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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2006 019365

2006 MAR -8 PM 3: 59

STATE OF INDIANA )  
                          ) SS:  
COUNTY OF LAKE )

Key No.: 19-29-0199-0008 and 0009  
MICHAEL A. BROWN  
RECORDER

**SURVIVORSHIP AFFIDAVIT**

I, DIANE C. MICENKO, being first duly sworn, state:

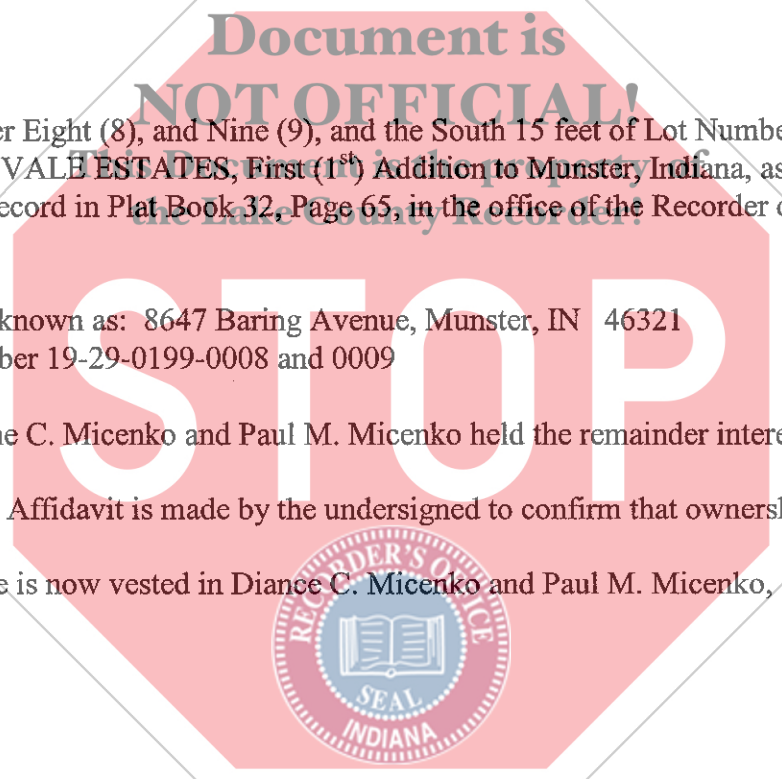
- 1. Affiant is a resident of Lake County, Indiana.
- 2. Affiant states that she is the surviving spouse of Andrew J. Micenko, who died a resident of Lake County, Indiana, on November 4, 2000.

3. Prior to his death, Andrew J. Micenko held a life estate in the following described real estate:

Lots Number Eight (8), and Nine (9), and the South 15 feet of Lot Number Seven (7), HILL AND VALE ESTATES, First (1<sup>st</sup>) Addition to Munster, Indiana, as the same appears of record in Plat Book 32, Page 65, in the office of the Recorder of Lake County, Indiana.

Commonly known as: 8647 Baring Avenue, Munster, IN 46321  
Parcel Number 19-29-0199-0008 and 0009

- 4. Diane C. Micenko and Paul M. Micenko held the remainder interest.
- 5. This Affidavit is made by the undersigned to confirm that ownership in the above-described real estate is now vested in Diane C. Micenko and Paul M. Micenko, as joint tenants



Survivorship Affidavit

Page 1

DULY ENTERED FOR TAXATION SUBJECT TO  
FINAL ACCEPTANCE FOR TRANSFER

MAR - 1 2006

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

1500  
60792  
29

005103

with rights of survivorship, and to induce the Auditor of Lake County, Indiana to reflect the correct ownership of such real estate on said Auditor's records.

Dated: February 3, 2006

Diane C. Micenko  
Diane C. Micenko,

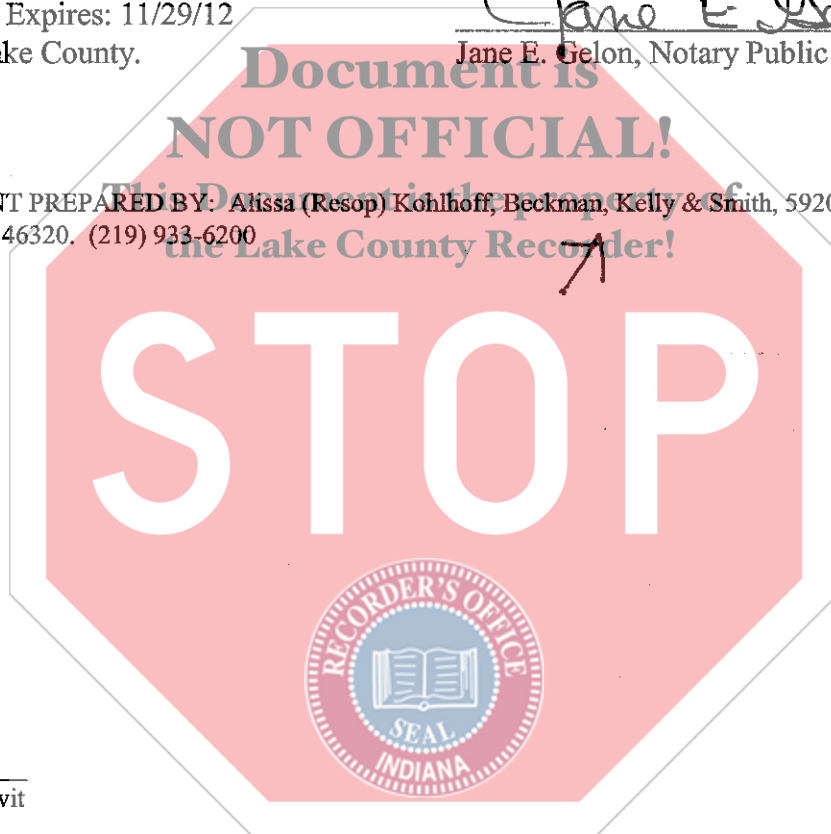
Before me the undersigned, a Notary Public in and for said County and State, personally appeared DIANE C. MICENKO and she being first duly sworn by me upon her oath, states that the facts alleged in the foregoing Affidavit are true.

Signed and sealed this 3<sup>rd</sup> day of February, 2006.

My Commission Expires: 11/29/12  
A Resident of Lake County.

Jane E. Gelon  
Jane E. Gelon, Notary Public

THIS INSTRUMENT PREPARED BY: Ahissa (Resop) Kohlhoff, Beckman, Kelly & Smith, 5920 Hohman Avenue, Hammond, Indiana 46320. (219) 933-6200



OFFICE of VITAL STATISTICS

CERTIFIED COPY

CERTIFICATE OF DEATH  
FLORIDA

TYPE OR  
PRINT IN  
PERMANENT  
BLACK INK

1 LOCAL FILE NO.		1 DECEDENT'S NAME		2 SEX	
		FIRST <b>ANDREW</b>	MIDDLE <b>J.</b>	LAST <b>MICENKO</b>	<b>Male</b>
3 DATE OF DEATH (Month, Day, Year)		4 SOCIAL SECURITY NUMBER		5a AGE-Last Birthday	5b UNDER 1 YEAR
<b>NOVEMBER 4, 2000</b>		<b>315 16 7813</b>		<b>77</b>	5c UNDER 1 Day
6 DATE OF BIRTH (Month, Day, Year)		7 BIRTHPLACE (City and State or Foreign Country)		8 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No)	
<b>OCTOBER 28, 1923</b>		<b>Hammond, Indiana</b>		<b>Yes</b>	
9a PLACE OF DEATH (Check only one - see instructions on other side)		9b INSIDE CITY LIMITS? (Yes or No)		9c COUNTY OF DEATH	
<b>Winter Residence</b>		<b>No</b>		<b>Collier</b>	
9c FACILITY NAME (if not institution, give street and number)		9d CITY, TOWN, OR LOCATION OF DEATH		9e COUNTY OF DEATH	
<b>1900 CURLING AVE.</b>		<b>NAPLES</b>		<b>Collier</b>	
10a DECEDENT'S USUAL OCCUPATION		10b KIND OF BUSINESS/INDUSTRY	11 MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify)	12 SURVIVING SPOUSE (if wife, give maiden name)	
<b>Owner/Operator</b>		<b>Vending</b>	<b>Married</b>	<b>Diane Pelinovich</b>	
13a RESIDENCE - STATE		13b COUNTY	13c CITY, TOWN, OR LOCATION	13d STREET AND NUMBER	
<b>Indiana</b>		<b>Lake</b>	<b>Munster</b>	<b>8647 Baring Avenue</b>	
13e INSIDE CITY LIMITS? (Yes or No)		13f ZIP CODE	14 WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes - If yes, specify Haitian, Cuban, Mexican, Puerto Rican, etc.)		15 RACE - American Indian, Black, White, etc. Specify
<b>Yes</b>		<b>46321</b>	<b>No</b>		<b>WHITE</b>
16 DECEDENT'S EDUCATION (Specify only highest grade completed)		17 FATHER'S NAME (First, Middle, Last)		18 MOTHER'S NAME (First, Middle, Maiden Surname)	
<b>Elementary/Secondary 10-12</b>		<b>Paul Micenko</b>		<b>Mary Maskulik</b>	
19a INFORMANT'S NAME (Type/Print)		19b MAILING ADDRESS (Street and Number, or Rural Route Number, City or Town, State, Zip Code)			
<b>Diane Micenko</b>		<b>8647 Baring Avenue, Munster, Indiana 46321</b>			
20a METHOD OF DISPOSITION		20b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)		20c LOCATION - City or Town, State	
<b>Removal from State</b>		<b>St. John Cemetery</b>		<b>Hammond, Indiana</b>	
21a SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH		21b LICENSE NUMBER (of Licensee)	21c NAME AND ADDRESS OF FACILITY		
<i>Eduar E. Samot</i>		<b>4211</b>	<b>Fuller Funeral Home Cremation Service 1625 Pine Ridge Rd. Naples, Florida 34109</b>		
22a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) as stated (Signature and Title)		22b DATE SIGNED (Mo., Day, Yr.)		22c HOUR OF DEATH	
<i>Eduar E. Samot</i>		<b>NOVEMBER 6, 2000</b>		<b>FND 7:32 P M</b>	
22d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		23a On the basis of examination and investigation, my opinion death occurred at the time, date and place (Signature and Title)		23b DATE SIGNED (Mo., Day, Yr.)	
<b>MANFRED C. BORGES, JR., M.D., 3638 Domestic Avenue, Naples, FL 34104</b>		<i>Manfred C. Borges, Jr.</i>		<b>NOVEMBER 6, 2000</b>	
24 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print)		25a SUBREGISTRAR - SIGNATURE AND DATE		25b LOCAL REGISTRAR - SIGNATURE	
<b>MANFRED C. BORGES, JR., M.D., 3638 Domestic Avenue, Naples, FL 34104</b>		<i>Manfred C. Borges, Jr.</i>		<i>Maria C. Garcia, Deputy</i>	
26 PART I: Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.		27a WAS AN AUTOPSY PERFORMED? (Yes or No)		27b WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? (Yes or No)	
<b>HYPERTENSIVE CARDIOVASCULAR DISEASE</b>		<b>NO</b>		<b>NO</b>	
28 CASE REPORTED TO MEDICAL EXAMINER? (Yes or No)		29 IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 3 MONTHS? - YES - NO		30a IF SURGERY IS MENTIONED IN PART I, ENTER CONDITION FOR WHICH IT WAS PERFORMED	
<b>YES</b>		<b>NO</b>		<b>NO</b>	
31 PROBABLE MANNER OF DEATH (Specify)		32a DATE OF INJURY (Month, Day, Year)	32b TIME OF INJURY	32c INJURY AT WORK? (Yes or No)	32d DESCRIBE HOW INJURY OCCURRED
<b>Natural</b>					
32e PLACE OF INJURY - At home, farm, street, factory, etc. (Specify)		32f LOCATION (Street and Number or Rural Route Number, City or Town, State)			

VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED

THIS IS A CERTIFIED TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE

BY *Maria C. Garcia, Deputy*  
**NOV 0 8 2000** State Registrar

**WARNING:**  
**12241902**

THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK. THE DOCUMENT FACE CONTAINS A MULTI-COLORED BACKGROUND AND GOLD EMBOSSED SEAL. THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.



DOH FORM 1564 (10/98)

CERTIFICATION OF VITAL RECORD

Declaration

This form is to be signed by the preparer of a document and recorded with each document in accordance with IC 36-2-7.5-5(a).

I, the undersigned preparer of the attached document, in accordance with IC 36-2-7.5, do hereby affirm under the penalties of perjury.

1. I have reviewed the attached document for the purpose of identifying and, to the extent permitted by law, redacting all Social Security Numbers in the attached document.

2. I have redacted, to the extent permitted by law, each Social Security number in the attached document.

I, the undersigned, affirm under the penalties of perjury, that the foregoing declarations are true.

