02273

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 SELOCKS 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

Document is

- 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.
- 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 1235112 60

Lisa E. Villarreal

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

March

20 0/6.

KAREN CRAIG Lake County My Commission Expires Nov. 04, 2006

Marin Craig

, Notary Public

My Commission Expires:

County of Residence:

(PRINTED NAMĚ)

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 2 0 2006

PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR \$14 am

cm

	R.10.2006 9:00A		RETAIL	•		THIS C	10.035; POLLOP . 2 IS A TRUE AND	
 ATTENTION EST being requested by pursuants etahutor voluntary and there 	FATE: The Social Security # y this state agency in order y responsibility. Disclosure will be no penalty for refusa	INDIANA ST	NDIANA STATE DEPARTMENT OF HEALTH HAMMOND HEALTH OF THE WITH THE HAMMOND HEALTH OF RIMED.					
Local No	09	C		TE OF DEAT	TH	Date Inc	2005	
		RIES ARÉ CONFIDENTIAL PER	1 IC 18-37-1-10	l 2. 56	~	36. TIME OF DEATH	36 DATE OF DEATH GOVER Day, Y/3	
TYPE/PRINT !N		A. Panak Se AGE—Len Birthday	Sh UNDER I YEAR	Ma	la	6;20 P "	October 23, 2005 7. BATHPLACE (City and State or Foreign Country)	
PERMANENT BLACK INK	4. *BOCKAL SECURITY NUMBER	(Ymys) 82	Moralya Caya	Hours Minutes	Feb. 23	3, 1923	Joliet, IL	
	86. WAS DECEDENT A US VETERANT	OD. YEAR LAST SERVED IN U.S. ARMED FORCES?	HOSPITAL & Imperi			EATH (Check only one)		
	Yes	N/A		Dulpations D DOA	OTHER.	Nursing Home L		
DECEDENT	St. Margaret	t Mercy Hospit		Ø€ CITY	v, town or loc lammond	CATION OF DEATH	PG. COUNTY OF DEATH Lake	
	10. MARTAL STATUS	11. BURVIVING SPOUSE		19a DECROENT'S USU	UAL OCCUPATIO	N (Gre lind of work	126, KIND OF BUGINESS/INDUSTRY	
	Married	Elizabeth Ha	nchar	Steel W	lorker		Stee1	
	134 RESIDENCE—STATE		ISE CITY, TOWN, OR L			34. STREET AND NUM		
	IN	Iake	Hammond			6704 Le1a		
	134 ZIP CODE 131 INSIDE CIT	TY LIMITS IN CITIZEN OF WHAT COUNTRY	14 WAS DECEDENT	OF HISPANIC ORIGIN? Yes (If yes, specify Co		-American Inden.	17. DECEMENT'S EDUCATION (Specify only highest grade completed)	
	46323 180 ON A FAIN	NA/F	Marican Punto R	• •	(Брес	L	Elementary/Secondary (0-12) College (1-4 or 5 *)	
	30 No C	USA						
PARENTS	18. FATHERS NAME (First Middle Land) 18. MOTHERS NAME (First Middle Median Surname) Slavko Panyak Sophie (Unknown)							
INFORMANT	20s. INFORMANT'S NAME (Type/		4	G ADDRESS (Speer and A	Number or Rural Ro	Dute Number. City of To	•	
(NI-OHMOI)	Lisa Vilları	<u> </u>		Taylor S			Daughter	
	21a, METHOD OF DISPOSITION	· ·		E OF DISPOSITION (No		enetary, or 21	C LOCATION—CRY or Town, Side	
	D Surad Commelium	☐ Regularial Irong Statu		November 3	,			
	Dorsoon Q Other (Specia	<i>M</i>		nal Crematio			Munster, IN	
DISPOSITION	229. EMBALMENS NAME:		225, EMBALMENS	/ LICENSE NO.	52 /	WAS DEATH REPORTE		
					I ar ALLEMA	·		
<	DRICK /	SIGNATURE OF FUNERAL ORRECTOR 24. LICENSE NUMBER 15 25. NAME ADDRESS. AND LICENSE NUMBER OF FUNERAL HOME BUILDS—Kish Funeral Home #3002819 8415 Calumet Ave. Munister, IN 46321						
	26. PART L Signs the distinct	HER, PROTING OF CONTRICONICHIS PLANT COM	award the death Do not or	mer monepechic reprint suc	cy pe belging of the	eniratory	Арргозичніе	
I		or hears leftere. List entry one druger an	tument is				Iñsetval Between Qriset and Destri	
	IMMEDIATE CAUSE (Final			hock	1-1-		2.3 hours	
	disease or condition resulting in death)	CIL DUE TO C	ON AS A CONSEQUENC		ruer:		1-2 clays	
CAUSE OF DEATH		h Sepe	A CONSEQUENT	R AS A CONSCOUENCE OF A				
	Conditions it entry which gave nee to the mimerials cause,	A cu te	Leval	HAS A CONSECUENCE AND LIVE			2-3 days	
	stating the underlying course less	stating the underlying						
		d,						
,	PART R. Other Manficant conditions	o - Candinana contributing to seath b	na pos providually sessed li	PREC	DECEDENT CHANT OR SO DI TEPARTIMIT	ZER, WAS AN A PERFORME CYM OF RE	AVAILABLE PRICE TO	
		ENTEYING PHYSICIAN To the b	best of my intervierige, plan	oth occurred at the bree. I	jen, and place, and	due to the coupulat as		
	Chart sale /	MEALTH OFFICER On the best of						
		CONONER On the base of same	and spire management	in my eather, dutin occi	urred as the time, de	man, and piace, and due t		
	29% SIGNATURE AND TIRE OF	COMPA		TEE.		MEDICAL LICENSE N		
CERTIFIER	1 acc	XX				1044357	11-2-5	
I	DAUTO B L	em la 595	4 Johns		Hammon	@ IN	(November) 4(e320	
MEALTH OFFICER	ST. HEALTH OFFICERS SIGNATU	ME	A Ch	Locare	mo	J	November 3 2005	
Gr. 10271	33 MANNER OF DEATH	34 DATE OF INJUR	RY Jan. TIME OF	5 34g INLUST AT	r work?	344. DESCARE HOW		
		Chilorets Day, Yes		(Yee or no)				
	Nameral D Pending							
	Accident	34. PLACE OF INJUI	JAY—Al home, farm, stress	st, fectory, office	34. LOCAT	IION (Street and Numb)	er or Rural Rouse Number, City or Town, State)	
+	Surende Could par b	building, are Cope	/elty1					

34B DATE PRONOUNCED DEAD (Month, Day, Year) Jah, MOTOR VEHICLE ACCIDENT? (Year or no) If year specify driver, personger, padentium, etc.

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

Prescribed by the State Board of Accounts (2005)

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.

