STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2012 066983

2012 SEP 24 AM 9:57

MICHELLE R. FAJMAN
RECORDER

RT 1208123

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

CHICAGO TITLE INSURANCE COMPANY

SURVIVORSHIP AFFIDAVIT

On this 18TH day of Sept., 2012, before me personally appeared RALPH E. BOOKER, who being duly sworn upon his oath states:

1. Affiant resides at the address given below the affiant's signature;

2. Clifford F. Zaja and Helen M. Zaja, husband and wife, owned the real estate described below as joint tenants or as tenants by the entireties;

3. Said premises are described below as follows:

Lot 6 in Block 10 in Sheffield, in the City of Hammond, as per plat thereof, recorded in Plat Book 14 page 6, in the Office of the Recorder of Lake County, Indiana.

Commonly known as 1822 Davis Avenue, Whiting, Indiana 46394.

Parcel No. 45-03-07-104-018.000-023.

4. Said Helen M. Zaja died on July 7, 1994, leaving no Will;

5. Said Clifford F. Zaja died on September 6, 2011, leaving a Will, which is probated in the Lake Circuit Court as Estate No. 45C01-1110-ES-113;

6. Where this Affidavit relates to a tenancy by the entireties, that Clifford F. Zaja and Helen M. Zaja were never divorced;

FILED
SEP 21 2012
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

17.00
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AM

003943

7. Affiant's relationship to Clifford F. Zaja and Helen M. Zaja was adult nephew.

Affiant's Signature _____
Name Printed Ralph E. Booker
Address 9110 Suter Road
Plymouth, IN 46563

Subscribed and sworn to before me, a Notary Public, this 18TH day of Sept., 2012.

KEVIN ZAREMBA
Lake County
My Commission Expires
December 9, 2019

_____
Kevin Zaremba, Notary Public
A Resident of Lake County

My Commission Expires:
December 9, 2019

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.

Kevin Zaremba

This instrument prepared by: Benjamin T. Ballou, Attorney at Law
8700 Broadway, Merrillville, Indiana 46410

82936.1
18,091

RT 1208123

ATTENTION ESTATE: Disclosure of the SS# we need to pursue our responsibilities is voluntary and there will be no penalty for refusal.

Local No. 568

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.

State Date Issued July 13, 1994 — Hammond Health Commissioner

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3 Parcel No.: 45-03-07-104-018.000-023

CHICAGO TITLE INSURANCE COMPANY

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED—NAME (First, Middle, Last): HELEN M. ZAJA
2. SEX: FEMALE
3a. TIME OF DEATH: 5:20 PM
3b. DATE OF DEATH (Month, Day, Yr): July 7, 1994
4. *SOCIAL SECURITY NUMBER: [redacted]
5a. AGE—Last Birthday (Years): 68
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Mo. Day, Yr): July 6, 1926
7. BIRTHPLACE (City and State or Foreign Country): Pleasantville, ILLINOIS
8a. WAS DECEDENT A U.S. VETERAN?: NO
8b. YEAR LAST SERVED IN U.S. ARMED FORCES?: N/A
9a. PLACE OF DEATH (Check only one. See instructions): HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA — OTHER: ☐ Nursing Home ☐ Other (Specify) ☒ Residence
9b. FACILITY NAME (If not institution, give street and number): 1822 Davis Avenue
9c. CITY, TOWN, OR LOCATION OF DEATH: Hammond (P.O.Whiting)
9d. COUNTY OF DEATH: LAKE
10. MARITAL STATUS (Specify): MARRIED
11. SURVIVING SPOUSE (If wife, give maiden name): Clifford Zaja
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 (P.O.Whiting)
13d. STREET AND NUMBER: 1822 Davis Avenue
13e. ZIP CODE: 46394
13f. INSIDE CITY LIMITS: ☐ No ☒ Yes
13g. ON A FARM?: ☒ No ☐ Yes
14. CITIZEN OF WHAT COUNTRY?: USA
15. WAS DECEDENT OF HISPANIC ORIGIN?: ☒ No ☐ 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): 12 — College (1-4 or 5 +):

PARENTS

18. FATHER'S NAME (First, Middle, Last): Silas Booker
19. MOTHER'S NAME (First, Middle, Maiden Surname): Hester Long

INFORMANT

20a. INFORMANT'S NAME (Type/Print): CLIFFORD AZJA
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1822 Davis Ave., Whiting, IN 46394
20c. Relationship: HUSBAND

DISPOSITION

21a. METHOD OF DISPOSITION: ☐ Entombment ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): 11 JULY 1994 — Chapel Lawn Cemetery
21c. LOCATION—City or Town, State: SCHERERVILLE, INDIANA
22a. EMBALMER'S NAME: THOS. OWENS
22b. EMBALMER'S LICENSE NO.: FDE 1001049
23. WAS DEATH REPORTED TO CORONER?: ☒ No ☐ Yes
24a. SIGNATURE OF FUNERAL DIRECTOR: X Thos. Owens
24b. LICENSE NUMBER (of Licensee): FDE 1001049
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: OWENS FUNERAL HOME FDH 3007291, 816 - 119th St., Whiting, IN 46394

CAUSE OF DEATH

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. (Approximate Interval Between Onset and Death)

IMMEDIATE CAUSE (Final disease or condition resulting in death):
a. Respiratory Arrest
DUE TO (OR AS A CONSEQUENCE OF):
b. Severe Anoxia
DUE TO (OR AS A CONSEQUENCE OF):
c. Cancer of Left Lung
DUE TO (OR AS A CONSEQUENCE OF):
d.

Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last

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

CERTIFIER

29a. CERTIFIER (Check only one):
☒ CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated.
☐ 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.
☐ 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: C.A. Serna M.D.
29c. MEDICAL LICENSE NO.: 01019325
29d. DATE SIGNED (Month, Day, Year): July 7/13/94

HEALTH OFFICER

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): C.A. Serna, M.D. 2342 Ridge Road Highland, IN 46322
31. HEALTH OFFICER'S SIGNATURE: Franklin D. Orenuga M.D.
32. DATE FILED (Month, Day, Year): JUL 13 1994

33. MANNER OF DEATH: ☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide
34a. DATE OF INJURY (Month, Day, Year)
34b. TIME OF INJURY
34c. INJURY AT WORK? (Yes or no)
34d. DESCRIBE HOW INJURY OCCURRED
34e. 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.

RT 1208123

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Parcel No.: 45-03-07-104-018.000-023

Local No 002740 EDR No 000000217874 State No 039566

1. Decedent's Legal Name (First, Middle, Last)	1a. Maiden Name (If female)	2. Sex	3. Time Of Death	4. Date Of Death (Month/Day/Year)
CLIFFORD FRANCIS ZAJA		MALE	03:38 PM	09/06/2011

5. Social Security Number	6a. Age - Yrs	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)	8. Birthplace (City and State or Foreign Country)
[redacted]	82					02/07/1929	WHITING, IN

9. 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)

11. Facility Name (If Not Institution, Give Street and Number): ST MARGARET MERCY HEALTHCARE CENTERS-HAMMOND

12. City Or Town, State, And Zip Code	13. County Of Death	14. Marital Status At Time Of Death
HAMMOND, IN, 46320	LAKE	☐ Married ☐ Married, But Separated ☐ Divorced ☒ Widowed ☐ Never Married ☐ Unknown

15. Surviving Spouse's Name	15a. (If Wife) Give Maiden Last Name	16. Decedent's Usual Occupation	17. Kind Of Business/Industry
		LETTER CARRIER	US POSTAL SERVICE

18. Residence - State	18a. County	18b. City Or Town
INDIANA	LAKE	WHITING

18c. Street And Number	18d. Apt. No.	18e. Zip Code	18f. Inside City Limits?
1822 DAVIS AVENUE		46394	☒ Yes ☐ No

19. Decedent's Education	20. Decedent Of Hispanic Origin	21. Decedent's Race
HIGH SCHOOL GRADUATE OR GED COMPLETED	NOT HISPANIC	American Indian or Alaska Native

22. Father's Name (First, Middle, Last)	23. Mother's Name (First, Middle, Last)	23a. Mother's Maiden Last Name
JOSEPH ZAJA	ELIZABETH ZAJA	MCCALL

24. Informant's Name	24a. Relationship To Decedent	24b. Mailing Address (Street And Number, City, State, Zip Code)
DIANA GILBERT	DAUGHTER	1312 RIDGE ROAD, MUNSTER, IN 46321

25. Place Of Disposition

25a. Method Of Disposition	25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place)	25c. Location - City, Town, And State
☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal From State ☐ Other (Specify):	CHAPEL LAWN MEMORIAL GARDENS	SCHERERVILLE, IN

26. Was Coroner Contacted?	27. Name And Complete Address Of Funeral Facility	27a. Funeral Home License Number:
☐ Yes ☒ No	OWENS-RUZICH FUNERAL HOME AND CREMATION SERVICE, 816-119TH STREET, WHITING, IN 46394	FH10700040

27b. Signature Of Indiana Funeral Service Licensee:	27c. License Number (Of Licensee):
JAMES F SEEBERG , BY ELECTRONIC SIGNATURE	FD20900076

Cause Of Death (See Instructions And Examples)

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.

			Approximate Interval: Onset To Death
Immediate Cause (Final Disease Or Condition Resulting In Death)	A.	SEPTIC SHOCK	2 DAYS
		Due to (Or As A Consequence Of):	
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	B.	RESPIRATORY FAILURE	
		Due to (Or As A Consequence Of):	
	C.	COUMADIN TOXICITY	
		Due to (Or As A Consequence Of):	
	D.		

Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Givin In Part I: ATRIAL FIBRILLATION

29. Was An Autopsy Performed? ☐ Yes ☒ No

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

31. Did Tobacco Use Contribute To Death? ☐ Yes ☒ 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

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)	37. Injury At Work?
			☐ Yes ☐ No

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: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)

41. Signature, Of Person Certifying Cause Of Death: KISHORE B KHANKARI , BY ELECTRONIC SIGNATURE

42. Certifier (Check Only One): ☒ Certifying Physician ☐ Coroner ☐ Health Officer

43. Name, Address And Zip Code Of Person Certifying Cause Of Death:	44. License Number	45. Date Certified
KISHORE B KHANKARI , 7906 SOUTH CRANDON AVENUE, # 2, CHICAGO, IL 60617	01064748A	09/09/2011

46. Additional Funeral Service Provider:

48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE

49. For Registrar Only - Date Filed (Month/Day/Year): SEP 12 2011

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

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. Kevin Zaremba

State Form 53395 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and there will be no penalty for refusal.

CHICAGO TITLE INSURANCE COMPANY