



# COMMUNITY TITLE COMPANY

- An Indiana Corporation -

421 West 81st Avenue  
Merrillville, Indiana 46410  
219-736-2810

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

CTC 20118

2000 070141

AFFIDAVIT

2000 SEP 26 AM 11:01

MORRIS W. CARTER  
RECORDER

STATE OF INDIANA )  
                          ) SS:  
COUNTY OF LAKE )

DAVID D. YURCHAK, being first duly sworn upon oath, deposes and says:

1. That Affiant's ~~former~~ MOTHER, JOAN B. YURCHAK died (without leaving a will) ~~xxxxxx~~ on February 19, 19<sup>98</sup> at Methodist Southlake Campus, Merrillville, IN.

2. That ~~they~~ DONALD L. YURCHAK AND JOAN B. YURCHAK, were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

LOT 17 IN BLOCK 17 IN JUNEDALE SUBDIVISION, IN THE CITY OF GARY, AS PER PLAT THEREOF, RECORDED AUGUST 25, 1925 IN PLAT BOOK 19 PAGE 3, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA. COMMONLY KNOWN AS 4987 MADISON ST., GARY, IN. 46408  
UNIT 25 KEY NO. 45-181-18

3. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of (his) ~~her~~ death.

4. That all funeral expenses in connection with the death of said decedent have been paid in full.

5. That all of the assets of said decedent which would be includable for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

Further affiant sayeth not.

*David D. Yurchak*

DAVID D. YURCHAK

Subscribed and sworn to before me, a Notary Public, this 15th day of September, 19 2000.

COMMUNITY TITLE COMPANY  
FILE NO 2 20118 MV

*Amy M. Hood*  
Notary Public

My Commission expires:

Official Seal

Amy M. Hood

Notary Public

State of Indiana

My Commission Expires 8-13-06

01092

County of Residence:  
LAKE

This Instrument prepared by PATRICK McMANAMA, ATTORNEY AT LAW

ID9534-45

11:00  
E.P.

CM

\* 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. 0450-98

State No. ....

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

42117  
TYPE/PRINT  
IN  
PERMANENT  
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED—NAME (First, Middle, Last) <b>JOAN B YURCHAK</b>		2. SEX <b>Female</b>	3a. TIME OF DEATH <b>6:29 a.</b>	3b. DATE OF DEATH (Month, Day, Yr) <b>February 19, 1998</b>
4. SOCIAL SECURITY NUMBER <b>539 28 3761</b>	5a. AGE—Last Birthday (Years) <b>65</b>	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr) <b>June 12, 1932</b>
7. BIRTHPLACE (City and State or Foreign Country) <b>Detroit Michigan</b>	8a. WAS DECEDENT A U.S. VETERAN? <b>Yes</b>			
8b. YEAR LAST SERVED IN U.S. ARMED FORCES? <b>1954</b>		8c. PLACE OF DEATH (Check only one. See instructions) HOSPITAL: <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence		
9a. FACILITY NAME (If not institution, give street and number) <b>Methodist Southlake Campus</b>		9c. CITY, TOWN, OR LOCATION OF DEATH <b>Merrillville IN</b>	9d. COUNTY OF DEATH <b>Lake</b>	
10. MARITAL STATUS (Specify) <b>Married</b>	11. SURVIVING SPOUSE (If wife, give maiden name) <b>Donald L Yurchak</b>	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Homemaker</b>	12b. KIND OF BUSINESS/INDUSTRY	
13a. RESIDENCE—STATE <b>Indiana</b>	13b. COUNTY <b>Lake</b>	13c. CITY, TOWN, OR LOCATION <b>Gary</b>	13d. STREET AND NUMBER <b>4987 Madison St.</b>	
13e. ZIP CODE <b>46409</b>	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? <b>USA</b>	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) <b>WHITE</b>
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>12</b>		College (1-4 or more)		
18. FATHER'S NAME (First, Middle, Last) <b>Alfred Bergeron</b>		19. MOTHER'S NAME (First, Middle, Maiden Surname) <b>Lois</b>		
20a. INFORMANT'S NAME (Type/Print) <b>Donald L. Yurchak</b>		20b. MAILING ADDRESS (Street and Number of Rural Route Number, City or Town, State, Zip Code) <b>4987 Madison St. Gary, IN 46409</b>	20c. Relationship <b>husband</b>	
21a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" 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) <b>February 23, 1998 Calumet Park Crematory</b>		21c. LOCATION—City or Town, State <b>Merrillville, IN 46409</b>
22a. EMBALMER'S NAME <b>Anthony S. Rendina Jr</b>		22b. EMBALMER'S LICENSE NO. <b>FD01010402</b>	23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Anthony S. Rendina Jr</i>		24b. LICENSE NUMBER (of Licensee) <b>FD01010402</b>	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>Rendina Funeral Home FH830078 5100 Cleveland St. Gary, IN 46409</b>	
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 D				
IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>Pulmonary Embolism</b>				
DUE TO (OR AS A CONSEQUENCE OF) <b>Cerebrovascular Accident</b>				
Conditions, if any, which gave rise to the immediate cause stating the underlying cause last <b>Hypertension</b>				
DUE TO (OR AS A CONSEQUENCE OF) <b>Arteriosclerotic heart disease</b>				
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) <b>No</b>		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) <b>No</b>	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <b>No</b>	
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>R.A. Hovanesian M.D.</i>		29c. MEDICAL LICENSE NO. <b>01027583</b>	29d. DATE SIGNED (Month, Day, Year) <b>2/24/98</b>	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)				
31. HEALTH OFFICER'S SIGNATURE <i>Alexander S. Williams MD</i>				32. DATE FILED (Month, Day, Year) <b>February 25</b>
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				
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.		