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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 009106

2014 FEB 18 AM 9:02

MICHAEL B. BROWN
RECORDER

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

SURVIVORSHIP AFFIDAVIT

On this 31 day of JANUARY, 2014, STEPHANIE FAZEKAS, "Affiant," being duly sworn upon her oath states that:

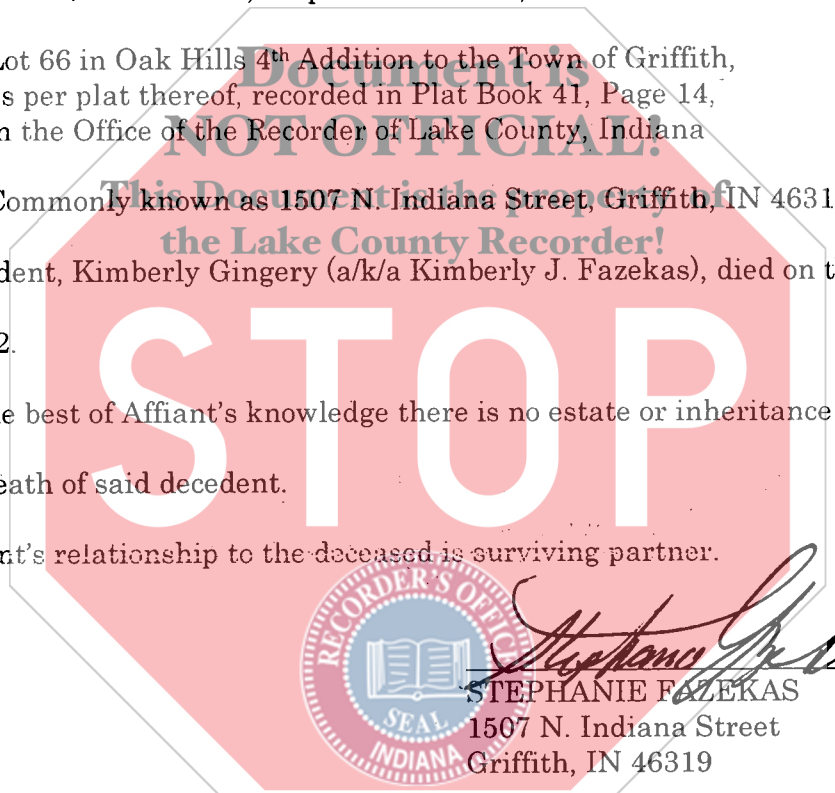
1. Affiant resides at the address given below affiant's signature.
2. The following real estate was formerly owned by Kimberly Gingery (a/k/a

Kimberly J. Fazekas) and Affiant, Stephanie Fazekas, as tenants in common:

Lot 66 in Oak Hills 4th Addition to the Town of Griffith,
as per plat thereof, recorded in Plat Book 41, Page 14,
in the Office of the Recorder of Lake County, Indiana

Commonly known as 1507 N. Indiana Street, Griffith, IN 46319

4. Decedent, Kimberly Gingery (a/k/a Kimberly J. Fazekas), died on the 20th day of December, 2012.
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 partner.



Stephanie Fazekas
 STEPHANIE FAZEKAS
 1507 N. Indiana Street
 Griffith, IN 46319

SUBSCRIBED AND SWORN to before me, a Notary Public in and for said County and State this 31 day of JANUARY, 2014

[Signature]
 NOTARY PUBLIC
 Resident of Lake County

My Commission Expires:

00418



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

FILED

FEB 06 2014

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

AMOUNT \$ 13⁰⁰
 CASH _____ CHARGE _____
 CHECK # 20703
 Overage _____
 COPY _____
 NON-COM _____
 CLERK PP

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 004114

EDR No 000000296746

State No

1. Decedent's Legal Name (First, Middle, Last) KIMBERLY J FAZEKAS				1a. Maiden Name (If female) GINGERY		2. Sex FEMALE	3. Time Of Death 03:09 PM	4. Date Of Death (Month/Day/Year) 12/20/2012
5. Social Security Number [REDACTED]	6a. Age - Yrs 43	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) 09/07/1969		8. Birthplace (City and State or Foreign Country) GARY, IN
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) ST MARGARET MERCY HEALTHCARE CENTERS-DYER				13. County Of Death LAKE		14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Unknown		
12. City Or Town, State, And Zip Code DYER, IN, 46311				15a. (If Wife) Give Maiden Last Name		16. Decedent's Usual Occupation SUPERVISOR		17. Kind Of Business/Industry UPS
15. Surviving Spouse's Name		15a. (If Wife) Give Maiden Last Name		16. Decedent's Usual Occupation		17. Kind Of Business/Industry		
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town GRIFFITH		18c. Street And Number 1507 NORTH INDIANA STREET		
18d. Apt. No.		18e. Zip Code 46319		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
19. Decedent's Education SOME COLLEGE CREDIT, BUT NOT A DEGREE		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White				
22. Father's Name (First, Middle, Last) HARRY GINGERY			23. Mother's Name (First, Middle, Last) DELORES BLANCO		23a. Mother's Maiden Last Name TURNER			
24. Informant's Name STEPHANIE FAZEKAS		24a. Relationship To Decedent PARTNER		24b. Mailing Address (Street And Number, City, State, Zip Code) 1507 NORTH INDIANA STREET, GRIFFITH, IN 46319				
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) HEIGHTS CREMATORY		25c. Location - City, Town, And State CHICAGO HEIGHTS, IL				
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility CASTLE HILL FUNERAL HOME, 1219 SHEFFIELD AVE, DYER, IN 46311				27a. Funeral Home License Number: FH10900001		
27b. Signature Of Indiana Funeral Service Licensee: CHRISTOPHER CHELBANA, BY ELECTRONIC SIGNATURE		27c. License Number (Of Licensee): FD20700033						
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 Or A Line. Add Additional Lines If Necessary.								
Cause Of Death (See Instructions And Examples):								
Immediate Cause (Final Disease Or Condition Resulting In Death) A. MASSIVE GASTROINTESTINAL HEMORRHAGE								
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. COAGULATION DEFECT								
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No								
30. Were Autopsy Finding Available To Complete The Cause Of Death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No								
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown								
32. If Female: <input checked="" 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 And 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 BRYANT, 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 BRYANT, 333 N. MICHIGAN AVE, SUITE 3400, CHICAGO, IL 60601				44. License Number 01048374A		45. Date Certified 12/31/2012		
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): JAN 03 2013				
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)								