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INDIANA

CITY

RECORDER

2010 011684

2010 MAR 03 11:00

STATE OF INDIANA )  
 ) SS:  
COUNTY OF LAKE )

**SURVIVORSHIP AFFIDAVIT**

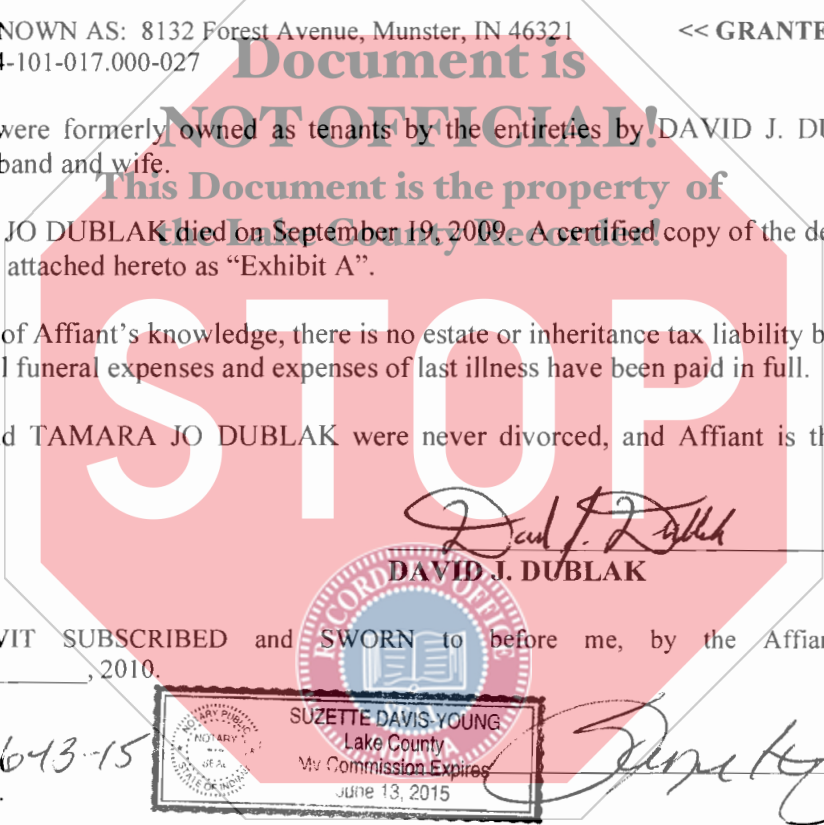
On the 2<sup>nd</sup> day of MARCH, 2010, before me personally appeared DAVID J. DUBLAK to me personally known, who being duly sworn upon oath, did say that:

1. Affiant resides at 8132 Forest Avenue, Munster, IN 46321.
2. Affiant is the owner of the following described property:

Lot 30 in Broadmoor Annex Addition to Munster as per plat thereof recorded in Plat Book 18, page 16, in the Office of the Recorder of Lake County, Indiana.

COMMONLY KNOWN AS: 8132 Forest Avenue, Munster, IN 46321      << GRANTEE'S ADDRESS  
Key No. 45-06-24-101-017.000-027

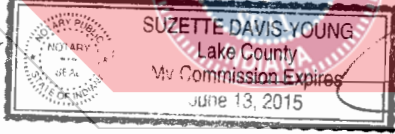
3. Said premises were formerly owned as tenants by the entireties by DAVID J. DUBLAK and TAMARA JO DUBLAK, husband and wife.
4. Said TAMARA JO DUBLAK died on September 19, 2009. A certified copy of the death certificate of TAMARA JO DUBLAK is attached hereto as "Exhibit A".
5. That to the best of Affiant's knowledge, there is no estate or inheritance tax liability by reason of the death of said decedent; and all funeral expenses and expenses of last illness have been paid in full.
6. That Affiant and TAMARA JO DUBLAK were never divorced, and Affiant is the surviving spouse of said decedent.



*David J. Dublak*  
DAVID J. DUBLAK

THIS AFFIDAVIT SUBSCRIBED and SWORN to before me, by the Affiant, on this 2 day of March, 2010.

My Commission Expires: 6-13-15  
Resident of LAKE County.



*[Signature]*  
Notary Public

**FILED**

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. Thomas L. Kirsch

MAR 03 2010

PREPARED BY and MAIL TO: THOMAS L. KIRSCH, 131 RIDGE ROAD, MUNSTER, IN 46321, ATTY. NO. 5224-45

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR



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26824 RM



INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

EXHIBIT A

Local No. 3301-09

State No. ....

1 Decedent's Legal Name (First, Middle, Last) <b>TAMARA</b>		1a Maiden Last Name (If Female) <b>DUBLAK</b>		2 Sex <b>FEMALE</b>		3 Time Of Death <b>7:37 A.M.</b>		4 Date Of Death (Month/Day/Year) <b>SEPTEMBER 19, 2009</b>											
5 Social Security Number <b>315-72-1399</b>		6a Age - Yrs <b>48</b>		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) <b>July 9, 1961</b>		8 Birthplace (City And State Or Foreign Country) <b>Hammond, Indiana</b>					
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) <b>THE COMMUNITY HOSPITAL 901 MACARTHUR BLVD.</b>										12 City Or Town, State, And Zip Code <b>MUNSTER, INDIANA 46321</b>					13 County Of Death <b>LAKE</b>		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 <b>David Dublak</b>				15a (If Wife) Give Maiden Last Name				16 Decedent's Usual Occupation <b>Lab Assistant</b>			17 Kind Of Business/Industry <b>Medical</b>								
18 Residence - State <b>Indiana</b>			18a. County <b>Lake</b>			18b City Or Town <b>Munster</b>													
18c Street And Number <b>8132 Forest Ave.</b>						18d Apt No		18e Zip Code <b>46321</b>		18f Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
19 Decedent's Education <b>2yrs. college</b>			20 Decedent Of Hispanic Origin <b>NO</b>			21 Decedent's Race <b>White</b>													
22 Father's Name (First, Middle, Last) <b>Harold Mitchell</b>				23 Mother's Name (First, Middle, Last) <b>Margaret Mitchell</b>				23a Mother's Maiden Last Name <b>Houchin</b>											
24 Informant's Name <b>David Dublak</b>			24a Relationship To Decedent <b>Spouse</b>			24b Mailing Address (Street And Number, City, State, Zip Code) <b>8132 Forest Ave., Munster, IN 46321</b>													
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) <b>Holy Cross Cemetery</b>				25c Location - City, Town, And State <b>Calumet City, Illinois</b>													
26 Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27 Name And Complete Address Of Funeral Facility <b>Kish Funeral Home, 10000 Calumet Ave., Munster, IN 46321</b>				27a. Funeral Home License Number <b>FH10700038</b>													
27b Signature Of Indiana Funeral Service Licensee 		27c License Number (Of Licensee): <b>FD01021590</b>																	
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 <b>A. Adrenal Gland SA</b> Due To (Or As A Consequence Of) B. _____ Due To (Or As A Consequence Of) C. _____ Due To (Or As A Consequence Of) D. _____ Approximate Interval. Onset To Death <b>10 months</b>																			
Part II Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I										29 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 checked="" type="checkbox"/> No <input 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 Within 42 Days 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 checked="" 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 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 				42 Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer				44 License Number <b>01040756A</b>		45 Date Certified <b>SEPTEMBER 21, 2009</b>									
43 Name, Address And Zip Code Of Person Certifying Cause Of Death <b>GHASSAN JANO, M.D. 929 RIDGE ROAD MUNSTER, INDIANA 46321</b>				46 Additional Funeral Service Provider		47 *Aka's		48 Signature of Local Health Officer <b>Susan W. Best D.O.</b>											
49 For Registrar Only - Date Filed (Month/Day/Year) <b>September 21, 2009</b>																			