

2008 063442

2008 SEP 10 AM 9:09

MICHAEL A. BROWN
RECORDER

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

A F F I D A V I T

JAYNE H. MONEK, being first duly sworn upon her oath, states:

1. That she resides at 4420 Monroe, Gary, Lake County, Indiana.
2. That she is the surviving widow of EMERY J. MONEK, who died a resident of Gary, Lake County, Indiana on March 23, 2007.
3. That she is the surviving and exclusive owner of the following parcel of real property, which is located at 4420 Monroe, Gary, Lake County, Indiana, and legally described as:

Lot Twenty-Nine (29) and the North half of Lot Thirty (30), in Block Three (3), Tolleston Heights in the City of Gary, as shown in Plat Book 2, Page 37, in Lake County, Indiana

4. That Exhibit "A", attached hereto, is a true, correct and authentic copy of the death certificate of the aforesaid EMERY J. MONEK.

Jayne H. Monek

JAYNE H. MONEK

SUBSCRIBED and SWORN to before me, a Notary Public, this 27th day of August, 2008.

Kenneth M. Wilk

KENNETH M. WILK, Notary

My Commission Expires: February 10, 2015
County of Residence : Lake

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.

Kenneth M. Wilk

KENNETH M. WILK

THIS INSTRUMENT PREPARED BY:
KENNETH M. WILK, Attorney at Law
3235 - 45th Street, Highland, Indiana 46322

219/924-2640

FILED
SEP 08 2008
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

013629

CR# 4168
B.W
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* 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.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

Local No. 07-0481

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

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED-NAME (First, Middle, Last) EMERY J. MONEK				2. SEX Male		3a. TIME OF DEATH 8:00 p.m.		3b. DATE OF DEATH (Month, Day, Year) March 23, 2007				
4. *SOCIAL SECURITY NUMBER 309-14-9566		5a. AGE - Last Birthday (Years) 84		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes		6. DATE OF BIRTH (Mo, Day, Yr) December 25, 1922		7. BIRTHPLACE (City and State or Foreign Country) East Chicago, Indiana		
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: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence								
9b. FACILITY NAME (If not institution, give street and number) 4420 Monroe Street						9c. CITY, TOWN, OR LOCATION OF DEATH Gary			9d. COUNTY OF DEATH Lake			
10. MARITAL STATUS (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Jayne H. Namys			12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Supervisor			12b. KIND OF BUSINESS/INDUSTRY Blaw Knox Foundry				
13a. RESIDENCE - STATE Indiana		13b. COUNTY Lake		13c. CITY, TOWN, OR LOCATION Gary			13d. STREET AND NUMBER 4420 Monroe Street					
13e. ZIP CODE 46408		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? USA		15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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) 2 College (1-4 or 5+) 2		
18. FATHER'S NAME (First, Middle, Last) Emery Monek						19. MOTHER'S NAME (First, Middle, Maiden Surname) Roza Domotor						
20a. INFORMANT'S NAME (Type/Print) Jayne H. Monek				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, ZIP Code) 4420 Monroe Street, Gary, Indiana 46408				20c. Relationship Wife				
21a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input checked="" type="checkbox"/> Entombment <input type="checkbox"/> Other (Specify) _____				21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) March 27, 2007 Calumet Park Cemetery				21c. LOCATION - City or Town, State Merrillville, Indiana 46410				
22a. EMBALMER'S NAME: Jonathon R. Christiansen				22b. EMBALMER'S LICENSE NO. FD20200095		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes						
24a. SIGNATURE OF FUNERAL DIRECTOR 				24b. LICENSE NUMBER (of Licensee) 1009893		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME PRUZIN BROTHERS FUNERAL SERVICE Lic. # FH 83002453 6360 Broadway, Merrillville, Indiana, 46410						
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. Congestive Heart Failure										Approximate Interval Between Onset and Death		
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Congestive Heart Failure DUE TO (OR AS A CONSEQUENCE OF):												
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last b. DUE TO (OR AS A CONSEQUENCE OF):												
c. DUE TO (OR AS A CONSEQUENCE OF):												
d. DUE TO (OR AS A CONSEQUENCE OF):												
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.						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) NO		
29a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> 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. <input type="checkbox"/> 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 								29c. MEDICAL LICENSE NO. 01028410A		29d. DATE SIGNED (Month, Day, Year) 4/2/07		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Dr. Nazzal Obaid 8895 Broadway Merrillville, Indiana 46410 (219) 738-2081												
31. HEALTH OFFICER'S SIGNATURE 										32. DATE FILED (Month, Day, Year) APR 02 2007		
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> 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.						