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STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

2005 079650

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2005 SEP 14 AM 9:05

MICHAEL A. BROWN
RECORDER

AFFIDAVIT OF SURVIVORSHIP

Gerald J. Andrisko, after being duly sworn upon his oath, now states as follows:

1. That he is the surviving spouse of Candy M. Andrisko.

2. That he and Candy M. Andrisko were married on May 20, 1967, in Lake County, Indiana.

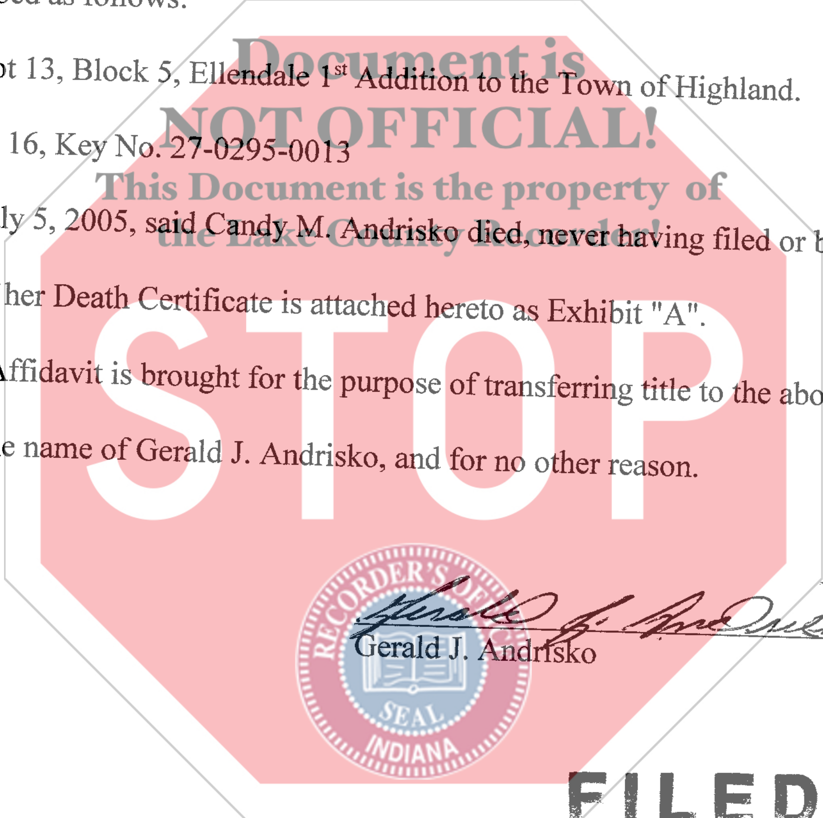
3. That on June 9, 1975, he and Candy M. Andrisko acquired property as joint tenants by the entireties located at 9351 Ellen Drive, in the Town of Highland, Lake County, Indiana which is legally described as follows:

All of Lot 13, Block 5, Ellendale 1st Addition to the Town of Highland.

Unit No. 16, Key No. 27-0295-0013

4. On July 5, 2005, said Candy M. Andrisko died, never having filed or been divorced. A certified copy of her Death Certificate is attached hereto as Exhibit "A".

5. This Affidavit is brought for the purpose of transferring title to the above-described real estate into the name of Gerald J. Andrisko, and for no other reason.



Gerald J. Andrisko

FILED

SEP 1 2005

STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

008916

$13
CK# 1271
CAm

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

SUBSCRIBED and SWORN TO BEFORE ME, a Notary Public, in and for said County and State, personally appeared Gerald J. Andrisko and executed the foregoing Affidavit of Survivorship as his voluntary act and deed this 2nd day of September, 2005.

Edward H. Feldman
Notary Public, Edward H. Feldman

My Commission Expires: 1-7-2009

County of Residence: Lake

This Affidavit was prepared by Edward H. Feldman, Attorney at Law
2833 Lincoln Street, Suite B, Highland, IN 46322 (219) 838-8200

EXHIBIT "A"

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.

Local No: 1842-08

26726

TYPE/PRINT IN PERMANENT BLACK INK

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. ....

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

DECEDENT

1. DECEDENT—NAME (First, Middle, Last): Candy M. Andrisko
2. SEX: Female
3a. TIME OF DEATH: 2:30A M
3b. DATE OF DEATH (Month, Day, Yr.): July 5, 2005
4. *SOCIAL SECURITY NUMBER: 312 -50 - 1233
5a. AGE—Last Birthday (Years): 57
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Mo, Day, Yr): Oct. 30, 1947
7. BIRTHPLACE (City and State or Foreign Country): Odessa, TX
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 ☐ Residence ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Riley Hospice Residence
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): Gerald Andrisko
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Homemaker
12b. KIND OF BUSINESS/INDUSTRY: Home
13a. RESIDENCE—STATE: IN
13b. COUNTY: Lake
13c. CITY, TOWN, OR LOCATION: Highland
13d. STREET AND NUMBER: 9351 Ellen St.
13e. ZIP CODE: 46322
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? ☒ 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 +):

PARENTS

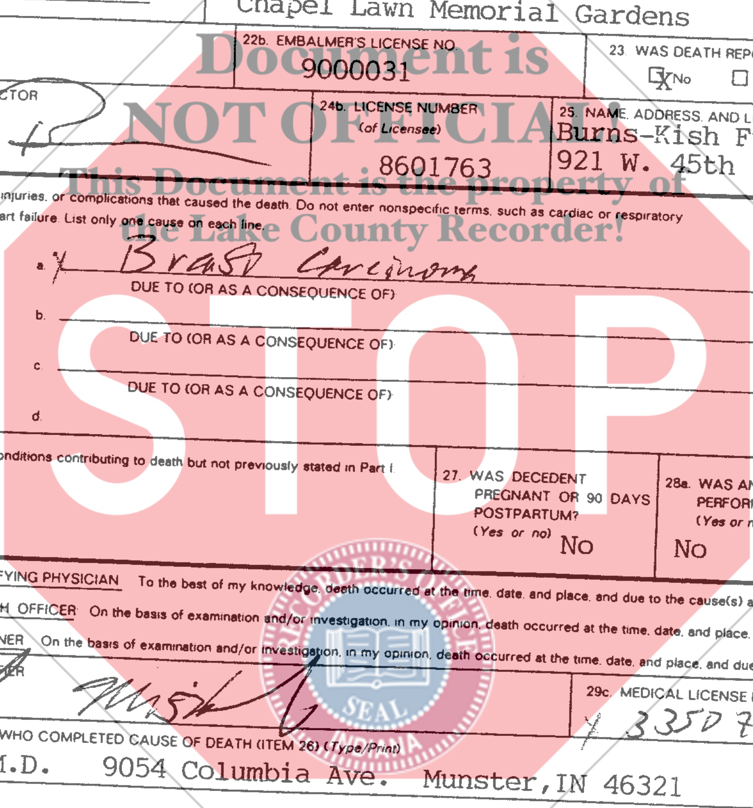
18. FATHER'S NAME (First, Middle, Last): Gerald G. Crosby
19. MOTHER'S NAME (First, Middle, Maiden Surname): Vivian M. Rose

INFORMANT

20a. INFORMANT'S NAME (Type/Print): Gerald Andrisko
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 9351 Ellen St. Highland, IN 46322
20c. Relationship: Husband

DISPOSITION

21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Entombment ☐ Removal from State ☐ Donation ☐ Other (Specify)
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): July 7, 2005 Chapel Lawn Memorial Gardens
21c. LOCATION—City or Town, State: Schererville, IN
22a. EMBALMER'S NAME: John T. Noble
22b. EMBALMER'S LICENSE NO: 9000031
23. WAS DEATH REPORTED TO CORONER? ☒ No ☐ Yes
24a. SIGNATURE OF FUNERAL DIRECTOR: [signature]
24b. LICENSE NUMBER (of Licensee): 8601763
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: Burns-Kish Funeral Home#8800135 921 W. 45th Griffith, IN 46319



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STOP

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. Breast Carcinoma
DUE TO (OR AS A CONSEQUENCE OF)
b.
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

Approximate Interval Between Onset and Death:

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):

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: [signature]
29c. MEDICAL LICENSE NO: 33507
29d. DATE SIGNED (Month, Day, Year): July 11, 2005
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): H. Mishoulam, M.D. 9054 Columbia Ave. Munster, IN 46321

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE: [signature]
32. DATE FILED (Month, Day, Year): July 12, 2005

33. MANNER OF DEATH: ☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ 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.

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT.
JUL 12 2005

SDH06-004 State Form 10110 (R5/1-99)