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STATE OF INDIANA
COUNTY OF LAKE

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2011 AUG 22 PM 3:33

SURVIVOR'S AFFIDAVIT

↓
DIANA NOREIKA, 5840 W. 41ST. AVE., GARY, INDIANA, being first duly sworn upon her oath, deposes and says:

1. She resides at the above address and is the only surviving co-owner as a joint tenant with right of survivorship by and between Affiant and her daughter JULIE ANN THOMAS who died on July 24, 2010.

2. During the lifetime of Julie Ann Thomas, said Julie Ann Thomas acquired title as a joint tenant without contribution of any consideration other than love and affection to the following-described real property in Lake County, Indiana, to-wit:

THE EAST 66 FEET OF THE WEST 1079.2 FEET OF THE SOUTHWEST QUARTER OF THE NORTHWEST QUARTER OF SECTION 25, TOWNSHIP 36 NORTH, RANGE 9 WEST OF THE 2ND PRINCIPAL MERIDIAN, BEING .30 ACRES, MORE OR LESS, IN LAKE COUNTY, INDIANA.

KEY NO: 45-07-25-152-025.000-001

Commonly known as: 5840 W. 41st. Ave, Gary, Indiana

3. That Affiant placed the Name of Julie Ann Thomas into legal title as a co-owner of said real property for the purpose of passing legal title to said Julie Ann Thomas in the event of the demise of Affiant Diana Noreika.

4. As evidenced by the attached death certificate No. 2764-10, hereto attached as Attachment No. 1, Julie Ann Thomas predeceased Affiant Diana Noreika, and that, as a matter of law, said Diana Noreika now holds full legal in severalty without any co-ownership in such subject real property.

5. That there will be no probate proceedings or Indiana Inheritance Tax proceedings or such tax payment in that the assets of said Julie Ann Thomas were insufficient to cause assessment or payment of any Indiana Inheritance taxes.

6. All debts, including those of last illness and burial have been paid, and all other real and personal property is not of sufficient value to require the filing of a federal estate tax return, or the payment of any federal estate tax.

7. This Affidavit is made for the purpose of establishing that this Affiant is the sole fee simple absolute owner of the above-described real property by reason of doctrine of worthier title and that legal title in fee simple absolute is vested in said Diana Noreika.

FILED
AUG 22 2011
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

028477
AMOUNT \$ 15⁰⁰
CASH CHARGE _____
CHECK # _____
OVERAGE _____
COPY _____
NON-COM _____ *Ref*
CLERK _____

Further Affiant says not this 17 day of November, 2010.

Diana Noreika (SEAL)
Diana Noreika

Subscribed and Sworn to before me, the undersigned, a Notary Public in and for Lake County, Indiana, this 17 day of November, 2010.

My Commission Expires:

03-17-2015

Richard W Thomas
(signature) Notary Public

Richard W Thomas
(printed)

County of Residence: Lake

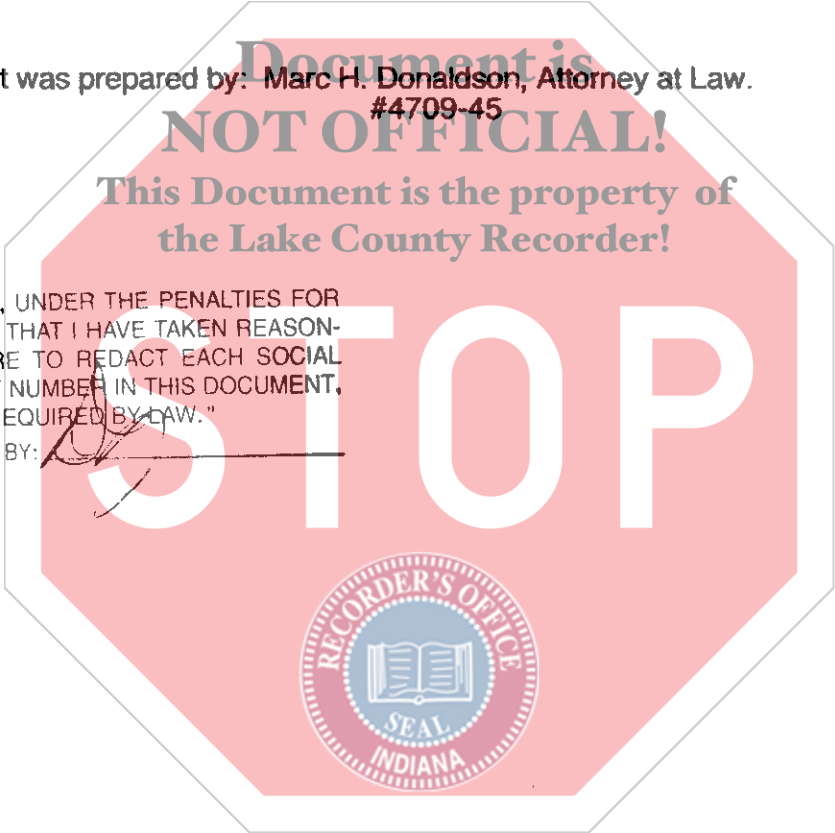
This instrument was prepared by: Marc H. Donaldson, Attorney at Law.
#4709-45

Document is
NOT OFFICIAL!

**This Document is the property of
the Lake County Recorder!**

"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."

PREPARED BY: [Signature]



(10)

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH



Local No. 2764-10

State No.

1. Decedent's Legal Name (First, Middle, Last) JULIE ANN THOMAS NOREIKA		1a. Maiden Last Name (if Female) NOREIKA		2. Sex FEMALE		3. Time Of Death 8:44 P.M.		4. Date Of Death (Month/Day/Year) JULY 24, 2010	
5. Social Security Number 305-74-3871		6a. Age - Yrs 50		6b. Under 1 Year Months: Days: Hours: Minutes:		7. Date Of Birth (Month/Day/Year) October 22, 1959		8. Birthplace (City And State Or Foreign Country) East Chicago, Indiana	
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) THE COMMUNITY HOSPITAL 901 MACARTHUR BLVD.									
12. City, Or Town, State, And Zip Code MUNSTER, INDIANA 46321				13. County Of Death LAKE			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 Richard Thomas			15a. (if Wife) Give Maiden Last Name N/A			16. Decedent's Usual Occupation Receptionist		17. Kind Of Business/Industry Medical	
18. Residence - State Indiana		18a. County Lake		18b. City Or Town Crown Point		18d. Apt. No. N/A		18e. Zip Code 46307	
18c. Street And Number 789 Shannon Dr.		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		19. Decedent's Education 13		20. Decedent Of Hispanic Origin Non-Hispanic		21. Decedent's Race White	
22. Father's Name (First, Middle, Last) Walter Noreika				23. Mother's Name (First, Middle, Last) Diana Noreika		23a. Mother's Maiden Last Name Perzanowski			
24. Informant's Name Richard Thomas		24a. Relationship To Decedent Husband		24b. Mailing Address (Street And Number, City, State, Zip Code) 789 Shannon Dr., Crown Point, IN 46307					
25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" 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) Geisen Cremation Centre		25c. Location - City, Town, And State Crown Point, Indiana					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Geisen Funeral Home 1006 E. 113th Ave., Crown Point, IN 46307				27a. Funeral Home License Number FH19900060			
27b. Signature Of Indiana Funeral Service Licensee: <i>[Signature]</i>		27c. License Number (Of Licensee): FD09000013		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) A. Necrotic Bowel - Shock Due To (Or As A Consequence Of): B. Breast Cancer Due To (Or As A Consequence Of): C. Due To (Or As A Consequence Of): D. Approximate Interval: Onset To Death 12 hrs 4 months					
28. 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 type="checkbox"/> No		30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input 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		37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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)			38c. Apt. No.		38d. Zip Code
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number			38c. Apt. No.		38d. Zip Code
39. Describe How Injury Occurred						40. If 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: <i>[Signature]</i>						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer			
43. Name, Address And Zip Code Of Person Certifying Cause Of Death KENNETH REED, D.O. 9660 WICKER AVENUE ST. JOHN, INDIANA 46373				44. License Number 02002051A		45. Date Certified JULY 27, 2010			
46. Additional Funeral Service Provider:						47. *Akas:			
48. Signature of Local Health Officer: <i>[Signature]</i>						49. For Registrar Only - Date Filed (Month/Day/Year) July 28, 2010			