

**AFFIDAVIT**

2006 022735

STATE OF INDIANA )  
COUNTY OF LAKE ) SS:

**Lisa E. Villarreal**, being first duly sworn upon oath, deposes and says:

1. That the Affiant is the daughter and has personal knowledge of the marital status of the Decedent.
2. That **John A. Panak** died on October 23, 2005, at St. Margaret Hospital, Lake County, Indiana.
3. That the Decedent and **Elizabeth E. Panak** were duly and legally married at the time they acquired title as Husband and Wife in the following described real estate:

**LOT 4 IN BLOCK 3 IN RESUBDIVISION OF LOT 1 TO 10, BOTH INCLUSIVE AND THE NORTH 10 FEET OF VACATED ADJACENT ALLEY IN EACH OF BLOCKS 2, 3 AND 4 IN FORSYTH HIGHLAND ADDITION TO THE CITY OF HAMMOND, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 28 PAGE 54, IN THE OFFICE OF THE RECORDER LAKE COUNTY, INDIANA**

4. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of her death.
5. That all funeral expenses in connection with the death of said decedent have been paid in full.
6. That all of the assets of said decedent which would be included for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

**FURTHER, Affiant sayeth not.**

COMMUNITY TITLE COMPANY  
FILE NO 335116

*Lisa E. Villarreal*  
Lisa E. Villarreal

Subscribed and sworn to before me, a Notary Public this 15th day of March, 2006.



*Karen Craig*, Notary Public

My Commission Expires: \_\_\_\_\_  
County of Residence: \_\_\_\_\_

(PRINTED NAME)

This instrument prepared by PATRICK J. McMANAMA, Attorney-at-Law, Attorney ID No. 9534-45.  
No legal opinion given or rendered. All information used in preparation of document was supplied by title company.

**FILED**

MAR 20 2006

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

006000

\$14  
cm  
cm

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.

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

THIS NO. 035 FOLIO 2 IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.

Nov. 3 2005 Date Issued Hammond Health Commissioner

Local No. 709

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

Form with fields for: 1. DECEASED-NAME, 2. SEX, 3a. TIME OF DEATH, 3b. DATE OF DEATH, 4. SOCIAL SECURITY NUMBER, 5a. AGE, 5b. UNDER 1 YEAR, 5c. UNDER 1 DAY, 6. DATE OF BIRTH, 7. BIRTHPLACE, 8a. WAS DECEDENT A U.S. VETERAN?, 8b. YEAR LAST SERVED IN U.S. ARMED FORCES?, 8c. PLACE OF DEATH, 9a. FACILITY NAME, 9b. CITY, TOWN OR LOCATION OF DEATH, 9c. COUNTY OF DEATH, 10. MARITAL STATUS, 11. SURVIVING SPOUSE, 12a. DECEDENT'S USUAL OCCUPATION, 12b. KIND OF BUSINESS/INDUSTRY, 13a. RESIDENCE-STATE, 13b. COUNTY, 13c. CITY, TOWN OR LOCATION, 13d. STREET AND NUMBER, 13e. ZIP CODE, 13f. INSIDE CITY LIMITS, 14. CITIZEN OF WHAT COUNTRY?, 15. WAS DECEDENT OF HISPANIC ORIGIN?, 16. RACE, 17. DECEDENT'S EDUCATION, 18. FATHER'S NAME, 18. MOTHER'S NAME, 20a. INFORMANT'S NAME, 20b. MAILING ADDRESS, 20c. Relationship, 21a. METHOD OF DISPOSITION, 21b. DATE AND PLACE OF DISPOSITION, 21c. LOCATION, 22a. EMBALMER'S NAME, 22b. EMBALMER'S LICENSE NO., 23. WAS DEATH REPORTED TO CORONER?, 24a. SIGNATURE OF FUNERAL DIRECTOR, 24b. LICENSE NUMBER, 25. NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME, 26. PART I: IMMEDIATE CAUSE, 26. PART II: Other significant conditions, 27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM?, 28a. WAS AN AUTOPSY PERFORMED?, 28b. WERE AUTOPSY FINDINGS AVAILABLE, 29a. CERTIFIER, 29b. SIGNATURE AND TITLE OF CERTIFIER, 29c. MEDICAL LICENSE NO., 29d. DATE SIGNED, 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH, 31. HEALTH OFFICER'S SIGNATURE, 32. DATE FILED, 33. MANNER OF DEATH, 34a. DATE OF INJURY, 34b. TIME OF INJURY, 34c. INJURY AT WORK?, 34d. DESCRIBE HOW INJURY OCCURRED, 34e. PLACE OF INJURY, 34f. LOCATION, 35. DATE PRONOUNCED DEAD, 36. MOTOR VEHICLE ACCIDENT?

Declaration

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

I, the undersigned verifier 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 number.
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.

