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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2013 053510

2013 JUL 23 AM 8:42

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

MICHAEL B. BROWN
RECORDER

SURVIVORSHIP AFFIDAVIT

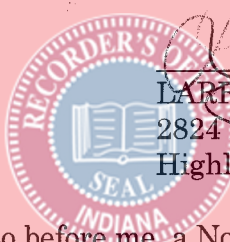
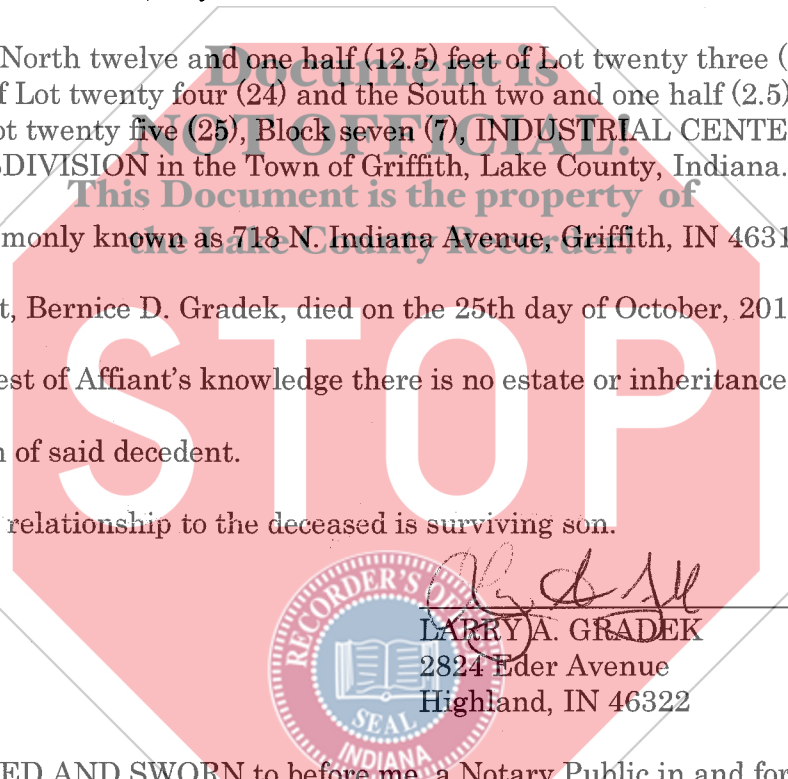
On this 9 day of July, 2013, LARRY A. GRADEK, "Affiant," being duly sworn upon his oath states that:

1. Affiant resides at the address given below affiant's signature.
2. Affiant is the son of Edward J. Gradek, surviving spouse of Bernice D. Gradek.
3. The following real estate was formerly owned by Edward J. Gradek and Bernice D. Gradek, husband and wife, as joint tenants:

The North twelve and one half (12.5) feet of Lot twenty three (23), all of Lot twenty four (24) and the South two and one half (2.5) feet of Lot twenty five (25), Block seven (7), INDUSTRIAL CENTER SUBDIVISION in the Town of Griffith, Lake County, Indiana.

Commonly known as 718 N. Indiana Avenue, Griffith, IN 46319

4. Decedent, Bernice D. Gradek, died on the 25th day of October, 2011.
5. To the best of Affiant's knowledge there is no estate or inheritance tax liability by reason of the death of said decedent.
6. Affiant's relationship to the deceased is surviving son.

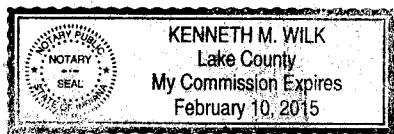


Larry A. Gradek
LARRY A. GRADEK
2824 Eder Avenue
Highland, IN 46322

SUBSCRIBED AND SWORN to before me, a Notary Public in and for said County and State this 9 day of July, 2013.

[Signature]
NOTARY PUBLIC
Resident of Lake County

My Commission Expires:



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.

[Signature]

This document prepared by: KENNETH M. WILK #1242-45
RUBINO, RUMAN, CROSMER & POLEN
275 Joliet Street, Suite 330, Dyer, IN 46311
219-322-8222

FILED

13783

JUL 18 2013

PEGGY HOLINGAKATONA
LAKE COUNTY AUDITOR

AMOUNT \$ 13-
 CASH _____ CHARGE _____
 CHECK # 1810102
 OVERAGE _____
 COPY _____ E
 NON-COM _____
 CLERK EB



**INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH**

Local No **003294**

EDR No **000000226112**

State No **046989**

| | | | | | | | | | |
|--|----------------------------|---|--|--|---|--|---|--|---------------|
| 1. Decedent's Legal Name (First, Middle, Last) BERNICE D GRADEK | | | | 1a. Maiden Name (If female) ANDERSON | | 2. Sex FEMALE | 3. Time Of Death 03:56 PM | 4. Date Of Death (Month/Day/Year) 10/25/2011 | |
| 5. Social Security Number 314-18-5384 | 6a. Age - Yrs 87 | 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) 11/24/1923 | | 8. Birthplace (City and State or Foreign Country) CHISHOLM, MN | |
| 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) COMMUNITY HOSPITAL | | | | | | | | | |
| 12. City Or Town, State, And Zip Code MUNSTER, IN, 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 EDWARD GRADEK | | | 15a. (If Wife) Give Maiden Last Name | | | 16. Decedent's Usual Occupation HOMEMAKER | | 17. Kind Of Business/Industry FAMILY RESIDENCE | |
| 18. Residence - State INDIANA | | 18a. County LAKE | | 18b. City Or Town GRIFFITH | | | 18c. Street And Number 718 NORTH INDIANA AVENUE | | 18d. Apt. No. |
| 18e. Zip Code 46319 | | 18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | 19. Decedent's Education 9TH - 12TH GRADE; NO DIPLOMA | | 20. Decedent Of Hispanic Origin NOT HISPANIC | | 21. Decedent's Race White | |
| 22. Father's Name (First, Middle, Last) ARVID ANDERSON | | | 23. Mother's Name (First, Middle, Last) IRENE ANDERSON | | | 23a. Mother's Maiden Last Name BOUDREAU | | | |
| 24. Informant's Name EDWARD GRADEK | | 24a. Relationship To Decedent HUSBAND | | 24b. Mailing Address (Street And Number, City, State, Zip Code) 718 NORTH INDIANA AVENUE, GRIFFITH, IN 46319 | | | | | |
| 25. Place Of Disposition | | | | | | | | | |
| 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) COMMUNITY CREMATION SERVICE | | | 25c. Location - City, Town, And State SCHERERVILLE, IN | | | | |
| 26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | 27. Name And Complete Address Of Funeral Facility BURDAN FUNERAL HOME INC, 12901 WICKER AVENUE, CEDAR LAKE, IN 46303 | | | | | 27a. Funeral Home License Number: FH83002461 | | |
| 27b. Signature Of Indiana Funeral Service Licensee: SCOTT A. BURDAN, BY ELECTRONIC SIGNATURE | | | | | | 27c. License Number (Of Licensee): FD20700051 | | | |
| 28. Part I. Enter The <u>Chain Of Events</u> - 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 Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last | | | | | | | | | |
| Immediate Cause (Final Disease Or Condition Resulting In Death) A. ACUTE RESPIRATORY FAILURE | | | | | | | | | |
| 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. ASPIRATION PNEUMONIA | | | | | | | | | |
| C. C DIFF COLITIS | | | | | | | | | |
| D. MULTI-ORGAN DYSFUNCTION | | | | | | | | | |
| 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 | | 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 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 | | | 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) | | | 38. 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: JAMES FLYNN CANTORNA, BY ELECTRONIC SIGNATURE | | | | | | 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: JAMES FLYNN CANTORNA, 1950 45TH AVENUE, MUNSTER, IN 46321 | | | | | | 44. License Number 01043716A | | 45. Date Certified 10/27/2011 | |
| 46. Additional Funeral Service Provider: | | | | | | 47. *Akas: | | | |
| 48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE | | | | | | 49. For Registrar Only - Date Filed (Month/Day/Year): OCT 28 2011 | | | |
| AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL) | | | | | | | | | |