

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2010 040018

2010 JUL 12 AM

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LAKE COUNTY
FILED FOR RECORD

MICHELLE R. FAJMAN
RECORDER

2010 JUL 12 AM 9:17

MICHELLE R. FAJMAN
RECORDER

TICOR TITLE INSURANCE

SURVIVORSHIP AFFIDAVIT

STATE OF: INDIANA)

) SS:

COUNTY OF: LAKE)

On this March 10, 2010 Before me personally appeared Kenneth Kovach

to me personally known, who being duly sworn on oath did say that:

- 1. Affiant resides at the address given below affiant's signature;
- 2. Affiant is owner
(state interest of affiant in the above premises as owner)
- 3. Said premises described as follows: 1726 N. Rensselaer St., Griffith, IN 46319

Lot 12 in Block 2 in Bellamy and Gage North Ridge Estates 1st Addition, in the Town of Griffith, as per plat thereof, recorded in Plat Book 35 page 74, in the Office of the Recorder of Lake County, Indiana.

Property No. 45-07-23-377-005.000-006

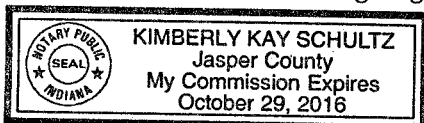
- 4. Said premises were formerly owned as joint tenants or as tenants by entireties by John Kovach and Josephine Kovach and Kenneth Kovach
- 5. Said Josephine Kovach
(fill in name of co-tenant who died)
died on 12-29-09
leaving no will;
(insert "a" or "no" if a will has been left, attach a copy)
- 6. The total value of the taxable estate of said deceased including joint tenancies, tenancies by the entireties, individual ownerships of both real and personal property, and insurance does not exceed the sum of \$ 1,000,000.00 and to the best of affiant's knowledge there is no estate or inheritance tax liability by reason of the death of the said decedent:
- 7. Where this affidavit relates to a tenancy of the entireties, were the parties ever divorced? no
(If answer is YES, identify the dissolution proceedings.)
- 8. Affiant's relationship to the deceased was son

Signature Kenneth Kovach
Address: 1726 N. Rensselaer St.
Griffith, IN 46319

State of Indiana)
County of Lake)

Before me, the undersigned, a Notary Public in and for said County and State, this March 10, 2010 personally appeared Kenneth Kovach

and acknowledged the execution of the foregoing Affidavit.



[Signature]
Notary Public
Resident of Jasper County
My Commission expires: 10-29-16

Prepared by: Kenneth Kovach

TICOR CP 920100888
FILED

053701 JUL 07 2010

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

"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." Chris Burk

1300
FW
RM



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. _____ State No. _____

Decedent's Legal Name (First, Middle, Last) **Josephine Kovach** (a. Maiden Last Name (If Female)) **Roguz** 2. Sex **Female** 3. Time Of Death **6:40 am** 4. Date Of Death (Month/Day/Year) **December 29, 2009**

Social Security Number **3163 91** 6a. Age - Yrs **91** 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) **Nov. 9, 1918** 8. Birthplace (City And State Or Foreign Country) **East Chicago, Indiana**

Ever In U.S. Armed Forces? Yes No Unknown 10. If Death Occurred In A Hospital: Inpatient Emergency Department Outpatient Dead On Arrival 10a. If Death Occurred Somewhere Other Than A Hospital: Hospice Facility Decedent's Home Nursing Home/Long-Term Care Facility Other (Specify) **Life Care Center**

City Or Town, State, And Zip Code **Valparaiso, Indiana 46385** 13. County Of Death **Porter** 14. Marital Status At Time Of Death Married Married, But Separated Divorced Widowed Never-Married Unknown

Surviving Spouse's Name **John Kovach** 15a. (If Wife) Give Maiden Last Name **Husband** 16. Decedent's Usual Occupation **Homemaker** 17. Kind Of Business/Industry **Own Home**

Residence - State **Indiana** 18a. County **Lake** 18b. City Or Town **Griffith**

Street And Number **1726 N. Rennsalaer Street** 18d. Apt. No. **-** 18e. Zip Code **46319** 18f. Inside-City Limits? Yes No

Decedent's Education **High School - 11** 20. Decedent Of Hispanic Origin **No** 21. Decedent's Race **White**

Father's Name (First, Middle, Last) **Rudolf Roguz** 23. Mother's Name (First, Middle, Last) **Waleria Roguz** 23a. Mother's Maiden Last Name **Tryjanowski**

Informant's Name **John Kovach** 24a. Relationship To Decedent **Son** 24b. Mailing Address (Street And Number, City, State, Zip Code) **205 Kraus Drive, Valparaiso, Indiana 46383**

Method Of Disposition Burial Cremation Donation Entombment Removal From State Other (Specify) **January 4, 2010** 25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) **Chapel Lawn Memorial Gardens** 25c. Location - City, Town, And State **Schererville, Indiana 46375**

Was Coroner Contacted? No Yes 27. Name And Complete Address Of Funeral Facility **FIVE FUNERAL HOME, INC.** 27a. Funeral Home License Number **FH83001512**

4201 Indianapolis Blvd., East Chicago, Indiana 46312

Signature Of Indiana Funeral Service Licensee **John P. Life** 27c. License Number (Of Licensee) **FD01020366**

Cause Of Death (See Instructions And Examples)

Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Events. As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On Ie. Add Additional Lines If Necessary.

Immediate Cause (Final Disease Or Condition Resulting In Death) **A. Sudden Coronary Death**

Sequentially List Conditions, If Any, Leading To The Cause Listed On A. Enter The Underlying Cause (Disease Or Injury That Initiated Events Resulting In Death) Last

B. Fatigue & Thrive

C. Hip Fracture

D. Urinary tract infection

Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I

29. Was An Autopsy Performed? Yes No

30. Were Autopsy Findings Available To Complete The Cause Of Death? Yes No

31. Tobacco Use Contributed To Death? Probably No Unknown

32. If Female: Not Pregnant Within Past Year Pregnant At Time Of Death Not Pregnant, But Pregnant Within 42 Days Of Death Not Pregnant, But Pregnant 43 Days To 1 Year Before Death Unknown If Pregnant Within The Past Year

33. Manner Of Death: Natural Homicide Accident Pending Investigation Suicide Could Not Be Determined

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? Yes No

Location Of Injury - State _____ 38a. City Or Town _____ 38b. Street & Number _____ 38c. Apt. No. _____ 38d. Zip Code _____

Describe How Injury Occurred _____

Signature Of Person Certifying Cause Of Death _____ 44. Certifier (Check Only One) Physician Physician Assistant Coronator Health Officer

Name, Address And Zip Code Of Person Certifying Cause Of Death **R. R. Chen - 2000 Roosevelt, Valparaiso, Indiana 46385** 45. Date Certified **Dec. 30, 2009**

Additional Funeral Service Provider _____

Signature Of Local Health Officer **Harry A. Babeski MD** 46. Date Certified (Month/Day/Year) **December 30, 2009**