2

2012 068421

AFFIDAVIT

STATE OF INDIANA)
COUNTY OF LAKE) SS:

Tax I.D. No. 45-12-04-205-014.000-031

DEBRA A. TASSI, being first duly sworn upon oath, depose(s) and say(s):

1. That **EMILY L. GRABEK a/k/a EMILY GRABEK**, died without leaving a will on April 8, 2005 at, Lowell Health Care, in Lake County, Indiana.
2. That at the time of her death, **EMILY L. GRABEK a/k/a EMILY GRABEK** individually owned an undivided ½ interest and was a joint tenant with **DEBRA A. TASSI** as to an undivided ½ interest, and also held a Life Estate interest, in the following described real estate:

   LOT 11, BLOCK "R" MEADOWLAND ESTATES, UNIT NO. THREE (3), AS SHOWN IN PLAT BOOK 31, PAGE 34, IN LAKE COUNTY, INDIANA.

3. That the following person (s) are the true and lawful heir(s) of **EMILY L. GRABEK a/k/a EMILY GRABEK: DEBRA A TASSI** (daughter).
4. That all funeral expenses in connection with the death of said decedent have been paid in full.
5. That all of the assets of said decedent which would be included for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

FURTHER, Affiant saith naught.

COMMUNITY TITLE COMPANY
FILE NO 122673

Debra A. Tassi

Subscribed and sworn to before me, a Notary Public this 19 day of Sept, 2012.

Notary Public

My Commission Expires: 5/9/17
County of Residence: Lake

ELIZABETH R. KINZIE
Lake County
My Commission Expires
May 9, 2017

This instrument prepared by PATRICK J. McMANAMA, Attorney-at-Law, Attorney ID No. 8334-45.
No legal opinion given or rendered. All information used in preparation of document was supplied by title company.

FILED
SEP 26 2012
004052
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2012 SEP 28 08:30 AM
MICHAEL B. BROWN
RECORDER

$14
CM
CK
NON COMF

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

Local No. 1040-05 State No. .....

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED—NAME (First, Middle, Last)		2. SEX	3a. TIME OF DEATH	3b. DATE OF DEATH (Month, Day, Yr.)
EMILY	GRABEK	Female	6:30 P.M	April 8, 2005

4. *SOCIAL SECURITY NUMBER	5a. AGE—Last Birthday (Years)	5b. UNDER 1 YEAR (Months / Days)	5c. UNDER 1 DAY (Hours / Minutes)	6. DATE OF BIRTH (Mo, Day, Yr)	7. BIRTHPLACE (City and State or Foreign Country)
307-20-1364	79			August 31, 1925	Gary, Indiana

8a. WAS DECEDENT A U.S. VETERAN?	8b. YEAR LAST SERVED IN U.S. ARMED FORCES?	9a. PLACE OF DEATH (Check only one. See instructions.)
NO	------	HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA — OTHER: ☒ Nursing Home ☐ Other (Specify) ☐ Residence

9b. FACILITY NAME (If not institution, give street and number)	9c. CITY, TOWN, OR LOCATION OF DEATH	9d. COUNTY OF DEATH
Lowell Health Care	Lowell	Lake

10. MARITAL STATUS (Specify)	11. SURVIVING SPOUSE (If wife, give maiden name)	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	12b. KIND OF BUSINESS/INDUSTRY
Widowed	N/A	Homemaker	Own Home

13a. RESIDENCE—STATE	13b. COUNTY	13c. CITY, TOWN, OR LOCATION	13d. STREET AND NUMBER
Indiana	Lake	Merrillville	5484 Monroe Street

13e. ZIP CODE	13f. INSIDE CITY LIMITS	13g. ON A FARM	14. CITIZEN OF WHAT COUNTRY?	15. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16. RACE—American Indian, Black, White, etc. (Specify)	17. DECEDENT'S EDUCATION (Specify only highest grade completed)	
						Elementary/Secondary (0-12)	College (1-4 or 5+)
46410	☐ No ☒ Yes	☒ No ☐ Yes	USA	☒ No ☐ Yes	White	12	

PARENTS

18. FATHER'S NAME (First, Middle, Last)	19. MOTHER'S NAME (First, Middle, Maiden Surname)
Michael Pietrzyk	Anna Cielak

INFORMANT

20a. INFORMANT'S NAME (Type/Print)	20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	20c. Relationship
Debbie Tassi	3147 Tremont Lane, Crown Point, IN 46307	Daughter

DISPOSITION

21a. METHOD OF DISPOSITION	21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	21c. LOCATION—City or Town, State
☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)	April 12, 2005 Calvary Cemetery	Portage, Indiana

22a. EMBALMER'S NAME	22b. EMBALMER'S LICENSE NO.	23. WAS DEATH REPORTED TO CORONER?
Jonathon R. Christiansen	FD20200095	☒ No ☐ Yes

24a. SIGNATURE OF FUNERAL DIRECTOR	24b. LICENSE NUMBER (of Licensee)	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME
	1009893	PRUZIN BROTHERS FUNERAL SERVICE 6360 Broadway Merrillville, IN 46410 #83002453

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.

Appraximate Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death)

a. Subarachnoid Hemorrhage — DUE TO (OR AS A CONSEQUENCE OF) — Days

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

b. — DUE TO (OR AS A CONSEQUENCE OF)

c. — DUE TO (OR AS A CONSEQUENCE OF)

d.

I HEREBY CERTIFY THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT

JUN 12 2012

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)	28. WAS AN AUTOPSY PERFORMED? (Yes or no)	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)
NO	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	29c. MEDICAL LICENSE NO.	29d. DATE SIGNED (Month, Day, Year)
Richard Krejsa - This, MD	02001602	4-12-05

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)

Dr. Richard Krejsa 317 W. Commercial Ave., Lowell, IN 46356 (219)696-6258

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE	DATE FILED (Month, Day, Year)
Susan W Burt MD	April 13, 2005

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

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.

SDH06-004 State Form 10110 (R5/1-99)