto) and at the time of his death, we were joint owners of real estate as tenants by the entireties in Lake County, Indiana, known as:

Lot 16 in block 6 as marked and laid down on the recorded plat of Turner-Meyer Park, a subdivison in the City of Hammond as the same appears of record in Plat Book 19, page 12 in the Recorder's Office of Lake County, Indiana.

Commonly known as: 2828 Cleveland
Hammond, IN 46323

Key Number: 36-253-16

Juanita S. Fazekas
JUANITA S. FAZEKAS

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Subscribed and sworn to before me, a Notary Public, this 31st day of March, 1999.

Carol Stoming
Notary Public

FILED

APR 06 1999

My Commission Expires: 3-11-01
County of Residence: Lake

PETER BENJAMIN
LAKE COUNTY AUDITOR

000266

Kenneth L. Anderson
9105 Indianapolis Blvd. Suite D
Highland, Indiana 46322

*ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Local No. 2430-98   State No. ....

269832

TYPE/PRINT IN PERMANENT BLACK INK

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

DECEDENT

1. DECEASED NAME (First, Middle, Last): Jerome J. "Jerry" Fazekas	2. SEX: Male	3a. TIME OF DEATH: 02:02P M	3b. DATE OF DEATH (Month, Day, Yr.): October 23, 1998
4. *SOCIAL SECURITY NUMBER: 304-32-7590	5a. AGE Last Birthday (Years): 64 / 5b. UNDER 1 YEAR Months Days / 5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr): Jul 12, 1934	7. BIRTHPLACE (City and State or Foreign Country): East Chicago, IN
8a. WAS DECEDENT A U.S. VETERAN? No	8b. YEAR LAST SERVED IN U.S. ARMED FORCES? N/A	9a. PLACE OF DEATH (Check only one. See instructions): HOSPITAL: ☒ Inpatient ☐ ER/Outpatient ☐ DOA	OTHER: ☐ Nursing Home ☐ Other (Specify) ☐ Residence
9b. FACILITY NAME (If not institution, give street and number): St. Anthony Medical Center		9c. CITY, TOWN OR LOCATION OF DEATH: Crown Point	9d. COUNTY OF DEATH: Lake
10. MARITAL STATUS (Specify): Married	11. SURVIVING SPOUSE (If wife, give maiden name): Campbell, Juanita	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Manager	12b. KIND OF BUSINESS/INDUSTRY: Railroad
13a. RESIDENCE STATE: IN	13b. COUNTY: Jasper	13c. CITY, TOWN OR LOCATION: DeMotte	13d. STREET AND NUMBER: 9417 W. 1160 N.
13e. ZIP CODE: 46310 / 13f. INSIDE CITY LIMITS ☒ No ☐ Yes / 13g. ON A FARM? ☒ No ☐ Yes	14. CITIZEN OF WHAT COUNTRY? USA / 15. WAS DECEDENT OF HISPANIC ORIGIN? ☒ No ☐ Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16. RACE American Indian, Black, White, etc. (Specify): white	17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12): 12 College (1-4 or 5+):

PARENTS

18. FATHER'S NAME (First, Middle, Last): Emery Fazekas
19. MOTHER'S NAME (First, Middle, Maiden Surname): Helen Pucalik

INFORMANT

20a. INFORMANT'S NAME (Type/Print): Juanita Fazekas
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 9417 W. 1160 N. DeMotte, IN 46310
20c. Relationship: Wife

DISPOSITION

21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Other (Specify) ☐ Entombment ☐ Removal from State
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Oct 27, 1998 Cemetery of the Resurrection
21c. LOCATION City or Town, State: DeMotte, IN
22a. EMBALMER'S NAME: W. Craig Jackson
22b. EMBALMER'S LICENSE NO.: FD08601551
23. WAS DEATH REPORTED TO CORONER? ☒ No ☐ Yes
24a. SIGNATURE OF FUNERAL DIRECTOR: W. Craig Jackson
24b. LICENSE NUMBER (of Licensee): FD08601551
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: Jackson Funeral Service 200 3rd Street, S.W., P.O. Box 681 DeMotte, IN 46310 FH89000009

CAUSE OF DEATH

26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, 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. BRAIN STEM STROKE
DUE TO (OR AS A CONSEQUENCE OF): b.
DUE TO (OR AS A CONSEQUENCE OF): c.
DUE TO (OR AS A CONSEQUENCE OF): d.
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last

PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.: CORONARY ARTERY BYPASS SURGERY CORONARY ARTERY DISEASE
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no): NO
28a. WAS AN AUTOPSY PERFORMED? (Yes or no): No
28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no): N/A

CERTIFIER

29a. CERTIFIER (Check only one)
☒ CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated.
☐ 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) as stated.
☐ CORONER 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: FILED
29c. MEDICAL LICENSE NO.: 01038984
29d. DATE SIGNED (Month, Day, Year): 10/30/98

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): RAKESH KANSAL M.D. 3100 45th ST. Highland, IN. 46322

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE: [signature] M.D.
32. DATE FILED (Month, Day, Year): November 4, 1998

CORONER USE ONLY

33. MANNER OF DEATH: ☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide
34a. DATE OF INJURY (Month, Day, Year)
34b. TIME OF INJURY
34c. INJURY AT WORK?
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)
34g. DATE PRONOUNCED DEAD (Month, Day, Year)
34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.

SDH06-004 State Form 10110 (R4/3-93) - 01 DEATHCER/PD 1