

2013 049066

2013 JUL -8 AM 9: 04

MICHAEL B. BROWN  
RECORDER

Case # 920131653

**SURVIVORSHIP AFFIDAVIT**

Comes now Jerome T. Paucak, who being duly sworn upon his/her oath, deposes and says:

That, Jerome T.. Paucak is the surviving <sup>son</sup> ~~spouse~~ of Dorothy M. Paucak, deceased who died domiciled in Lake County, Indiana, on July 19, 2012.

That Jerome T.. Paucak and Dorothy M. Paucak acquired title to certain real estate as tenants by the entireties, said real estate being described as follows:

Lot 28 and Lot 4, Standard Addition to the City of Whiting, as shown in Plat Book 6, page 29, in the Office of the Recorder of Lake County, Indiana.

45-03-07-228-044.000-005

Affiant states that Jerome T. Paucak and Dorothy M. Paucak continued to live and cohabit together as ~~husband and wife~~ continuously from the date they took title to the above-described real estate, until the date of Dorothy M. Paucak's death.

Affiant states that the total assets of said estate, including the proceeds of life insurance policies and real and personal property, were not sufficient to subject the estate to Federal Estate Tax and that Indiana Inheritance Tax, if any, has been paid.

This affidavit is made for the purpose of maintaining a clear record of title to the above-described real estate and to induce the appropriate county authority of Lake County, Indiana, to transfer the above-described real estate to Jerome T.. Paucak.

Executed: June 21, 2013

Signature

*Jerome T. Paucak*  
Jerome T. Paucak

STATE OF INDIANA

COUNTY OF Lake

Subscribed and sworn to before me, a Notary Public, in and for said County and State this 21st day of June, 2013.

Witness my hand and Notarial Seal on this 21st day of June, 2013.



*Ivette Westerman*  
Notary Public Ivette Westerman  
Resident of Lake County  
My Commission expires: 6/21/20

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FN  
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Prepared by: Timothy R Kuiper  
Austgen, Kuiper & Associates, PC, 130 N. Main Street, Crown Point, IN 46307

I affirm, under penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law. Ivette Westerman

DULY ENTERED FOR TAXATION SUBJECT  
FINAL ACCEPTANCE FOR TRANSFER

JUL 03 2013

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

FIDELITY NATIONAL  
FIDELITY NATIONAL  
TITLE COMPANY

24041

92013-1653



INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Local No 002264

EDR No 00000271258

State No 032332

1. Decedent's Legal Name (First, Middle, Last) <b>DOROTHY M PAUCAK</b>				1a. Maiden Name (If female) <b>HRUBOS</b>		2. Sex <b>FEMALE</b>	3. Time Of Death <b>12:59 PM</b>	4. Date Of Death (Month/Day/Year) <b>07/19/2012</b>		
5. Social Security Number <b>[REDACTED]</b>	6a. Age - Yrs <b>93</b>	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) <b>01/27/1919</b>		8. Birthplace (City and State or Foreign Country) <b>JOLIET, IL</b>		
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) <b>FRANCISCAN HOSPITAL (LAKE)</b>										
12. City Or Town, State, And Zip Code <b>MUNSTER, IN, 46321</b>				13. County Of Death <b>LAKE</b>			14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown			
15. Surviving Spouse's Name			15a. (If Wife) Give Maiden Last Name			16. Decedent's Usual Occupation <b>HOMEMAKER</b>		17. Kind Of Business/Industry <b>OWN HOME</b>		
18. Residence - State <b>INDIANA</b>		18a. County <b>LAKE</b>		18b. City Or Town <b>WHITING</b>						
18c. Street And Number <b>1505 OHIO AVENUE</b>						18d. Apt. No.	18e. Zip Code <b>46394</b>	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
19. Decedent's Education <b>HIGH SCHOOL GRADUATE OR GED COMPLETED</b>			20. Decedent Of Hispanic Origin <b>NOT HISPANIC</b>			21. Decedent's Race <b>White</b>				
22. Father's Name (First, Middle, Last) <b>JOSEPH HRUBOS</b>			23. Mother's Name (First, Middle, Last) <b>MARY HRUBOS</b>			23e. Mother's Maiden Last Name <b>PALUEKIN</b>				
24. Informant's Name <b>MR JERRY T PAUCAK</b>		24a. Relationship To Decedent <b>SON</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>3116 LAKESIDE DRIVE, HIGHLAND, IN 46322</b>						
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input 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) <b>CALUMET PARK CEMETERY</b>			25c. Location - City, Town, And State <b>MERRILLVILLE, IN</b>					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>BARAN &amp; SON INC, 1235 119TH STREET, WHITING, IN 46394</b>					27c. License Number (Of Licensee) <b>FD01019456</b>			
27b. Signature Of Indiana Funeral Service Licensee: <b>MARTIN A. DYBEL, BY ELECTRONIC SIGNATURE</b>										
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. <b>CONGESTIVE HEART FAILURE</b> Due to (Or As A Consequence Of): B. _____ Due to (Or As A Consequence Of): C. _____ Due to (Or As A Consequence Of): D. _____  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								Approximate Interval: Onset To Death <b>JUL 23 2012</b>		
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 checked="" type="checkbox"/> No		
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		32. If Female: <input 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					
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? <input type="checkbox"/> Yes <input type="checkbox"/> 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: <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: <b>SHELDON RODERICK LEWIS, BY ELECTRONIC SIGNATURE</b>						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: <b>SHELDON RODERICK LEWIS, 3641 RIDGE ROAD, HIGHLAND, IN 46322</b>						44. License Number <b>01049668A</b>		45. Date Certified <b>07/23/2012</b>		
48. Additional Funeral Service Provider:						47. *Akas:				
48. Signature of Local Health Officer: <b>SUSAN W. BEST, VIA ELECTRONIC SIGNATURE</b>						49. For Registrar Only - Date Filed (Month/Day/Year): <b>JUL 24 2012</b>				
<b>AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)</b>										