STATE OF INDIANA )
)SS: 2007 031529
COUNTY OF LAKE )

FILED

## SURVIVORSHIP AFFIDAVIT

I, JOHN S. MUCHA, having been first duly sworn upon my oath, state that I am the husband and well acquainted with MARY MUCHA, the deceased, who passed away on the 16th day of March, 2007, (copy of death certificate attached hereto) and at the time of her death, we were joint owners of real estate as joint tenants with rights of survivorship in Lake County, Indiana, known as:

Lot Seventy (70), (except the South 6 feet thereof and except that part conveyed to Indiana Toll Road Commission by Warranty Deed recorded June 6, 1955, in Deed Record 999, Page 242), Block Four (4), Roxana Park 5th Addition, in the City of East Chicago, as shown in Plat Book 30, page 28, in Lake County, Indiana

Commonly known as: 5415 Walsh
East Chicago, IN 46312

Key Number: 24-30-0608-00070

DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER

APR 17 2007

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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NOT OFFICIAL!
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the Lake County Recorder!

JOHN S. MUCHA

STATE OF INDIANA )
) SS:
COUNTY OF LAKE )

Subscribed and sworn to before me, a Notary Public, this 10th day of April, 2007

Notary Public

My Commission Expires: 3-11-09
County of Residence: Lake

This instrument prepared by: Kenneth L. Anderson, Attorney at Law
Attorney No. 2404-45
9105 Indianapolis Boulevard
Highland, IN 46322

"I AFFIRM, UNDER THE PENALTIES FOR PERJURY, THAT I HAVE TAKEN REASONABLE CARE TO REDACT EACH SOCIAL SECURITY NUMBER IN THIS DOCUMENT, UNLESS REQUIRED BY LAW."
PREPARED BY:

13
CS
R

005085

153301

City Of East Chicago
East Chicago, In 46312

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. 61

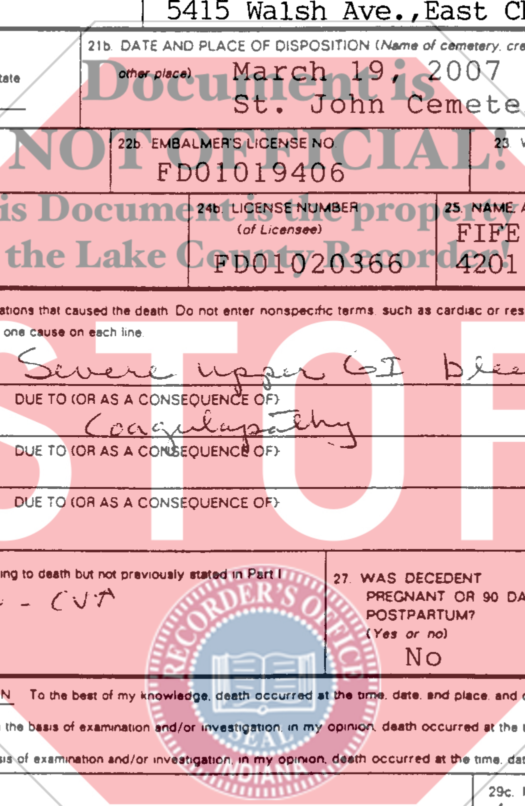
# INDIANA STATE DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH

State No. ..........................

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

TYPE/PRINT IN PERMANENT BLACK INK



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**DECEDENT**

1 DECEASED—NAME (First, Middle, Last): Mary V. Mucha
2 SEX: Female
3a TIME OF DEATH: 1:40a M
3b DATE OF DEATH (Month, Day, Yr.): March 16, 2007
5a AGE—Last Birthday (Years): 87
5b UNDER 1 YEAR: Months / Days
5c UNDER 1 DAY: Hours / Minutes
6 DATE OF BIRTH (Mo. Day, Yr.): June 3, 1919
7 BIRTHPLACE (City and State or Foreign Country): Czechoslovakia
8a WAS DECEDENT A U.S. VETERAN?: No
8b YEAR LAST SERVED IN U.S. ARMED FORCES?: N/A
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): St. Catherine Hospital
9c CITY, TOWN, OR LOCATION OF DEATH: East Chicago
9d COUNTY OF DEATH: Lake
10 MARITAL STATUS (Specify): Married
11 SURVIVING SPOUSE (If wife, give maiden name): John S. Mucha
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: Own Home
13a RESIDENCE—STATE: Indiana
13b COUNTY: Lake
13c CITY, TOWN, OR LOCATION: East Chicago
13d STREET AND NUMBER: 5415 Walsh Avenue
13e ZIP CODE: 46312
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): 6; College (1-4 or 5 +): –

**PARENTS**

18 FATHER'S NAME (First, Middle, Last): Charles Kaduk
19 MOTHER'S NAME (First, Middle, Maiden Surname): Theresa

**INFORMANT**

20a INFORMANT'S NAME (Type/Print): John S. Mucha
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 5415 Walsh Ave.,East Chicago, IND 46312
20c Relationship: Husband

**DISPOSITION**

21a METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)
21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): March 19, 2007 St. John Cemetery
21c LOCATION—City or Town, State: Hammond, Indiana
22a EMBALMER'S NAME: Henry J. Blake
22b EMBALMER'S LICENSE NO: FD01019406
23 WAS DEATH REPORTED TO CORONER?: ☒ No ☐ Yes
24a SIGNATURE OF FUNERAL DIRECTOR: John P. Fife
24b LICENSE NUMBER (of Licensee): FD01020366
25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: FIFE FUNERAL HOME,INC. - FH83001512 4201 Indpls.Blvd.,East Chicago, IND

**CAUSE OF DEATH**

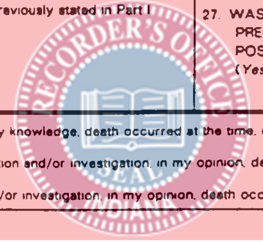
26 PART I Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

IMMEDIATE CAUSE (Final disease or condition resulting in death)
a. Severe upper GI bleeding — Approximate Interval Between Onset and Death: one day
DUE TO (OR AS A CONSEQUENCE OF)
b. Coagulopathy
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

PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I: Atrial Fibrillation - CVA

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): N/A



**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: 01058603A
29d DATE SIGNED (Month, Day, Year): March 20, 2007
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): Dr. Atassi - 7400 Columbia Avenue, Hammond, Indiana 46324

**HEALTH OFFICER**

31 HEALTH OFFICER'S SIGNATURE: [signature] MD
32 DATE FILED (Month, Day, Year): 3/20/07

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

Roxana Park 5th Add
Ex. Ne'ly Cor L.70 Bl.4
35.30X78.73X66.20ft
+Ex. S. 6ft
24-30-0608-0070

IVRA-20 (7/05)

VOID IF ALTERED OR ERASED - NOT VALID UNLESS CERTIFIED BY HEALTH DEPARTMENT