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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

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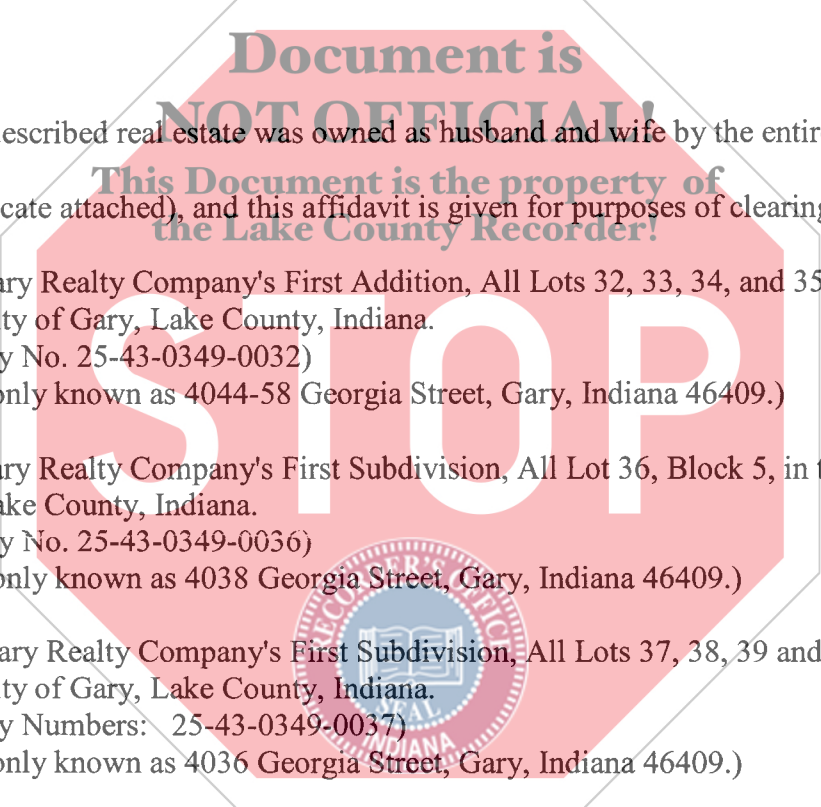
MICHAEL A. BROWN
RECORDER

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

SURVIVOR'S AFFIDAVIT

MICHAEL TURNAK of the County of Lake, State of Indiana, being duly sworn upon his oath, alleges and says that MARY TURNAK died intestate, a resident of Lake County, Indiana, on the 31st day of January, 2008; that he was her husband and he lived with her to the day of her death as husband and wife; that to the best of affiant's knowledge, there is no Federal Estate Tax or Indiana State Inheritance Tax due and owing due to her death.

The following described real estate was owned as husband and wife by the entireties at the death of the decedent (Death Certificate attached), and this affidavit is given for purposes of clearing title to said real estate:



Parcel One: Great Gary Realty Company's First Addition, All Lots 32, 33, 34, and 35, Block 5 in the City of Gary, Lake County, Indiana. (Tax Key No. 25-43-0349-0032) (Commonly known as 4044-58 Georgia Street, Gary, Indiana 46409.)

Parcel Two: Great Gary Realty Company's First Subdivision, All Lot 36, Block 5, in the City of Gary, Lake County, Indiana. (Tax Key No. 25-43-0349-0036) (Commonly known as 4038 Georgia Street, Gary, Indiana 46409.)

Parcel Three: Great Gary Realty Company's First Subdivision, All Lots 37, 38, 39 and 40, Block 5, in the City of Gary, Lake County, Indiana. (Tax Key Numbers: 25-43-0349-0037) (Commonly known as 4036 Georgia Street, Gary, Indiana 46409.)

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AS

FILED
MAR 26 2008
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

3791

Further affiant sayeth not.

Michael Turnak
MICHAEL TURNAK
748 North 712 West
Portage, Indiana 46368

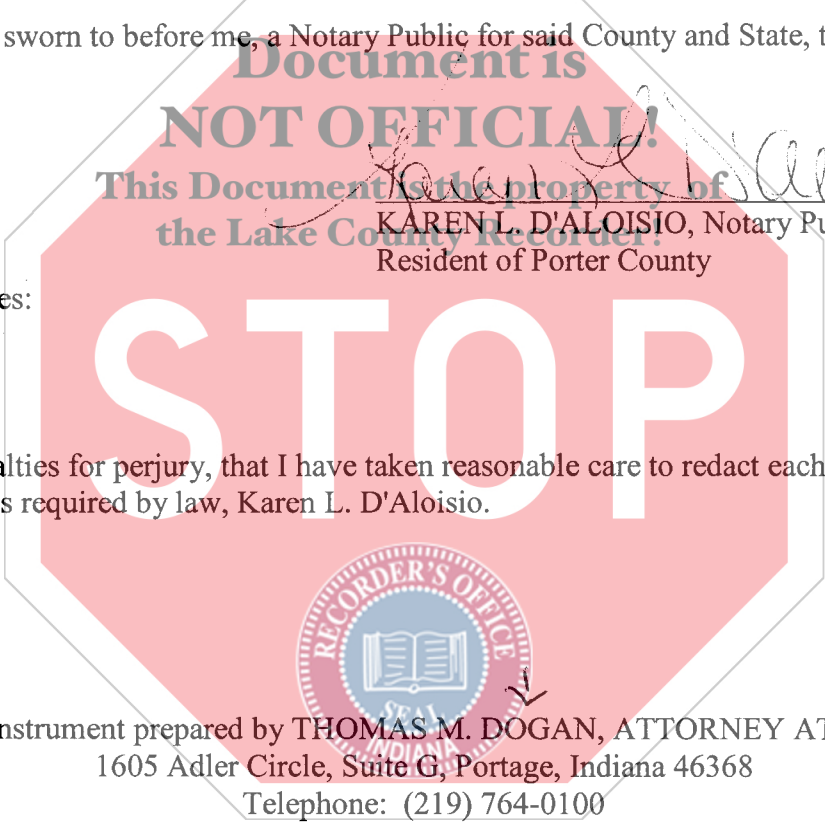
STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Subscribed and sworn to before me, a Notary Public for said County and State, this 25th day of February, 2008.

Document is
NOT OFFICIAL!
This Document is the property of
the Lake County Recorder!
Karen L. D'Aloisio
KAREN L. D'ALOISIO, Notary Public
Resident of Porter County

My Commission Expires:
April 18, 2015

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, Karen L. D'Aloisio.



Return to: →

This instrument prepared by THOMAS M. DOGAN, ATTORNEY AT LAW.
1605 Adler Circle, Suite G, Portage, Indiana 46368
Telephone: (219) 764-0100

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH



Local No.....

State No.....

1. Decedent's Legal Name (First, Middle, Last) Mary F. Turnak				1a. Maiden Last Name (If Female) Sajda		2. Sex Female	3. Time Of Death 12:30 a.m.	4. Date Of Death (Month/Day/Year) January 31, 2008	
5. Social Security Number 317-09-4980	6a. Age - Yrs 90	6b. Under 1 Year Months	6c. Under 1 Month Days	6d. Under 1 Day Hours	6e. Under 1 Hour Minutes	7. Date Of Birth (Month/Day/Year) January 8, 1919		8. Birthplace (City And State Or Foreign Country) Gary, Indiana	
9. Ever In U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead On Arrival			10a. If Death Occurred Somewhere Other Than A Hospital: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-Term Care Facility <input type="checkbox"/> Other (Specify)				
11. Facility Name (If Not Institution, Give Street And Number) Porter - Valparaiso Campus									
12. City Or Town, State, And Zip Code Valparaiso					13. County Of Death Porter		14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		
15. Surviving Spouse's Name Michael Turnak			15a. (If Wife) Give Maiden Last Name		16. Decedent's Usual Occupation Secretary		17. Kind Of Business/Industry Construction		
18. Residence - State Indiana		18a. County Porter		18b. City Or Town Portage					
18c. Street And Number 748 N. 712 W.				18d. Apt. No. N/A		18e. Zip Code 46368		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education 10		20. Decedent Of Hispanic Origin N/A		21. Decedent's Race White					
22. Father's Name (First, Middle, Last) Martin Sajda			23. Mother's Name (First, Middle, Last) Gertrude Sajda			23a. Mother's Maiden Last Name Wilerzowski			
24. Informant's Name Richard Turnak		24a. Relationship To Decedent Son		24b. Mailing Address (Street And Number, City, State, Zip Code) 6301 Defiance Ave., Portage, IN 46368					
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify):		25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) Calumet Park Cemetery			25c. Location - City, Town, And State Merrillville, IN 46410				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	27. Name And Complete Address Of Funeral Facility Rees Funeral Home, 600 West Old Ridge Rd P.O. Box 488, Hobart, Indiana 46342					27a. Funeral Home License Number: FH83003069			
27b. Signature Of Indiana Funeral Service Licensee <i>James J. Krause</i>					27c. License Number (Of Licensee) FD01006463				
Cause Of Death (See Instructions And Examples)									
28. Part I. Enter The Chain Of Events—Diseases, Injuries, Or Complications—That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary.									
Immediate Cause (Final Disease Or Condition Resulting In Death)								Approximate Interval: Onset To Death	
A. <i>Myocardial Infarction</i>								<i>2-3 days</i>	
B. <i>Chronic obstructive pulmonary disease</i>								<i>years</i>	
C. <i>with Fibrosis</i>									
D.									
29. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause (Such As Fracture)									
29a. Was An Autopsy Performed? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO									
30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		32. If Female: <input checked="" type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year			33. Manner Of Death: <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined				
34. Date Of Injury (Month/Day/Year)		35. Time Of Injury		36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)			37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number		38c. Apt. No.	38d. Zip Code		
39. Describe How Injury Occurred						40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)			
41. Signature, Of Person Certifying Cause Of Death <i>Kenneth Black</i>					42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer				
43. Name, Address And Zip Code Of Person Certifying Cause Of Death Kenneth Black MD, Portage Community Hospital 3630 Willowcreek Road, 1st Fl, Portage, IN 46368						44. License Number 24841		45. Date Certified 2/4/08	
46. Additional Funeral Service Provider						47. *Akas			
48. Signature of Local Health Officer: <i>Mary A. Bobrook MD</i>					49. For Registrar Only - Date Filed (Month/Day/Year): <i>February 4 2008</i>				