2

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2007 DEC 21 AM 9:06
MICHAEL A. BROWN
RECORDER

2007 099793

Survivorship Affidavit

State of Indiana)
) SS:
County of Lake)

Joanne A. Antolick, being first duly sworn upon oath, deposes and says:

1. That Affiant's spouse George Antolick died (without leaving a will) X (leaving a will) ____ on November 13, 2006 at St. Mary Medical Center.

2. That they were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

643 West 78th Ave., Merrillville, In 46410

Legal description:

Lot 59 in Southmoor Park, in the Town of Merrillville, as per plat thereof recorded in Plat Book 32 page 66 in the Office of the Recorder of Lake County, Indiana. 8-15-330-59

Document is
NOT OFFICIAL!
This Document is the property of
the Lake County Recorder!
STOP

3. 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 (his) X (her) ___ death.

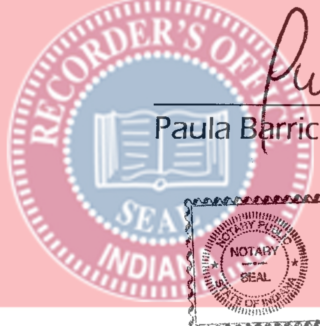
4. That all funeral expenses in connection with the death of said decedent have been paid in full.

5. That all of the assets of said decedent which would be includable 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.

Joanne A. Antolick
Joanne A. Antolick

Subscribed and sworn to before me, a Notary Public, this 17th day of December, 2007.



Paula Barrick
Paula Barrick

My Commission expires:
Oct. 02, 2009

PAULA BARRICK
Lake County
My Commission Expires
October 2, 2009

County of Residence:
Lake

$13
TI
CA

DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER

DEC 19 2007

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

This Instrument prepared by: Joanne A. Antolick

TICOR MO
920077947

"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." Chris Burk

920074532

025284

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. 2722-06

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

DECEDENT

1. DECEASED–NAME (First, Middle, Last): George Antolick
2. SEX: Male
3a. TIME OF DEATH: 12:15a.M
3b. DATE OF DEATH (Month, Day, Yr): November 13, 2006
4. SOCIAL SECURITY NUMBER: 314-24-4397
5a. AGE – Last Birthday (Years): 78
5b. UNDER 1 YEAR (Months / Days):
5c. UNDER 1 DAY (Hours / Minutes):
6. DATE OF BIRTH (Mo. Day, Yr): October 1, 1928
7. BIRTHPLACE (City and State or foreign Country): Gary, Indiana
8a. WAS DECEDENT A U.S. VETERAN?: Yes
8b. YEAR LAST SERVED IN U.S. ARMED FORCES?: 1947
9a. PLACE OF DEATH (Check only one. See instructions.)
HOSPITAL: ☒ Inpatient ☐ ER/Outpatient ☐ DOA
OTHER: ☐ Nursing Home ☐ Other (Specify) ☐ Residence
9b. FACILITY NAME (If not institution, give street and number): St. Mary Medical Center
9c. CITY, TOWN OR LOCATION OF DEATH: Hobart
9d. COUNTY OF DEATH: Lake
10. MARITAL STATUS (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Joanne Kovich
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Tractor Operator
12b. KIND OF BUSINESS/ INDUSTRY: U. S. Steel
13a. RESIDENCE — STATE: Indiana
13b. COUNTY: Lake
13c. CITY, TOWN, OR LOCATION: Merrillville
13d. STREET AND NUMBER: 580 W. 73rd Avenue
13e. ZIP CODE: 46410
13f. INSIDE CITY LIMITS: ☐ No ☒ Yes
13g. ON A FARM?: ☒ No ☐ Yes
14. CITIZEN OF WHAT COUNTRY?: USA
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): John Antolick
19. MOTHER'S NAME (First, Middle, Maiden Surname): Mary Rada

INFORMANT

20a. INFORMANT'S NAME (Type/Print): Joanne Antolick
20b. MAILING ADDRESS (Street and Number or Rual Route Number, City or Town, State, Zip Code): 580 W. 73rd Ave. Merrillville, IN 46410
20c. Relationship: Wife

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): November 17, 2006 Calumet Park Cemetery
21c. LOCATION—City or Town, State: Merrillville, Indiana
22a. EMBALMER'S NAME: Ronald Reed
22b. EMBALMER'S LICENSE NO.: FD01005912
23. WAS DEATH REPORTED TO CORONER?: ☒ No ☐ Yes
24a. SIGNATURE OF FUNERAL DIRECTOR: [signature]
24b. LICENSE NUMBER (of Licensee): FD08600505
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: Geisen Funeral Home, Inc. FH83007762 7905 Broadway, Merrillville, IN 46410

CAUSE OF DEATH

26. PART I. Enter the diseases, injuries, or complications that caused the death Do not enter nonapecific 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. Acute Myelogenous Leukemia — Approximate Interval Between Onset and Death: One Month
DUE TO (OR AS A CONSEQUENCE OF):
b.
Conditions, if any, which gave rise to the immediate cause, starting the underlying cause last
DUE TO (OR AS A CONSEQUENCE OF):
c.
DUE TO (OR AS A CONSEQUENCE OF):
d.

PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.
Carcinoma of the Stomach.
Cardiovascular Disease
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 knowlrdge. 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 openion, 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 openion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIER: Barbara Fuller, MD
29c. MEDICAL LICENSE NO.: 01034701
29d. DATE SIGNED (Month, Day, Year): 11/14/06
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): Barbara Fuller, M.D. 1400 S. Lake Park Ave. Suite 205 Hobart, IN 46342

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE: Susan W Best D.O.
32. DATE FILED (Month, Day, Year): November 15, 2006

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT. NOV 15 2006

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.

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

STOP
Document is NOT OFFICIAL!
This Document is the property of the Lake County Recorder!
RECORDER'S OFFICE SEAL INDIANA