

2012 059388

2012 AUG 31 AM 10:37

MICHAEL R. FAJMAN
RECORDER

Chicago Title Insurance Company

#45-19-24-302-002.000-008

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA
COUNTY OF LAKE } SS

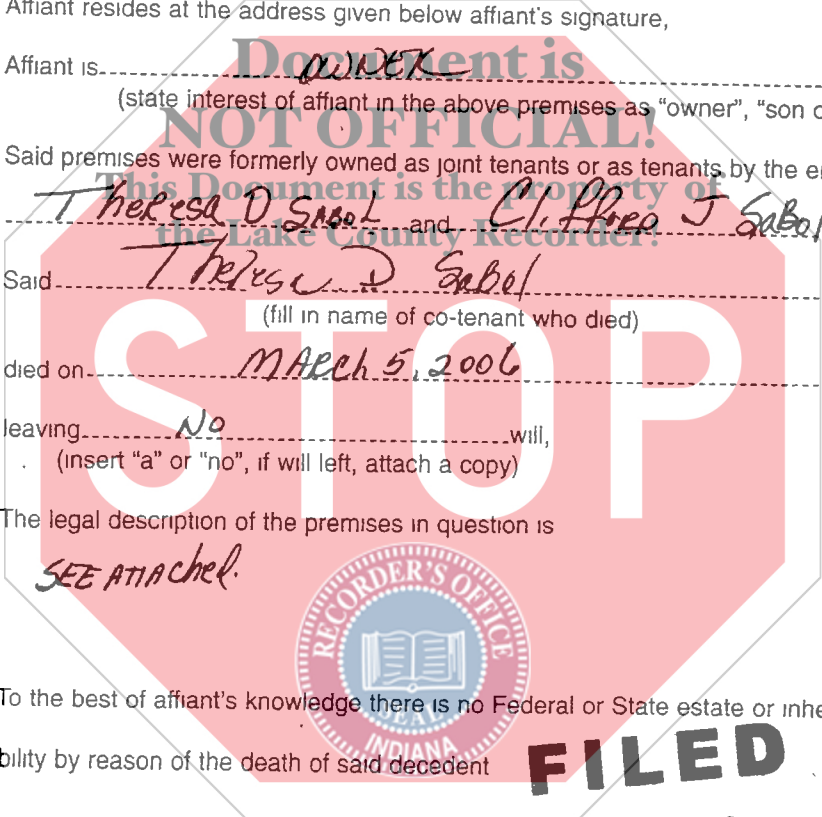
620121524

On this 8/20/2012 before me personally appeared
(insert date)

Claudia Shown, Per Rep

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

- Affiant resides at the address given below affiant's signature,
- Affiant is owner
(state interest of affiant in the above premises as "owner", "son of owner", etc.)
- Said premises were formerly owned as joint tenants or as tenants by the entireties by
Theresa D Sabol and Clifford J Sabol
- Said Theresa D Sabol
(fill in name of co-tenant who died)
- died on MARCH 5, 2006
leaving No will,
(insert "a" or "no", if will left, attach a copy)
- The legal description of the premises in question is
SEE ATTACHED.
- To the best of affiant's knowledge there is no Federal or State estate or inheritance tax liability by reason of the death of said decedent



Chicago Title Insurance Company

AMOUNT \$ 17
 CASH _____ CHARGE CT
 CHECK# _____
 OVERAGE _____
 COPY _____
 NON-CONF _____
 DEPUTY aw

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

003567

7 Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced?

NO

(If answer is "Yes," identify the divorce proceedings

8 Affiant's relationship to the deceased was spouse

Signature

Claudia Shawn

Address

Claudia Shawn
Parker

Subscribed and sworn to before me by the affiant

this August 20, 2012

(insert date)

Wayne S. Holmes

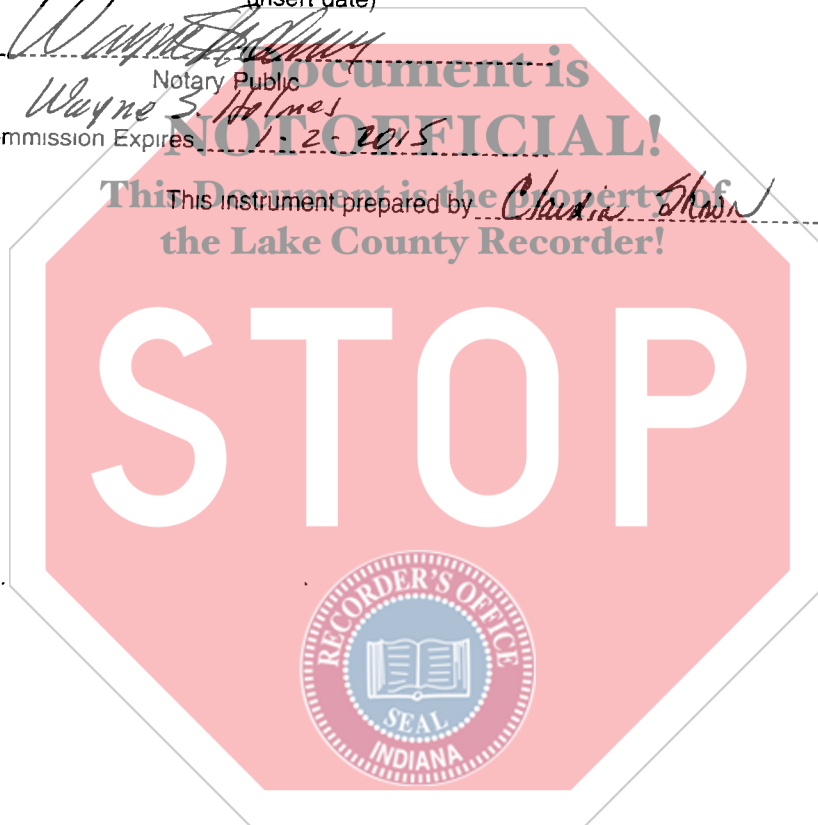
Notary Public

Wayne S. Holmes

My Commission Expires

1 - 2 - 2015

This instrument prepared by Claudia Shawn
the Lake County Recorder!



ATTENTION ESTATE. The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No

Local No. 0580-06

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

45-19-24-302-002,000-008

TYPE/PRINT IN PERMANENT BLACK INK

PRECEDENT

MENTS

FORMANT

POSITION

USE OF TH

FIER

H R

1 DECEASED—NAME (First, Middle, Last) THERESA D. SABOL		2 SEX FEMALE	3a TIME OF DEATH 3:27A M	3b DATE OF DEATH (Month, Day, Yr.) MARCH 5, 2006	
4 *SOCIAL SECURITY NUMBER 306-36-9726	5a AGE—Last Birthday (Years) 92	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr.) APR. 17, 1913	
7 BIRTHPLACE (City and State or Foreign Country) WHITING, INDIANA	8a WAS DECEDENT A U.S. VETERAN? NO	8b YEAR LAST SERVED IN US ARMED FORCES? N/A	9a PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence		
9b FACILITY NAME (If not institution, give street and number) ST. ANTHONY NURSING HOME		9c CITY, TOWN OR LOCATION OF DEATH CROWN POINT	9d COUNTY OF DEATH LAKE		
10 MARITAL STATUS WIDOWED	11 SURVIVING SPOUSE (If wife, give maiden name) NONE	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) HOMEMAKER		12b KIND OF BUSINESS/INDUSTRY OWN HOME	
13a RESIDENCE—STATE INDIANA	13b COUNTY LAKE	13c CITY, TOWN OR LOCATION HAMMOND (WHITING P.O.)	13d STREET AND NUMBER 1920 SUPERIOR AVENUE		
13e ZIP CODE 46394	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? U.S.A.	15 WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16 RACE—American Indian, Black, White, etc. (Specify) WHITE	
17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 8 College (1-4 or 5+) 		18 FATHER'S NAME (First, Middle, Last) LOUIS J. PAUNICKA			
19 MOTHER'S NAME (First, Middle, Maiden Surname) THERESA SCHULEK		20a INFORMANT'S NAME (Type/Print) MR. CLIFFORD SABOL			
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 22943 ST. JOAN, ST. CLAIR SHORES, MI 48080/ SON		21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Entombment <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)			
21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place) MARCH 11, 2006 ST. EDWARD CEMETERY		21c LOCATION—City or Town, State LOWELL, INDIANA			
22a EMBALMER'S NAME HENRY J. BLAKE		22b EMBALMER'S LICENSE NO. FD E01019406	23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>		24b LICENSE NUMBER (of Licensee) FDE01019456	25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME BARAN & SON, INC., FDH83007267 1235-119TH, WHITING, IN 46394		
26 PART I Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		Approximate Interval Between Onset and Death			
a DUE TO (OR AS A CONSEQUENCE OF)					
b <i>Respiratory failure</i>		<i>Str.</i>			
c DUE TO (OR AS A CONSEQUENCE OF)					
d <i>Cardiovascular failure</i>		<i>1 mri</i>			
PART II Other significant conditions: Conditions contributing to death but not previously stated in Part I					
27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) NO		28a WAS AN AUTOPSY PERFORMED? (Yes or no) NO	28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) N/A		
29a CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) as stated.					
<input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation in my opinion, death occurred at the time, date, and place and due to the cause(s) as stated.					
<input type="checkbox"/> CORONER On the basis of examination and/or investigation in my opinion, death occurred at the time, date, and place and due to the cause(s) and manner as stated.					
29b SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>		29c MEDICAL LICENSE NO. 01054231A	29d DATE SIGNED (Month, Day, Year) MARCH 7, 2006		
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) ORANU IBEKIE, M.D., 751 E. 81ST PLACE, MERRILLVILLE, INDIANA 46410					
31 HEALTH OFFICER'S SIGNATURE <i>Susan W. Best D.O.</i>		32 DATE FILED (Month, Day, Year) MARCH 9 2006			
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be Determined		34a DATE OF INJURY (Month, Day, Year)	34b TIME OF INJURY	34c INJURY AT WORK? (Yes or no)	THIS CERTIFICATE IS A TRUE AND COMPLETE COPY OF THE ORIGINAL OF DEATH AS FILED WITH THE LAKE COUNTY HEALTH DEPARTMENT MAR 11 2006
34a PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)		34f LOCATION (Street and Number or Rural Route Number, City or Town, State)			
34g DATE PRONOUNCED DEAD (Month, Day, Year)		34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.			

No. 620121524

LEGAL DESCRIPTION

The East Half of that part of the North 10 acres of the West Half of the Northwest Quarter of the Southwest Quarter of Section 24, Township 33 North, Range 9 West of the Second Principal Meridian, in Lake County, Indiana, more particularly described as follows: Commencing at a point 330 feet East of the Northwest corner of said above described 10 acre tract; thence South 495.98 feet; thence East 332.90 feet, more or less, to the East line of said tract; thence North 495.98 feet; thence West 332.90 feet to the place of beginning.

