

STATE OF INDIANA
LAKE COUNTY
FILED

2000 019421

2000 MAR 22 AM 10:00

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

A F F I D A V I T

Irene Gakich, being first duly sworn upon her oath, states:

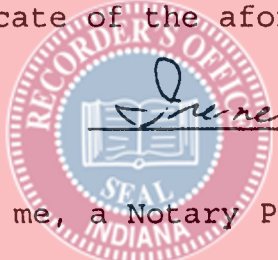
1. That she resides at 2425 Calumet Avenue, Dyer, Lake County, Indiana.

2. That she is the surviving widow Joseph S. Gakich, who died a resident of Dyer, Lake County, Indiana on February 20, 2000.

3. That she is the surviving and exclusive owner of the following parcel of real property, which is located at 2425 Calumet Avenue, Dyer, Lake County, Indiana, and legally described as:

Lot 4 in Pinewood Estates Addition Unit 2, to the Town of Dyer, as per plat thereof, recorded in Plat Book 50, Page 74 in the Office of the Recorder of Lake County, Indiana

4. That Exhibit "A", attached hereto, is a true, correct and authentic copy of the death certificate of the aforesaid Joseph S. Gakich.



Irene Gakich

SUBSCRIBED and SWORN to before me, a Notary Public, this 15th day of March, 2000.

Kenneth M. Wilk

My Commission Expires: February 10, 2007
County of Residence : Lake

This Document Prepared By: Kenneth M. Wilk, Attorney at Law,
3235 - 45th Street, Highland, IN

FILED

MAR 20 2000

PETER BENJAMIN
LAKE COUNTY AUDITOR

01800

*11.00
/m
5201*

25 X 17

* 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

State No.

Local No. 0478-00

264889
TYPE/PRINT
IN
PERMANENT
BLACK INK

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

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First Middle Last) Joseph S. Gakich				2 SEX Male		3a TIME OF DEATH 12:20 A		3b DATE OF DEATH (Month Day Yr) February 20, 2000					
4 *SOCIAL SECURITY NUMBER 321-22-2402		5a AGE—Last Birthday (Year) 72		5b UNDER 1 YEAR Months Days		5c UNDER 1 DAY Hours Minutes		6 DATE OF BIRTH (Mo Day Yr) Aug. 24, 1927		7 BIRTHPLACE (City and State or Foreign Country) Chicago, Illinois			
8a WAS DECEDENT A US VETERAN? No		8b YEAR LAST SERVED IN US ARMED FORCES? ---		9a PLACE OF DEATH (Check only one See instructions) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> OOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence									
9b FACILITY NAME (If not institution give street and number) St. Margaret Mercy(South)				9c CITY TOWN OR LOCATION OF DEATH Dyer				9d COUNTY OF DEATH Lake					
10 MARITAL STATUS (Specify) Married		11 SURVIVING SPOUSE (If wife give maiden name) Irene Delouise		12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life Do not use retired) Billing Clerk				12b KIND OF BUSINESS/INDUSTRY Steel Co.					
13a RESIDENCE—STATE Indiana		13b COUNTY Lake		13c CITY TOWN OR LOCATION Dyer				13d STREET AND NUMBER 2425 Calumet Ave.					
13e ZIP CODE 46311		13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14 CITIZEN OF WHAT COUNTRY? USA		15 WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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) College (1-4 or 5+) 12			
18 FATHER'S NAME (First Middle Last) Joseph Gakich						19 MOTHER'S NAME (First Middle Maiden Surname) Ann Krnak							
20a INFORMANT'S NAME (Type/Print) Irene Gakich				20b MAILING ADDRESS (Street and Number or Rural Route Number City or Town State Zip Code) 2425 Calumet Ave. Dyer, Indiana 46311				20c Relationship Wife					
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)				21b DATE AND PLACE OF DISPOSITION (Name of cemetery crematory or other place) February 23, 2000 Holy Cross Cemetery				21c LOCATION—City or Town State Calumet City, IL.					
22a EMBALMERS NAME James F. Betkowski				22b EMBALMERS LICENSE NO FDO9200077		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes							
24a SIGNATURE OF FUNERAL DIRECTOR <i>James F. Betkowski</i>				24b LICENSE NUMBER (of License) FDO9200077		25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Elmwood Chapel FHD #19900052 11300 W. 97th Lane St. John, Indiana 46373							
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. IMMEDIATE CAUSE (Final disease or condition resulting in death) LEFT VENTRICULAR FAILURE CORONARY ARTERY DISEASE HEALTHIENT								Approximate Interval Between Onset and Death MONTHS					
Conditions if any which gave rise to the immediate cause stating the underlying cause last FEB 22 2000								MAR 20 2000					
PART II Other significant conditions, conditions contributing to death not previously stated in Part I LAKE COUNTY HEALTH COMMISSIONER								27 WAS DECEDENT PREGNANT OR DELIVERING PREGNANT? PETER BENJAMIN LAKE COUNTY AUDITOR NO		28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No) NO			
29a CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge death occurred at the time, date and place and due to the cause(s) as stated <input type="checkbox"/> 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 <input type="checkbox"/> 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 <i>James F. Betkowski</i>						29c MEDICAL LICENSE NO 210075		29d DATE SIGNED (Month Day Year) 2/22/00					
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type, Print) GERARD M DAVIDSON DO 840 RICHARD RD. DYER, IN 46311													
31 HEALTH OFFICER'S SIGNATURE <i>Alexander S. Williams MD</i>								32 DATE FILED (Month Day Year) Feb 22 2000					
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> 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)							
34g DATE PRONOUNCED DEAD (Month Day Year)				34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver passenger pedestrian etc 01307									

25x10