

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2000 060200

2000 AUG 21 AM 9:21

SURVIVORSHIP AFFIDAVIT
MORRIS W. CARTER
RECORDER

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

Rosemarie A. Sudac, being first duly sworn upon oath, deposes and says:

1. That Affiant resides at 5512 Walsh Avenue, East Chicago, Lake County, Indiana 46312.
2. That Affiant's spouse, **Raymond LeRoy Sudac**, died on July 2, 2000, as more fully evidenced by a certified copy of his Certificate of Death, attached hereto as Exhibit A, leaving no Last Will and Testament.
3. That Affiant and Decedent were duly and legally married at the time they acquired title as tenants by the entireties to the following described real estate:

Lot 18, except the North 8 feet thereof, and the North 20 feet of Lot 19, Block 3, a Resubdivision of Blocks 2 and 3, in Roxana Park 5th Addition, in the City of East Chicago, as per plat thereof, recorded in Plat Book 31 page 20, in the Office of the Recorder of Lake County, Indiana.

Tax Key #30-611-18

Common Address: 5512 Walsh Avenue
East Chicago, IN 46312

4. That the marital relationship which existed between Affiant and Decedent at the time they acquired title to the aforescribed real estate remained in effect and unbroken until the date of Decedent's death.

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PETER BENJAMIN
LAKE COUNTY AUDITOR

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5. That all funeral expenses in connection with the death of said Decedent have been paid in full.
6. That all of the assets of said Decedent which would be includable for Indiana Inheritance Tax or Federal Estate Tax purposes, including joint tenancies, tenancies by the entireties, individual ownerships of both real and personal property and insurance on Decedent's life, were not sufficient to necessitate payment of Indiana Inheritance Tax or Federal Estate Tax.
7. Further Affiant sayeth not.

Dated this 16 day of August, 2000.



Rosemarie A. Sudac, Affiant

Subscribed and sworn to before me, a Notary Public in and for said County and State, this 16th day of August, 2000, personally appeared Rosemarie A. Sudac and acknowledged the execution of the foregoing instrument.
My Commission Expires: 8-31-06
Resident of Lake County



Notary Public Denise K. Zawada



THIS INSTRUMENT PREPARED BY: THOMAS K. HOFFMAN #7731-45
One Professional Center, Suite 308
Crown Point, IN 46307

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. 182

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First, Middle, Last) Raymond L. Sudac		2. SEX Male	3a. TIME OF DEATH 3:00p M	3b. DATE OF DEATH (Month, Day, Yr) July 2, 2000	
4. *SOCIAL SECURITY NUMBER 314-26-8588	5a. AGE—Last Birthday (Years) 71	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr) Sept. 11, 1928	
7. BIRTHPLACE (City and State or Foreign Country) East Chicago, Indiana	8a. WAS DECEDENT A U.S. VETERAN? Yes				
8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1957	8c. PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence				
9a. FACILITY NAME (If not institution, give street and number) 5512 Walsh Avenue		9b. CITY, TOWN, OR LOCATION OF DEATH East Chicago	9c. COUNTY OF DEATH Lake		
10. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Rosemarie Spudic	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Transportation Dept.		12b. KIND OF BUSINESS/INDUSTRY L.T.V. Steel Co.	
13a. RESIDENCE—STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION East Chicago	13d. STREET AND NUMBER 5512 Walsh Avenue		
13e. ZIP CODE 46312	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? U.S.A.	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) 12		College (1-4 or 5 +) -			
18. FATHER'S NAME (First, Middle, Last) John Sudac		19. MOTHER'S NAME (First, Middle, Maiden Surname) Rose Stonich			
20a. INFORMANT'S NAME (Type/Print) Rosemarie Sudac		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5512 Walsh Ave., East Chicago, IND 46312	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) July 6, 2000 St. John Cemetery		21c. LOCATION—City or Town, State Hammond, Indiana	
22a. EMBALMER'S NAME James H. Fife		22b. EMBALMER'S LICENSE NO. FD01010795	23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a. SIGNATURE OF FUNERAL DIRECTOR <i>John P. Fife</i>		24b. LICENSE NUMBER (of Licensee) FD01020366	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME FIFE FUNERAL HOME, INC. - FH83001512 4201 Indpls. Blvd., East Chicago, IND		
26. PART I Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms such as "cardiac arrest," "arrhythmia," "respiratory arrest, shock, or heart failure." List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. 1. Pulmonary embolism 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.				Approximate Interval Between Onset and Death	
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I				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	
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>John P. Fife</i>		29c. MEDICAL LICENSE NO. 33507	29d. DATE SIGNED (Month, Day, Year) July 5, 2000		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) HOWARD MISHOU-AM M.D. 1630 45th STREET MUNSTER, IN. 46321					
31. HEALTH OFFICER'S SIGNATURE <i>Dr. Timothy Ray Kowalski</i>			32. DATE FILED (Month, Day, Year) 7-6-00		
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		33a. DATE OF INJURY (Month, Day, Year)	33b. TIME OF INJURY	33c. INJURY AT WORK? (Yes or no)	33d. DESCRIBE HOW INJURY OCCURRED
34a. PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)			34b. LOCATION (Street and Number or Rural Route Number, City or Town, State) 01253		
34g. DATE PRONOUNCED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.			