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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2000 082833

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C62-38329LD

MORRIS W. CARTER
RECORDER

AFFIDAVIT OF SURVIVORSHIP

MARY M. STARKO, being first duly sworn, upon her oath states as follows:

1. Her father and mother, Dr. John Nasidka and Gloria V. Nasidka, were married at Flushing, New York, on February 11, 1944. They remained husband and wife without interruption until the death of her father Dr. John Nasidka on January 19, 1999. A copy of his death certificate is attached to this Affidavit and made a part hereof by reference.

2. They acquired title to real estate at 617 N. Main Street, Crown Point, Indiana, during their marriage, as tenants by the entireties and remained such until the death of John Nasidka. This real estate is legally described as follows:

The East half of the following described tract: Part of the Northeast Quarter of the Southwest Quarter of Section 5, Township 34 North, Range 8 West of the Second Principal Meridian, in the City of Crown Point, and described as follows: Beginning on the West line of Main Street, in said City, at a point 231 feet North of the South line of said Quarter Quarter Section, thence running West 240 feet to a point on a line with the East line of Court Street, in said City, thence running North 66 feet, thence East 240 feet to the West line of Main Street; thence South 66 feet to the place of beginning, in Lake County, Indiana. KEY NO.: 9-314-47; Tax Unit No. 23.

3. There were no federal estate taxes and there were no Indiana Inheritance taxes due because of the death of John Nasidka, also known as Dr. John Nasidka.

4. Further Affiant sayeth not.

IN WITNESS WHEREOF, Affiant has signed her name, this 6 day of ~~October,~~ November 2000.

[signature]
MARY M. STARKO

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Subscribed and sworn to before me, a Notary Public in and for said County and State, this

6 day of ~~October,~~ November 2000.

FILED
NOV 13 2000
PETER BENJAMIN
LAKE COUNTY AUDITOR

SIGNED: [signature]
PRINTED: ____________ NOTARY PUBLIC
My commission expires: ____________
Resident: ____________ County, Indiana.

LORI L. SHELBY
Notary Public, State of Indiana
County of Porter
My Commission Expires Nov. 11, 2007

00896

THIS INSTRUMENT PREPARED BY: JAMES R. BIELEFELD, ATTORNEY.

Chicago Title Insurance Company

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RECORDER'S OFFICE SEAL

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-11/06/2000 16:37 FAX 8154360486 Rick Starko 002

(5) + 2 vet

* 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. 0159-99 State No. ....

265801

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

Field	Entry
1. DECEASED—NAME (First, Middle, Last)	Dr. John Nasidka
2. SEX	Male
3a. TIME OF DEATH	9:40p.M
3b. DATE OF DEATH (Month, Day, Yr)	January 19,1999
4. *SOCIAL SECURITY NUMBER	279-18-5642
5a. AGE—Last Birthday (Years)	75
5b. UNDER 1 YEAR (Months, Days)	
5c. UNDER 1 DAY (Hours, Minutes)	
6. DATE OF BIRTH (Mo, Day, Yr)	July 21,1923
7. BIRTHPLACE (City and State or Foreign Country)	Cleveland,OH
8a. WAS DECEDENT A U.S. VETERAN?	Yes
8b. YEAR LAST SERVED IN U.S. ARMED FORCES?	1945
9a. PLACE OF DEATH (Check only one. See instructions)	HOSPITAL: ☐ Inpatient ☒ ER/Outpatient ☐ DOA; OTHER: ☐ Nursing Home ☐ Residence ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number)	St. Anthonys Hospital
9c. CITY, TOWN, OR LOCATION OF DEATH	Crown Point
9d. COUNTY OF DEATH	Lake
10. MARITAL STATUS (Specify)	Married
11. SURVIVING SPOUSE (If wife, give maiden name)	Gloria Mendoza
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	Doctor
12b. KIND OF BUSINESS/INDUSTRY	Chiropractic Medical
13a. RESIDENCE—STATE	IN
13b. COUNTY	Lake
13c. CITY, TOWN, OR LOCATION	Crown Point
13d. STREET AND NUMBER	617 N. Main Street
13e. ZIP CODE	46307
13f. INSIDE CITY LIMITS	☐ No ☒ Yes
13g. ON A FARM	☒ No ☐ Yes
14. CITIZEN OF WHAT COUNTRY?	U.S.A
15. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	☒ No ☐ Yes
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+)	8

PARENTS

Field	Entry
18. FATHER'S NAME (First, Middle, Last)	Stanley Nasidka
19. MOTHER'S NAME (First, Middle, Maiden Surname)	Lizebeth Sroaka

INFORMANT

Field	Entry
20a. INFORMANT'S NAME (Type/Print)	Gloria Nasidka
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	617 N. Main St. Crown Point,IN 46307
20c. Relationship	Wife

DISPOSITION

Field	Entry
21a. METHOD OF DISPOSITION	☒ Burial ☐ Cremation ☐ Removal from State ☐ Entombment ☐ Donation ☐ Other (Specify)
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	January 23,1999 St. Marys Cemetery
21c. LOCATION—City or Town, State	Crown Point,IN
22a. EMBALMER'S NAME	Raymond E. White
22b. EMBALMER'S LICENSE NO.	FD08700086
23. WAS DEATH REPORTED TO CORONER?	☐ No ☒ Yes
24a. SIGNATURE OF FUNERAL DIRECTOR	Raymond E White
24b. LICENSE NUMBER (of Licensee)	FD08700086
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME	Geisen Funeral Home 109 N. East St. Crown Point,IN

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.	Vascular collapse	Unknown
b. DUE TO (OR AS A CONSEQUENCE OF)	Due to arteriosclerotic heart and vascular disease	
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.

Field	Entry
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

CERTIFIER

29a. CERTIFIER (Check only one): Deputy

☐ 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.

Field	Entry
29b. SIGNATURE AND TITLE OF CERTIFIER	[signature]
29c. MEDICAL LICENSE NO.	N/A
29d. DATE SIGNED (Month, Day, Year)	January 20, 1999
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)	Donna Melyon, Deputy Coroner, 2293 North Main Street, Crown Point, Indiana 46307

HEALTH OFFICER

Field	Entry
31. HEALTH OFFICER'S SIGNATURE	Alexander S Wilson MD
32. DATE FILED (Month, Day, Year)	January 20 1999

JAN 20 1999

Field	Entry
33. MANNER OF DEATH	☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be Determined
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)	January 19, 1999
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

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