2000 044649

STATE OF INDIANA
LAKE
FILED FOR RECORD
2000 JUN 28 AM 8:52
MORRIS W. CARTER
RECORDER

STATE OF INDIANA)
) SS:
COUNTY OF LAKE) In Re: ANTOINETTE CHILLA, Deceased

SURVIVORSHIP AFFIDAVIT

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JOSEPH F. SEMANCIK, being duly sworn on oath, states as follows:

1. Affiant, JOSEPH F. SEMANCIK, is a nephew of ANTOINETTE CHILLA, who died on September 9, 1999.

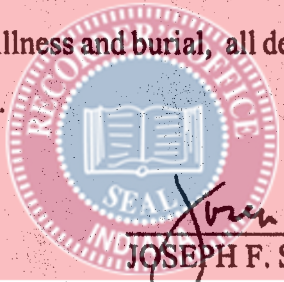
2. Affiant resides at 4423 Olcott Avenue, East Chicago, IN 46312.

3. The following real estate was formerly owned as joint tenants with right of survivorship by affiant and ANTOINETTE CHILLA, deceased:

Lot No. 12, in Block 10, as marked and laid down on the recorded plat of Sheffield, a subdivision in the City of Hammond, in Lake County, Indiana, as the same appears of record in Plat book 14, page 6, in the Recorder's office of Lake County, Indiana.
Key No. 36-28-12
Commonly known as 1840 Davis St., Whiting, IN 46394.

4. All expenses of last illness and burial, all debts of decedent, and inheritance tax due the State of Indiana have been paid.

DULY ENTERED FOR TAXATION SUBJECT TO
FINAL ACCEPTANCE FOR TRANSFER
JUN 22 2000
PETER BENJAMIN
LAKE COUNTY AUDITOR



JOSEPH F. SEMANCIK

SUBSCRIBED AND SWORN to before me this 25 day of MAY, 2000.

My commission expires:
10/21/2006

Notary Public
Resident of Lake County

This instrument prepared by: Joseph O'Connor, Attorney at Law.
Attorney At Law
5272 Hohman Ave
Hammond, In. 46320

01883

$11.00
S.C.
CK 6566
70

* 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.

Local No. 248

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. ....

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED—NAME (First, Middle, Last): ANTOINETTE CHILLA
2. SEX: FEMALE
3a. TIME OF DEATH: 5:04P M
3b. DATE OF DEATH (Month, Day, Yr.): SEPTEMBER 9, 1999
4. *SOCIAL SECURITY NUMBER: 319-09-8770
5a. AGE—Last Birthday (Years): 89
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Mo, Day, Yr): AUG. 30, 1910
7. BIRTHPLACE (City and State or Foreign Country): WHITING, INDIANA
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 XX ER/Outpatient ☐ DOA; OTHER: ☐ Nursing Home ☐ Other (Specify) ☐ Residence
9b. FACILITY NAME (If not institution, give street and number): ST. CATHERINE HOSPITAL
9c. CITY, TOWN, OR LOCATION OF DEATH: EAST CHICAGO
9d. COUNTY OF DEATH: LAKE
10. MARITAL STATUS (Specify): WIDOWED
11. SURVIVING SPOUSE (If wife, give maiden name): NONE
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): TELEPHONE OPERATOR
12b. KIND OF BUSINESS/INDUSTRY: ILLINOIS BELL
13a. RESIDENCE—STATE: INDIANA
13b. COUNTY: LAKE
13c. CITY, TOWN, OR LOCATION: HAMMOND(WHITING P.O.)
13d. STREET AND NUMBER: 1840 DAVIS AVENUE
13e. ZIP CODE: 46394
13f. INSIDE CITY LIMITS: ☐ No X Yes
13g. ON A FARM?: X No ☐ Yes
14. CITIZEN OF WHAT COUNTRY?: U.S.A.
15. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.): XX No ☐ Yes
16. RACE—American Indian, Black, White, etc. (Specify): WHITE
17. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 9; College (1-4 or 5+):

PARENTS

18. FATHER'S NAME (First, Middle, Last): THOMAS DURAY
19. MOTHER'S NAME (First, Middle, Maiden Surname): JOSEPHINE LENICKY

INFORMANT

20a. INFORMANT'S NAME (Type/Print): REV. JOSEPH SEMANCIK
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 4423 OLCOTT, EAST CHICAGO, IN 46312
20c. Relationship: NEPHEW

DISPOSITION

21a. METHOD OF DISPOSITION: XX Burial ☐ Entombment ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): SEPTEMBER 13, 1999 ST. JOHN CEMETERY
21c. LOCATION—City or Town, State: HAMMOND, INDIANA
22a. EMBALMER'S NAME: MARTIN A. DYBEL
22b. EMBALMER'S LICENSE NO.: FDE01019456
23. WAS DEATH REPORTED TO CORONER?: ☐ No XX Yes
24a. SIGNATURE OF FUNERAL DIRECTOR: Martin A. Dybel
24b. LICENSE NUMBER (of Licensee): FDE01019456
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: BARAN & SON, INC., FDH83007267 1235-119TH, WHITING, IN 46394

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.

	Cause	Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) a.	CONGESTIVE HEART FAILURE	WEEKS
b. DUE TO (OR AS A CONSEQUENCE OF)	CORONARY ARTERY DISEASE	YEARS
c. DUE TO (OR AS A CONSEQUENCE OF)		
d. DUE TO (OR AS A CONSEQUENCE OF)		

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.
27. (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):
XX 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: Paula Benchik Abrinko MD
29c. MEDICAL LICENSE NO.: 01045436
29d. DATE SIGNED (Month, Day, Year): SEPT. 13, 1999
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): PAULA BENCHIK-ABRINKO, M.D., 1534-119TH STREET, WHITING, INDIANA 46394

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE: Dr. Timothy Raykovich
32. DATE FILED (Month, Day, Year): 9-16-99
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? (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.

Joseph O'Connor & attorney at law 5272 Hohman Av Hammond, In 46320

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

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FILED 2000
PETER BENJAMIN LAKE COUNTY AUDITOR