Chicago Title Insurance Company

485246 ind

SURVIVORSHIP AFFIDAVIT

STATE OF LAKE COUNTY
RECORD

2000 MAR -6 AM 9:47

MICHAEL W. CARTER
RECORDER

STATE OF Indiana
COUNTY OF Lake

2000 015510 S.S.

On this 2/29/00 (insert date) before me personally appeared

Helen Sudicky

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 heir (SISTER); (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

Mary Korba and ;

4. Said Mary Korba (fill in name of co-tenant who died)

died on November 14, 1995

leaving NO will; (insert "a" or "no"; if will left, attach a copy)

5. The legal description of the premises in question is:

The East 60 feet of Lot 3, Mott and Wiltsee's Calumet Avenue Addition to the City of Hammond, as shown in Plat Book 15, page 16, in Lake County, Indiana.

26-35-122-3

FILED

MAR 03 2000

PETER BENJAMIN
LAKE COUNTY AUDITOR

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: NO

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 ~~Sister~~ ~~niece~~ sister.

Signature: Helen Sudicky
Helen Sudicky

Address: 7320 Oakdale
Hammond, In 46324

Subscribed and sworn to before me by the affiant this February 29, 2000 (insert date)

Aimee J. Koerner
Notary Public Aimee J. Koerner

My Commission Expires 08/06/07
County of Residence: Lake

This instrument prepared by Helen Sudicky

00566

12.00
E.P.
CT

f we need to pursue our responsibilities
oluntary and there will be no penalty for
isal.*

cal No. 1831

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Nov. 15, 1995 Date Issued

Hammond Health Commissioner

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

'PE/PRINT IN RMANENT LACK INK

1 DECEASED—NAME (First, Middle, Last)		2 SEX	3a TIME OF DEATH	3b DATE OF DEATH (Month, Day, Yr)
MARY	KORBA	~~Male~~ Female	6:30 A M	November 14, 1995

4 *SOCIAL SECURITY NUMBER	5a AGE—Last Birthday (Years)	5b UNDER 1 YEAR Months / Days	5c UNDER 1 DAY Hours / Minutes	6 DATE OF BIRTH (Mo. Day. Yr)	7 BIRTHPLACE (City and State or Foreign Country)
309-24-8948	70			September 9,1925	Hammond, Indiana

8a WAS DECEDENT A US VETERAN?	8b YEAR LAST SERVED IN US ARMED FORCES?	9a PLACE OF DEATH (Check only one See instructions)
No	-----	HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA — OTHER ☐ Nursing Home ☐ Other (Specify) ☒ Residence

'CEDENT

9b FACILITY NAME (If not institution, give street and number)	9c CITY, TOWN, OR LOCATION OF DEATH	9d COUNTY OF DEATH
927-170th Street	Hammond	Lake

10 MARITAL STATUS (Specify)	11 SURVIVING SPOUSE (If wife, give maiden name)	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life Do not use retired)	12b KIND OF BUSINESS/INDUSTRY
Single	----------	Secretary	Hammond Police Dept.

13a RESIDENCE—STATE	13b COUNTY	13c CITY, TOWN, OR LOCATION	13d STREET AND NUMBER
Indiana	Lake	Hammond	927-170th Street

13e ZIP CODE	13f INSIDE CITY LIMITS	13g ON A FARM?	14 CITIZEN OF WHAT COUNTRY?	15 WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16 RACE—American Indian, Black, White, etc (Specify)	17 DECEDENT'S EDUCATION (Specify only highest grade completed)	
46324	☐ No ☒ Yes	☒ No ☐ Yes	U.S.A.	☒ No ☐ Yes	White	Elementary/Secondary (0-12): 12th	College (1-4 or 5 +): ----

'ENTS

18 FATHER'S NAME (First, Middle, Last)	19 MOTHER'S NAME (First, Middle, Maiden Surname)
Nikolaj Korba	Julia Sheptak

'ORMANT

20a INFORMANT'S NAME (Type/Print)	20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	20c Relationship
Msgr. Frank Korba	8103 Columbia Ave., Munster, Indiana 46321	Brother

21a METHOD OF DISPOSITION	21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	21c LOCATION—City or Town, State
☐ Entombment ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)	November 17, 1995 St. Nicholas Cemetery	Hammond, Indiana

'POSITION

22a EMBALMER'S NAME	22b EMBALMER'S LICENSE NO.	23 WAS DEATH REPORTED TO CORONER?
Dean G. Wagner	8800057	☐ No ☒ Yes

24a SIGNATURE OF FUNERAL DIRECTOR	24b LICENSE NUMBER (of Licensee)	25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME
Dean G. Wagner	8800057	Solan Funeral Home FH83002893 7109 Calumet Ave., Hammond, In. 46324

USE OF ATH

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 Coronary artery disease — DUE TO (OR AS A CONSEQUENCE OF)

Conditions if any which gave rise to the immediate cause, stating the underlying cause last

b. — DUE TO (OR AS A CONSEQUENCE OF)

c. — DUE TO (OR AS A CONSEQUENCE OF)

d

PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I

DIABETES MELLITUS
SEVERE Rheumatoid ARTHRITIS

27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no)	28a WAS AN AUTOPSY PERFORMED? (Yes or no)	28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)
no	no	NO

RTIFIER

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	29c MEDICAL LICENSE NO	29d DATE SIGNED (Month, Day, Year)
Louis A Micelli D.O.	02000622	Nov. 11-14-95

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)

Louis Micelli D.O. 7134 Calumet Avenue, Hammond, Indiana 46324

ALTH FICER

31 HEALTH OFFICER'S SIGNATURE	32 DATE FILED (Month, Day, Year)
Franklin D. Bermuda M.D.	NOV 15 1995

33 MANNER OF DEATH	34a DATE OF INJURY (Month, Day, Year)	34b TIME OF INJURY	34c INJURY AT WORK? (Yes or no)	34d DESCRIBE HOW INJURY OCCURRED
☐ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be Determined				

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) Deathcer/PD 1

25 x