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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2004 037303

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

On this 29th day of April, 2004, before me personally appeared MELISSA KAY PLAVSA, who being duly sworn on his/her oath states the following:

1. That the Affiant is the owner of the real estate located in Lake County, State of Indiana, more particularly described as follows:

LOT 11 AND THE WEST 15.75 FEET OF LOT 12, IN BLOCK 4 IN HOLLYWOOD MANOR, IN THE TOWN OF MUNSTER, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 19 PAGE 26 IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

2. That said premises were formerly owned as tenants by the entireties by FRED MILBRANDT and ALMA MILBRANDT, husband and wife.

3. That said ALMA MILBRANDT died on FEBRUARY 3, 2000, a resident of Lake County, Indiana, leaving no Will.

4. That by reason of the death of ALMA MILBRANDT, there are no Federal Estate Taxes nor Indiana Inheritance Taxes due and payable by reason of the death of said Decedent.

5. That on the date of the death of ALMA MILBRANDT, said parties, namely, FRED MILBRANDT and ALMA MILBRANDT, were husband and wife, and have not been divorced.

FURTHER AFFIANT SAITH NOT.

Melissa Kay Plavsa
MELISSA KAY PLAVSA

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public in and for said County and State, this 29th day of April, 2004, personally appeared Melissa Kay Plavsa and acknowledged the execution of the foregoing affidavit.
IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my official seal.

My Commission Expires:
9-4-06

RICHARD A. ZUNICA, Notary Public

DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER
MAY 6 2004
STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

County of Residence: Lake
THIS INSTRUMENT PREPARED BY: RICHARD A. ZUNICA, Attorney at Law
162 Washington Street, Lowell IN 46356
FILE NO. 04-12981

000352

11 DG

TENTION ESTATE: The Social Security # is
requested by this state agency in order to
le its statutory responsibility. Disclosure is
itary and there will be no penalty for refusal.

al No. 0336-00

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. ....

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

E/PRINT IN MANENT ACK INK

EDENT

1 DECEASED—NAME (First, Middle, Last): Alma Milbrandt

2 SEX: Female

3a TIME OF DEATH: 12:45A M

3b DATE OF DEATH (Month, Day, Yr): February 3, 2000

4 *SOCIAL SECURITY NUMBER: 319-07-3228

5a AGE—Last Birthday (Years): 87

5b UNDER 1 YEAR: Months / Days

5c UNDER 1 DAY: Hours / Minutes

6 DATE OF BIRTH (Mo, Day, Yr): November 16, 1912

7 BIRTHPLACE (City and State or Foreign Country): Chicago, IL

8a WAS DECEDENT A U.S. VETERAN?: No

8b YEAR LAST SERVED IN U.S. ARMED FORCES?: None

9a PLACE OF DEATH (Check only one. See instructions):
HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA
OTHER ☐ Nursing Home ☐ Other (Specify) ☒ Residence

9b FACILITY NAME (If not institution, give street and number): 215 Belmont St.,

9c CITY, TOWN, OR LOCATION OF DEATH: Munster

9d COUNTY OF DEATH: Lake

10 MARITAL STATUS (Specify): Married

11 SURVIVING SPOUSE (If wife, give maiden name): Fred W. Milbrandt

12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Clerk

12b KIND OF BUSINESS/INDUSTRY: Grocery Store

13a RESIDENCE—STATE: Indiana

13b COUNTY: Lake

13c CITY, TOWN, OR LOCATION: Munster

13d STREET AND NUMBER: 215 Belmont St.,

13e ZIP CODE: 46321

13f INSIDE CITY LIMITS: ☐ No ☒ Yes

13g ON A FARM?: ☒ No ☐ Yes

14 CITIZEN OF WHAT COUNTRY?: USA

15 WAS DECEDENT OF HISPANIC ORIGIN?: ☒ No ☐ 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+):

ENTS

18 FATHER'S NAME (First, Middle, Last): Henry Lach

19 MOTHER'S NAME (First, Middle, Maiden Surname): Emily Krampicz

RMANT

20a INFORMANT'S NAME (Type/Print): Fred W. Milbrandt

20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 215 Belmont St., Munster, IN 46321

20c Relationship: Husband

POSITION

21a METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify) ________

21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): February 5, 2000 Concordia Cemetery

21c LOCATION—City or Town, State: Hammond, IN

22a EMBALMER'S NAME: Henry J. Blake

22b EMBALMER'S LICENSE NO: FD01019406

23 WAS DEATH REPORTED TO CORONER?: ☐ No ☒ Yes

24a SIGNATURE OF FUNERAL DIRECTOR: [signature]

24b LICENSE NUMBER (of Licensee): FD01000857

25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME: LaHayne Funeral Home, Inc., FH19400005 6955 Southeastern AVe., Hammond, IN46324

THIS CERTIFIES THIS IS A TRUE AND COMPLETE COPY OF THE DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT. APR 1 9 2001

26 PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms such as cardiac or respiratory arrest. List only one cause on each line.

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	Cause	Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) a.	ACUTE MYOCARDIAL INFARCTION	MINUTES
DUE TO (OR AS A CONSEQUENCE OF) b.	CORONARY ARTERY DISEASE	YEARS
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.

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): NO

TIFIER

29a CERTIFIER (Check only one)
☒ 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: Claude E. Foreit DO [signature]

29c MEDICAL LICENSE NO: 02000209

29d DATE SIGNED (Month, Day, Year): February 3, 2000

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): Claude E. Foreit, DO, 3831 Hohman Ave., Hammond, IN 46327

LTH ICER

31 HEALTH OFFICER'S SIGNATURE: Alejandro S. Williams MD [signature]

32 DATE FILED (Month, Day, Year): February 4, 2000

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):

34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.