λ				201
		Survivorship Affic	davit	-
		· · · · · · · · · · · · · · · · · ·		0
State of:	<u>Indiana</u>) } \$5:		တ် ယ
County of:	<u>Lake</u>	, 55.		တ ယ
On th swor	nis <u>5th Day of May,</u> n on oath did say th	2011 before me personall nat:	y appeared Dennis S	livka , who being duly
		the Son of Andrew J. Slivka	1	7011 M
3. Said	oremises described	as follows:	premises as owner	
		•		
The N there	of, recorded in Plat	Book 16 page 17, in the O	ffice of the recorder o	ity of Gary, as per plat f LakerCounty, In.
	/	NOT OFFICE	CIAL!	
4. Said p	oremises were form	erly owned as joint tenants	with full rights of surv	/ivorship
5. Said <u>A</u>	<u>Andrew J. Slivka</u> di	ed on - May 24,2010	ecorder:	
_	ng <u>no</u>		will;	
	(insert "a" or "no <mark>" if a</mark> will	has been left, attach a copy		
death	of the said deceder	nt and that all funeral expe	e or inheritance tax lia enses in connection w	bility by reason of the rith the death of said
		OUDER'S ON		
	e of: Indiana } SSS: 258 On this _Sim_Day of May, 2011 _ before me personally appeared Dennis Slivka , who being duly sworn on oath did say that: 1. Affiant resides at 2601 Boca Raton Drive, Valparaiso, Indiana 46383 2. Affiant is Dennis Slivka , the Son of Andrew J. Slivka , a (state interest of affiant in the above premises as owner) 3. Said premises described as follows: Commonly known as: 25 West 51 st Avenue, Gary, Indiana 46408 The North 70 feet of Lot 11 in Block 1, in Broadway Home Acres, in the CityLof Gary, as per plat thereof, recorded in Plat Book 16 page 17, in the Office of the recorder of Laker County, In. 4. Said premises were for herry owned as joint tenants with full rights of survivorship by Andrew J. Slivka, Patrick Slivka and Dennis Slivka corder! 5. Said Andrew J. Slivka, Patrick Slivka and Dennis Slivka corder! 5. Said Andrew J. Slivka, Patrick Slivka and Dennis Slivka corder! 5. To the best of affiant's knowledge there is no estate or inheritance tax liability by reason of the death of the said decedent and that all funeral expenses in connection with the death of said decedent have been paid in full. Dennis Slivka Dennis Slivka			
State of Indi:	ana l	The state of the s	Dennis Slivka	
County of La	j			
Before me, the	he undersigned, a l	Notary Public in and for said	d County and State, th	is 5 th of May, 2011
			^	
			Paul P	
FIDELI'	TY MO	Lake County My Commission Expires	Resident of <u>Lake</u> Commission expires	County : 10-02-17
Prepared by:	Dennis Slivka			
	11/-	FILED	I ACRO LIBERIO CRIS ED 1909C	BBCh Social Sociality symbol in
AMOUNT \$	14-FN	****	this document, unless re	quired by law." Chris Burk
CASH	CHARGE/_			
		PEGGY HOLINGA KATONA	**	
	∠ /	ा अञ्चलकार विद्यालया । 		
TACTA OCIN	4/5		HONY'	

CLERK _

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No. 1 Decedent's Legal Name (First, Middle, Last)	11-10	<u>) re</u>	1a Maiden Last N	ame (If Female)	2 Se.	S 3. Ti	itate No	4. Date Of Death (Month/Day/Year)
	IVKA	6c. Under 1 Month	6d Under 1 Day	6e. Under 1 Hour	Ma1			May 24, 2010 y And State Or Foreign Country)
10)1 00	Months	Days	Hours	Minutes	June 8,			ct., Ohio
Yes □ No Unknown □ □ Inpatient	Decurred in A Hospital Emergency Depart	tment Outpalient 🔲 i	Dead On Arrival		Somewhere Other Tha	n A Hospital:		
13 Facility Name (If Not Institution One Street And I Chicagoland Christia		e		·			Tom out of demay	1 One (openly)
12 City Or Town. State, And Zip Code				13 County Of	Death		14. Marital Status	At Time Of Death
Crown Point, Indiana	e Maiden Last Name	Lake 16. Decedent's Usual Occupation			☐ Married ☐ Married, But Separated ☐ Divorced X Widowed ☐ Never Married ☐ Unknown			
None	(100,000	o maiorin (doi 14ame	Meat Cutter			A & P. Market		
18 Residence - State Indiana	18a C	Lake		18b City Or Town			<u> </u>	
16c Street And Number 25 W. 51st Ave.		 5,.			,	18d Apl No	18e. Zip C	1
19. Decedent's Education	20	Decedent Of Hispani	c Origin	21 De	cedent's Race		46408	8 XXYes □ No
12		No	_		White			
22 Father's Name (First Middle, Last) Michael Slivka				23 Mother's Name (Fi	rst, Middle, Last)			Mother's Maiden Last Name
Dennis A. Slivka		24a Relationship To Son		Mary Si	Streel And Number, City			abol
				2601 Bocas	caton Dr.	Valpara ———	iso, Ind	1. 46383
25a Method Of Disposition ☑ Burial ☐ Cremation ☐ Donation ☐ Entombmer		t Park Co	Cemetery, Crematory,		25c Location - City, T			
☐ Removal From State ☐ Other (Specify)	Odiane	/ > 70	enletery		Merri	Liville,	Indiana	ì
) <u></u>	ina Frines	7 4	5100 C	rric	IAL:	T 11	16100	27a. Funeral Home License Number
27b Signature Of Indiana Funeral Service Licensee:		his Do	_	leveland S	270	License Number (ON icensea):	FH83007819
Unity any S	Ken	dura		unty Re	corder!	FD0101	0402	
28 Part I. Enter The <u>Chain Of Events</u> —Dise: Such As Cardiac Arrest, Respiratory Arrest, O A Line. Add Additional Lines If Necessary	ases, Injuries, Or Ci	and a second	and the second	Instructions And The Death, Do Not		ts		Approximate
A Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition			Cal	IN COUNTY	PICO AAAAGOA	Sally M	-	Interval: Onsei To Death
Sequentially List Conditions, If Any Teading T	O The Cause Listed	I On B	MITE	AL Pe COL	Due To (Cr As A Garly equence	TUNE	_	1000
Line A. Enter The Underlying Cause (Disease The Events Resulting In Death) Last	Or Injury That Initia	c	Auga	erlene	Due To (Or As A Consequence			yeur
Part II Enter Other Significant Conditions Contributing	To Death But Not Resu	D.	g Cause Given In Par	il	Due To (Or As A Consequence 29. Was An Autopsy Pe	formed?		
COLOM CANGER DIABETES NEM	tre run	merl	m_		30. We're Autopsy Findii		Yes No	Death? Yes Ho
Yes Probably D No Unknown	32 (If Fernale:	in Past Year 🗀 Pregnar	nt Al Time Of Death	Not Pregnant, But Pregnant Wil	thin 42 Days Of Death	33. Manner Of De	ath: de 🔲 Accident 🗍 Pen	
34 Date Of Injury (Month/Day/Year)	35. Time Of Injury	rregnant 43 Days TO TY	ear Before Death	Not Pregnant, But Pregnant Wil Inknown If Pregnant Within The B Of Injury (E.G., Deceder	Past Year			37. Injury At Work?
38 Location Of Injury - State	38a City Or Town		38b Stre	et & Number			TP- A-I Al-	☐ Yes ☐ No
			ELLI.	MOUNTAIN MARIE	1015 (2 RH	Maile Apov	38c Apt. No.	D COMPLETE
39 Describe How Injury Occurred			The state of the s	William Co.	PART COUNT	T P T T T T T T T T T T T T T T T T T T	Specify	estrian Other (Specify
41 Signature. Of Person Certifying Cause of Death:								estital D Other (Specify
william He	uce N				42. Certimer	(Check Qai)(QA e) € ng Physician □ Co	? 8 ZUIII roner □ Health Offi	cer
43. Name, Address And Zip Code Of Person Cert	Mylog Cause Of Dea	th MON	Allut.	1 de		44. License		45. Date Certified
46 Additional Funeral Service Provider:		7 100			The City of State of	47 *Akas	SUID	123/10
48 Signature of Local Health Officer					49. For Regi	strar Only - Date F	led (Month/Day/Year	T):
Susan	_				4	Mair	no	2010
ate Form 10110 (R7/9-07) ATYENTION ESTATE: The Social Seci	unity # is being requested by	this state agency in order to	o pursue ils statutory respo	onsibility Disclosure is voluntar	y and there will be no penalty t	or refusal. THE RECOVE	PS IN THIS SERIES ARE	CONTRIDENTIAL PER IC 16-3 7-1-10