2002 104420

2002 MOY 14 FM 1: 19

MORING MOARTER RECORDER

		SURVIVORSHIP AFFIDAVIT	
STATI	E OF INDIANA)) SS:	
COUN	TY OF LAKE) 33.	
KATH	LEEN A. HITE, being duly s	sworn upon her oath, says:	
1.	That Joann J. Jackson, aka J no Will.	Joann J. Zack, died on the day of September, 9	14, leaving
2.	At the time of her death, Joa as 2823 Gibson Street, Lake	ann J. Jackson and Nicholas Zack owned real property commonle Station, County of Lake, State of Indiana, and further described	y described d as follows:
	2 nd Subdivision to Ea	ast Gary, Lot 10, Block 15	
Key No	o: 19-0062-00 <mark>10</mark>		
3.	Said premises were owned a Zack, husband and wife.	as joint tenants with rights of survivorship by Joann J. Jackson ar	nd Nicholas
4.	That Joann J. Jackson and N. Jackson.	Nicholas Zack remained continuously married until the death of J	eann J.
5.	Affiant is interested in deced	dent's estate by reason of being Joann J. Jackson's daughter. 14 NOV. 14 NOV. 14 KATHLEEN A. HITE LAKE COUNTY	
first duly	Before me, the undersigned, a No y sworn by me upon her oath, says Signed and sealed this day		one, and being
Reside	nt of Lake	County My commission expires: 3-25 10	
	This instrument prepared by Patr	tricia A. Rees, 5341 Central Avenue, Portage, IN 46368 Telephone: (219) 947	1692.

11.00 XP CK 7198

12 005

INDIANA STATE DEPARTMENT OF HEALTH

Local No. 2162-94

CERTIFICATE OF DEATH

State No.																				
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TNIS	DECEASED—NAME (FIRM. JOANN	viiddle, Last)	J.	73	CK	2. SEX	_ !	3a TIME OF DEA	1	TE OF DEATH	
ENT	4. *SOCIAL SECURITY NUMBER		a. AGE—Last Birthday	56 UNDER 1 YEAR		<u>i</u>	Female	9:25F			ber 8, 199
INK	305-20-070		(Years) 69	Months Days		Minutes		5, 1924	ı		CITY, IL
	8a. WAS DECEDENT A U.S. VETERAN?		R LAST SERVED IN ARMED FORCES?	HOSPITAL Inp		9a.		TH (Check only o		•	
	No	N	I/A	I —	atient /Outpatient 🔲	DOA	1	Nursing Home	Other (S)	pecify)	
	9b. FACILITY NAME (If not instite 1300 RIPLE					9c. CITY. TO		TION OF DEATH	1 -	OUNTY OF DEA	тн
	10. MARITAL STATUS		VIVING SPOUSE		Line DECEDE	<u> </u>	KE STAT	(Give kind of wor		LAKE	
	Married 13a RESIDENCE—STATE	13b. CO	ficholas"z	,	"CAN	TEEN	WORKER"	ot use retired)	I	D OF BUSINES	ATE NATL
	INDIANA	I.	AKE	LAKE S	TATION					STREET	
	13e ZIP CODE 13f INSIDE C	Yes	14 CITIZEN OF WHAT COUNTRY	–	Yes (If yes.	ORIGIN? specify Cubai	n. Black, V	American Indian, Vhite, etc.	(S _i		T'S EDUCATION est grade completed)
	46405 X No	☐ Yes	USA ·	Mexican, Puerto	100 0 10	4:0	(Specif	Œ	8	Secondary (0-1)	College (1-4 or 5
	18. FATHER'S NAME (First, Midd JOHN		NIC	KONDR	A		STEPHAN				ORLWSKI
Γ	208. INFORMANT'S NAME (Typ NICHOLAS Z	e/Print) ACK	NU	206 MAILIN 1300	og address (s RIPLEY	ST.,	LAKE S	TATION I	N 4640	5 Code) 20	Husband
	21a METHOD OF DISPOSITION The Suffial Cremation		oval from State	215 DATE AND PLA	CE OF DISPOSIT			natory, or	21c. LOCATIO	N—City or Tov	vn State
	☐ Donation ☐ Other (Spe		the	Pare Cot	CALVARY	CEME	TERY				INDIANA
N	JAMES J. KRA	USE		FD0100	15 LICENSE NO 16463			AS DEATH REPO		ONER?	
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,	246 SIGNATURE OF FUNERAL	DIRECTOR			LICENSE NUME		FH193	BOOODS FUNERAL	L		
	248 SIGNATURE OF FUNERAL Tenneth	DIRECTOR	Flow				FH191 REES 3781	DORESS AND LICE BOOODS FUNERAL CENTRAL	L		HOME CHAPET FION, IN464
	Jenneth 26. AART 1. Emer the cise	ases, injuries	t. or complications that co	F aused the death Do not e	(of Licensee) D089000)27	FH193 REFS 3781	80009 FUNERAL CENTRAL	HOMEA	BRADY KE STA	CHAPET FION, IN46
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