SURVIVORSHIP AFFIDAVIT

	his $\frac{1}{100}$ day of $\frac{1100 \text{ h}}{1000 \text{ h}}$, 2010, before me p							
Novak to me	e personally known who being sworn on oath did	d say that:						
	and the state of t	<u> </u>						
1.	Marie A. Novak resides at 426 176 th Ct., Han	nmond, Lake County						
_	46324.	1						
2.	2. Affiant is the owner of the real property located at 426 1/6" Ct.,							
	Hammond, Lake County IN 46324.							
3.	3. Said premises was formerly owned by Louis J. Novak and Marie A.							
	Novak as husband and wife.							
4.	Said Louis J. Novak died intestate on July 2, 2008. The legal description of the premises in question is:							
5.								
	Rediv. Superior Homes 1 st Add. L.8							
6.	6. There is no Federal Estate or State inheritance tax liability by reason of the							
	death of the decedent.							
7.	Affiant was the wife of the deceased at the tir	ne of his death.						
		≤ 20						
	_	- 기의 우기를 받는것						
	Signature: 71/2	ne A manh E E						
	Printed Name: 1	Marie A. No 🖟 📗						
	Docum _{Address:} 18	426、176 th Ct 岩土 空 另合了						
	NOT OFFICIAL	Hammond, IN 46324 RES						
	NOT OFFICIAL	1 m						
State of Indi	ana This Document is the proper	Y of NAN						
	the Pake County Records							
County of L	ake)							
Subs	cribed and sworn to before me, a Notary Public	in and for said, by the affiant,						
Marie A. No	vak, this 5 day of March	, 2010.						
Witn	ess my hand and official seal.							
My Commis	sion Expires: March 5, 2010	2U XN						
	Notary I	Public						
	THE PLANTAGE OF THE PARTY OF TH							
	LIGHT CALL LA	4Ke						
	County	of Residence						
This instrum	ent was prepared by: Fred S Flores, Attorney at	Law, 2109 Broadway, PO						
Box 3656, E	ast Chicago, IN 46312.							
		- 11 ED						
		FILED						
		MAR 08 2010 2694						
		_						
	051277	PEGGY HOLINGA KATONA						
		LAKE COUNTY AUDITOR						

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No.		State No									
Decedent's Legal Name (First, Middle, Last)		1a. Maiden Last N	lame (If Female)			Time Of Death		eath (Month/Day/Year)			
Louis Novak 5. Social Security Number 6a Age - Yrs 6b U	Inder 1 Year 6c. Under 1 Month	6d Under 1 Day	6e Under 1 Hour	7 Date 0	Male 1	2:25am	July	2 2008			
, -		Hours	Minutes	-	21 1940			go In			
	rred In A Hospital:		10a. If Death Occurred Si			Last	Unita	go III			
	Emergency Department Outpatient	Dead On Arrival	☐ Hospice Facility ☐ 0	ecedent's H	ome 🔲 Nursing Home/Lo	ng-Term Care Facility	Other (Speci	fy)			
11 Facility Name (If Not Institution. Give Street And Number)											
St Margaret Mercy Hospital 12 City Or Town, State, And Zip Code 13 County Of Death 14. Marital Status At Time Of Death											
	T = 1= =			■ Married ☐ Married, But Separated ☐ Divorced							
Hammond Indiana 15 Surviving Spouse's Name	LAKE e 16 Deceden	Jake Wildowed Never Mamed Unknown 16 Decedent's Usual Occupation 17. Kind Of Business/Industry									
Marie Novak	Maje	Seci	Security Guard Paper Products								
18 Residence - State	18a County	WOLL	18b. City Or Town	<u> </u>	y daara	Tapo	1 110	44000			
Indiana	Lake		Hammond	l							
18c Street And Number			•		18d. Apt No	18e Zip	Code	18f. Inside City Limits? ☐ Yes ☐ No			
426 176th Court	20 Decedent Of Hispa	onic Origin	21 Dece	edent's Race		463	24				
10 20000110 200001011		ano Ongili									
12 22 Father's Name (First, Middle, Last)	Mo		23 Mother's Name (First		it)	23a.	Mother's Maide	n Last Name			
Tonia Namal-			Trong M	1350 le		9.0	bucki				
Louis Novak	24a Relationship	To Decedent	24b Mailing Address (St	reet And Nur	nber, City, State, Zip Code) 50	DUCKI				
Marie Novak	426 176	426 176th Court Hammond In 46324									
Marie Novak Wife 426 176th Court Hammond In 46324 25 Place Of Disposition (Name of Cemetery, Crematory, Other Place) 25c Location - City, Town, And State											
■ Buriat ☐ Cremation ☐ Donation ☐ Entombment	Chapel Law		·	[A]							
Removal From State Other (Specify)				Sch	erervill	e Im					
26. Was Coroner Contacted? 27 Name Ar	26. Was Coroner Contacted? 27 Name And Complete Address Of Funeral Facility 27a. Funeral Home License Number										
4918	Magoun Ave	East	hicago Ir	46	312		FH83	001601			
1 1 1 1	276 Signature Of Indiana Funeral Service Licensee):										
ofelmb. Jus	nes	o Of Dooth /So	e Instructions And	Everente	FD010	J5491					
29. Part I. Enter The Chain Of Events—Disease Such As Cardiac Arrest, Respiratory Arrest, Or V	es, Injuries, Or Complications—1	That Directly Cause	ed The Death, Do Not E	nter Termi	nal Events			Approximate Interval: Onset			
A Line. Add Additional Lines If Necessary.	Pentilicular Pibrillation vvidiout Si			-				To Death			
Immediate Cause (Final Disease Or Condition R	esulting In Death A.	7	enta	Due To (Or As A	Consequence Of)						
Sequentially List Conditions, If Any, Leading To Line A. Enter The Underlying Cause (Disease C	Immediate Cause (Final Disease Or Condition Resulting In Death Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated										
The Events Resulting In Death) Last	С	~ Car	elio ful x	Due To (Or As A	Consequence Of)	`•					
Part II Enter Other Significant Conditions Contributing To	D. Death But Not Resulting In The Under	riving Cause Given In	Part I 2	9 Was An A	Autopsy Performed?	- v mm v					
7 at 1 Little Other <u>Organicant Conditions Continuing</u> 70	Beam but two treatments in the order	nying oddse civen in	ORK C V		opsy Findings Available To	Yes No Complete The Caus		☐ Yes No			
24 Did Tobacco Use Contribute To Death?	32 If Female:				33 Manner Q	Death.					
☐ Yes ☐ Probably ☐ No Manown	☐ Not Pregnant Within Past Year ☐ Pre☐ Not Pregnant, But Pregnant 43 Days To	egnant At Time Of Death o 1 Year Before Death	☐ Not Pregnant, But Pregnant With ☐ Unknown If Pregnant Within The	nin 42 Days Of I Past Year		omicide 🗆 Accident 🗅					
34 Date Of Injury (Month/Day/Year)	35 Time Of Injury	36 PI	lace Of Injury (E.G. <mark>, Decede</mark> n	t's Home, Co	onstruction Site Restaura	IIII Oded Mea)(III) The CERTHECATE	作はA は取る OLEMATEO	N CLE WITH THE			
		E	MOLANA		LAKE ČOU	NIY FALLH	DEPARTMENT	NY LE WIND THE			
38 Location Of Injury - State	38a City Or Town	380	Street & Number			38c Apt N	380 2:	Code			
39 Describe How Invest Occurred					40. If Trans	portation Injury Spec) 3 2008	<u> </u>			
39 Describe How Injury Occurred Driver/Operator Passenger Other (Specify)											
41 Signature, Of Person Certifying Cause Of Death 42 Certifieri (Check Only One)											
## Certifying Physician Coroner Health Officer											
43 Name, Address And Zip Code Of Person Certifying Cause Of Death:											
S. Sharma MD 5815 Calumet Ave Hammond In 46320											
46. Additional Funeral Service Provider 47 *Akas											
48 Signature of Local Health Officer 49 For Registrar Only - Date File Susan D But D.O.							Year):				
Susan		T. 1. 0 0000									