TIÇOR TITLE INSURANCE SENSON S

AFFIDAVIT	<u>ග</u>
STATE OF INDIANA)	ည် ယ
) SS:	**iokens
COUNTY OF LAKE)	
Frances M. Pavnica sworn upon oath, deposes and says:	, being first duly
1. That Mary S. Paynica	
1. That Mary S. Pavnica 2100 at	Cled on
2. That Frances M. Pavnica and M	
were this frances M. Pavnica and M were this fand helps wife, to the following described real estate:	acquired title as hyppand/and/
*Joint tenants with right of survivorship Lot II in Pheasant Lane Subdivision in the	Town of Munster, as mer
plat thereof, recorded in Plat Book 75 pag	e 48, in the Office
of the Recorder of Lake County, Indiana.	18-28-56 (11
Document	tis
joint tenants with right of surviv	vorship
3. That the manifully individually which existed	d between them at the time they
acquired title to said real estate remained in date of (km's) (her) death.	effect and unbroken until the
4. That all of the assets of said decedent whi	ecorder!
Federal Estate Tax purposes, including joint ba	ank accounts and life insurance
on decedent's life were not sufficient to neces	ssitate payment of Federal Estate
Further affiant sayeth not.	
	V1 \(\tau \) .
ELEGEDER'S OF THE	Trances marginer
Subscribed and sworn to before me, a Notary Pub	Frances M. Pavnica
Feb. , #9_2008.	11
JEAL SEAL	
FILED	14° 32
	Military (1)
MAR - 5 2008	Notary Public
My Commission expires: PEGGY HOLINGA KATONA	Susan Miedema
CAKE CHOMITY ADDITION	"I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in
8-7-2014	this document, unless required by law." Chris Burk
ounty of Residence:	

928-074-1 TICOR HO

This Instrument prepared by Frances M.

001896

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

600	2 ^	\J	CEF	RTIFICA	TE OF	DEAT	OF HEA 「H	LTH				
Local No.	<u> </u>	. Y						_				
1. Decedent's Legal Name (First, Middle, Last) Mary S. Pavnica	ent's Legal Name (First, Middle, Last) 1a. Maiden Last)		2. Sex	State No				
E Court Court III III III III III III III III III I	b. Under 1 Year	6c. Under 1 Month	Svend	la 6e. Under 1	Hour	T 5 65.5	Fema1	e 11	:52 pm	Feb	ruary 12,	
	onths	Days	Hours	Minutes		1_	Of Birth (Month/		i		te Or Foreign Country)	
	occurred In A Hosp		. 	1			ary 21.				ago, India	
11. Facility Name (If Not institution, Give Street And N	umber)	epartment Outpatient	Dead On Arrival	A Hospice	Facility D	ecedent's H	orne D Nursin	g Home/Long	-Term Care Facil	ty Dother	(Specify)	
St Anthony Hospice	=											
Crown Point				13.	County Of De				14. Marital St.			
15. Surviving Spouse's Name	-	15a. (if Wife)Giv	ve Maiden Last Name		Lak	_	ounding.		X Widowed	Never Ma	ut Separated Divorced	
N/A						duler	•			of Business/In Pel	dustry	
18. Residence - State Indiana	18a	. county Lake		18b. Cit	y Or Town			·				
18c. Street And Number		Lake			Muns	ter						
1440 Fairway Drive							18d.	Apt. No.	18e, 2 4(321	181. Inside City Li	
19. Decedent's Education		20. Decedent Of Hispani	ic Origin		21. Deced	dent's Race					X [□] Yes □ No	
22. Father's Name (First, Middle, Last)		-				White						
Michael Svenda				23. Mother's			i)				Maiden Last Name	
24. Informant's Name		24a. Relationship To	Decedent	Julia			iber, City, State,	Zin Codel	5	tefar	nichian	
Frances Pavnica		Daughte	er						er, IN	4632	:1	
25a. Method Of Disposition.	25b. Place C	Of Disposition (Name Of C	25. PI Cemetery, Crematory	ace Of Diene	sition		- City, Town, A					
XO/Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal From State						c. Location.	- Olly, Town, Al	nd State				
Other (Specify): 26. Was Coroner Contacted? 27. Name /	St Joh	nn-St Jose Bress of Funeral Facility	ph Cemet	ery		Hamm	ond, I	ndiar	na			
TI Vec XI No		Funeral				\	114 1 1	1	TN /60	27a. Fu	neral Home License Num	
27b. Signature Of Indiana Funeral Service Licensee:	/		TIONE 202	me.	Iway F	ive.,			IN 463	22 F	H83003035	
Mat & willy	2_/					10		.00686	•			
28. Part I. Enter The <u>Chain Of Events</u> —Diseas Such As Cardiac Arrest, Respiratory Arrest, Or	ses, Injuries, Or	Cause Complications—Tha	Of Death (See	Instruction The Death	ns And Ex	camples))			,	Anna che anno colorida in constituire re-	
A Line. Add Additional Lines if Necessary.			ving The Etiology.	Do Not Abbi	reviate. En		ne Cause Or	of Jan 1 Brown		via en	To Death	
Immediate Cause (Final Disease Or Condition F		Ducui	nem	is th	e Pour	To (Or As A Co	onsequence Off:	Fo	anten	- deli-	axels	
Sequentially List Conditions, If Any, Leading To Line A. Enter The Underlying Cause (Disease (The Events Resulting In Death) Last	The Cause Lis Or Injury That Ir	ited On B.	e Con	intv	Due	To (Or As A C	nequence On:	 		1000		
THE EVENTS RESULTING IN DESIGN) Last		c _			Due	To (Or As A C	naequence Of):		<u>Linn</u>	TITLE:	_	
Part II. Enter Other Significant Conditions Contributing To	Death But Not Re	D. esulting in The Underlying	g Cause Given in Pa	rt I	29.	Was An Au	opsy Performed	17				
31. Did Tobacco Use Contribute To Death?									Yes No	or Death?	☐ Yes ☐ No	
Yes Probably No Uthknown	32 If Female:	Within Past Year Pregner But Pregnent 43 Days To 1 Ye	nt At Time Of Death	Not Premient But P	respent Within 4	2 0		lannor Of De				
34. Date Of Injury (Month/Day/Year)	35. Time Of In		- m water and c	Inknown if Pregnan e Of Injury (E.G.	E AMOUNT THE LINE	Z Y BBF	1 -	ural D Homick	de Accident lot Be Determined			
38. Location Of Injury - State									rouse raiser	3,	Injury At Work?	
- State	38a. City Or To	DWN	38b. Stre	et & Number					38c. Apt. No	. 38d.	Zip Code	
39 Describe How Injury Occurred							40	If Transports	tion Injury, Speci			
									Passenger		Other (Specify)	
41. Signature, Of Person Conflying Cause Of Ceath:	01		TITUTO I	R C	O ₂	42. 0	Certifier (Check					
	in KNV		CIORD.						oner 🔲 Health (Officer		
43. Name, Address And Zip Code Of Person Certify	ring Cause Of D	eath:			C		1	44. License i			te Certified	
46. Additional Funeral Service Provider:					0			0/03	1000	12/	14/08	
48. Signature of Local Health Officer:						7 20 -		17. *Akas:				
Susan W Bu	17. D.	0.	ELL IN	LA	July	M	- registrar O	my – pate Fi	ed (Month/Day/Y	ear):	${\sim}d$	
			(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	ЛАМС	1	NRX	1 Nil	()	. 17	NI	XIX.	