STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2005 049514

2005 JUN 15 [illegible]

MICHAEL [illegible]

3

STATE OF INDIANA	)	IN RE: GEORGE M. KRAVICZ JR.
	) SS:	DECEASED
COUNTY OF LAKE	)	

AFFIDAVIT OF SURVIVORSHIP

Comes now LINDA DICKEY, the daughter of GEORGE M. KRAVICZ JR. and BERNICE KRAVICZ, being duly sworn upon her oath, and states as follows:

That the Estate of BERNICE KRAVICZ is the owner in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

> Southeasterly 4.5 feet of Lot Seventy Two (72) by parallel lines, and all of Lot Seventy Three (73) except the Southeasterly 6 feet thereof by parallel lines, Block One (1) in Glen L. Ryan's Second Subdivision, in the City of Gary, as shown in Plat Book 30, page 24, in Lake County, Indiana.

That BERNICE KRAVICZ and the decedent, GEORGE M. KRAVICZ JR. were married on the 29th day of April 1950. That the decedent, GEORGE M. KRAVICZ JR., and BERNICE KRAVICZ, were husband and wife at the time they acquired title, as tenants by the entireties, to said real estate, by deed of conveyance dated April 22, 1958.

That the marital relationship which existed between BERNICE KRAVICZ and GEORGE M. KRAVICZ JR., her husband, continued unbroken from the time they so acquired title to said real estate until the death of GEORGE M. KRAVICZ JR. on the 15th day of October 1999 at which time BERNICE KRAVICZ acquired title to the real estate as surviving tenant by the entireties.

That the gross value of the estate of the decedent, GEORGE M. KRAVICZ JR., as determined for the purpose of Federal Estate Taxes, was less than the value required for the filing and the decedent's estate was not subject to Federal Estate Tax.

That the decedent's estate was not subject to Indiana Inheritance Taxes.

DULY ENTERED FOR TAXATION SUBJECT TO
FINAL ACCEPTANCE FOR TRANSFER

JUN 15 2005

STEPHEN N. CHOLICH
LAKE COUNTY AUDITOR

13-
ZP
TI

TICOR TITLE INSURANCE
Valparaiso, IN 46383

92005 3394

C01262

GEORGE M. KRAVICZ JR., DECEASED
AFFIDAVIT OF SURVIVORSHIP
PAGE TWO

That BERNICE KRAVICZ died on the 21st day of July 2004 and her Estate is currently pending in the Circuit Court of Lake County, under **Cause Number 45C01-0408-EU-118.**

LINDA DICKEY, Affiant

STATE OF INDIANA)
) SS:
COUNTY OF PORTER)

BEFORE ME, a Notary Public in and for said County and State, personally appeared LINDA DICKEY who acknowledged the execution of the foregoing Affidavit of Survivorship, and who, having been duly sworn, stated that any representations therein contained are true.

WITNESS my hand and Notarial Seal this 2nd day of June 2005.

William J. Green, Notary Public
My Commission Expires 12/26/2007
Resident of Johnson County

This instrument prepared by William J. Green, GREEN LAW OFFICES, 15 Franklin Street, Suite 235, Valparaiso, Indiana, 46383 (219) 548-8787.

This document not valid unless stamped on reverse side and embossed with raised seal of Porter County

PORTER COUNTY CERTIFICATE OF DEATH

PORTER COUNTY HEALTH DEPARTMENT
155 Indiana Ave.
Suite 104
Valparaiso, IN 46383

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED–NAME (First Middle Last)	2. SEX	3a. TIME OF DEATH	3b. DATE OF DEATH (Month Day Yr)
GEORGE M. KRAVICZ, JR.	Male	11:10PM	October 15, 1999

4. SOCIAL SECURITY NUMBER	5a. AGE - Last Birthday (Years)	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo Day Yr)	7. BIRTHPLACE (City and State or Foreign Country)
316-22-9204	70			December 8, 1928	Gary, Indiana

8a. WAS DECEDENT A U.S. VETERAN?	8b. YEAR LAST SERVED IN U.S. ARMED FORCES	9a. PLACE OF DEATH (Check only one. See instructions)
Yes	1948	HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA — OTHER ☒ Nursing Home ☐ Residence ☐ Other (Specify)

9b. FACILITY NAME (If not institution, give street and number)	9c. CITY TOWN OR LOCATION OF DEATH	9d. COUNTY OF DEATH
Valparaiso Care & Rehab. Ctr.	Valparaiso	Porter

10. MARITAL STATUS (Specify)	11. SURVIVING SPOUSE (If wife, give maiden name)	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	12b. KIND OF BUSINESS INDUSTRY
Married	Bernice Gerarge	Machinist	Steel

13a. RESIDENCE - STATE	13b. COUNTY	13c. CITY TOWN OR LOCATION	13d. STREET AND NUMBER
Indiana	Lake	Gary	4101 Miller Avenue

13e. ZIP CODE	13f. INSIDE CITY LIMITS	13g. ON A FARM?	14. CITIZEN OF WHAT COUNTRY?	15. WAS DECEDENT OF HISPANIC ORIGIN? (If yes specify Cuban, Mexican, Puerto Rican, etc.)	16. RACE - American Indian Black, White, etc. (Specify)	17. DECEDENT'S EDUCATION (Specify only highest grade completed)	
						Elementary/Secondary (0-12)	College (1-4 or 5+)
46403	☐ No ☒ Yes	☒ No ☐ Yes	USA	☒ No ☐ Yes	White		2

PARENTS

18. FATHER'S NAME (First, Middle, Last)	19. MOTHER'S NAME (First, Middle, Maiden Surname)
George Kravicz	Helen Adams

INFORMANT

20a. INFORMANT'S NAME (Type/Print)	20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	20c. Relationship
Bernice Kravicz	4101 Miller Avenue, Gary, IN 46403	Wife

DISPOSITION

21a. METHOD OF DISPOSITION	21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place)	21c. LOCATION - City or Town State
☐ Burial ☒ Cremation ☐ Entombment ☐ Removal from State ☐ Donation ☐ Other (Specify)	October 20, 1999 Calvary Crematory	Portage, Indiana

22a. EMBALMER'S NAME	22b. EMBALMER'S LICENSE NO.	23. WAS DEATH REPORTED TO CORONER?
James J. Krause	FDO1006463	☒ No ☐ Yes

24a. SIGNATURE OF FUNERAL DIRECTOR	24b. LICENSE NUMBER (of Licensee)	25. NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME
James J. Krause	FDO1006463	FH83003069 Rees Funeral Home, Inc. 600 W. Old Ridge Road, Hobart, IN 46342

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.

IMMEDIATE CAUSE (Final disease or condition resulting in death)
a. Pneumonia — DUE TO (OR AS A CONSEQUENCE OF)
b. — DUE TO (OR AS A CONSEQUENCE OF)
Conditions if any which gave rise to the immediate cause stating the underlying cause last
c. — DUE TO (OR AS A CONSEQUENCE OF)
d.

Approximate Interval Between Onset and Death: a. yrs

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)	28a. WAS AN AUTOPSY PERFORMED? (Yes or no)	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)
No	No	No

CERTIFIER

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	29c. MEDICAL LICENSE NO	29d. DATE SIGNED (Month Day Year)
Kenneth A. Black MD	24841	10/18/99

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 29) (Type/Print)
Kenneth A. Black MD, Portage Community Hospital, 3630 Willowcreek Road, 1st Fl, Portage, IN 46368

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE	32. DATE FILED (Month Day Year)
Kenneth A. Black MD	October 18, 1999

33. MANNER OF DEATH	34a. DATE OF INJURY (Month Day Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)	34d. DESCRIBE HOW INJURY OCCURRED
☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide				

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.

SDH06-004 State Form 10110-04 (R4 / 3-93) DEATHCER/PD 1