

AFFIDAVIT

3

On this 3-6-14 before me personally appeared Patricia A.  
(insert date)

Evacko

to me personally known, who being duly sworn on oath did say that:

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

2. Affiant is wife/co-owner

(state interest of affiant in the above premises as "owner", "son of owner", etc.)

3. Said Thomas E. Evacko

(fill in name of life estate tenant who died)

died on 10-13-11

4. The legal description of the premises in question is:

Lot 202 in Country Hills Estates Unit No. 7, in the Town of Schererville, as per plat thereof, recorded in Plat Book 70 page 36, in the Office of the Recorder of Lake County, Indiana.

Property No. 45-11-15-403-013.000-036

5. Is there Federal or State inheritance tax liability by reason of the death of said decedent?  Yes  No

If yes, then estimated taxes due are \$

The taxes due are  paid or  unpaid.

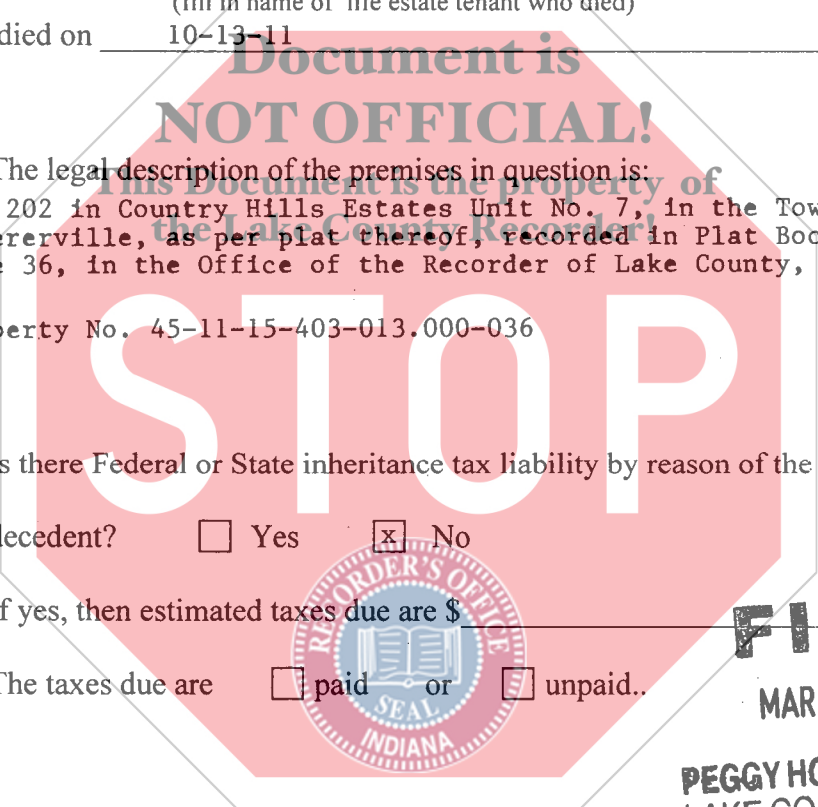
6. Where this affidavit relates to a Life Estate Interest only.

7. Affiant's relationship to the deceased was wife/c

FIDELITY NATIONAL  
TITLE COMPANY

92014-0235

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
2014 MAR 18 AM 9:21  
MICHAEL B. BROWN  
RECORDER



FILED

MAR 13 2014

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

00924

16  
D  
New Com

2014 015748

Signature: Patricia A. Evacko

Printed Name Patricia A. Evacko

Address: 2060 Govert Drive

Schererville, IN 46375

Subscribed and sworn to before me by the affiant

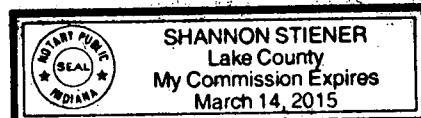
This March 6, 2014

(insert date)

[Signature]

Notary Public

Printed Name Shannon Stienner



My County of Residence is: Lake

In the State of Indiana

My Commission Expires 3-14-15

**Document is NOT OFFICIAL!**  
This Document is the property of

This instrument prepared by Patricia A. Evacko

**STOP**

"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." Shannon Stienner



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

Local No **003159**

EDR No **00000223976**

State No **045010**

1. Decedent's Legal Name (First, Middle, Last) <b>THOMAS E EVACKO</b>				1a. Maiden Name (if female)		2. Sex <b>MALE</b>	3. Time Of Death <b>04:30 PM</b>	4. Date Of Death (Month/Day/Year) <b>10/13/2011</b>		
5. Social Security Number	6a. Age - Yrs <b>65</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>06/14/1946</b>		8. Birthplace (City and State or Foreign Country) <b>EAST CHICAGO, IN</b>		
9. Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	10. If Death Occurred In A Hospital: <input 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 checked="" 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>2060 GOVERT DRIVE</b>										
12. City Or Town, State, And Zip Code <b>SCHERERVILLE, IN, 46375</b>					13. County Of Death <b>LAKE</b>		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 <b>PATRICIA A EVACKO</b>			15a. (If Wife) Give Maiden Last Name <b>PISOWICZ</b>			16. Decedent's Usual Occupation <b>COMMUNICATIONS</b>		17. Kind Of Business/Industry <b>AMERITECH</b>		
18. Residence - State <b>INDIANA</b>			18a. County <b>LAKE</b>		18b. City Or Town <b>SCHERERVILLE</b>		18c. Street And Number <b>2060 GOVERT DRIVE</b>	18d. Apt. No.	18e. Zip Code <b>46375</b>	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
19. Decedent's Education <b>ASSOCIATE DEGREE (AA, AS)</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>ROBERT E EVACKO</b>				23. Mother's Name (First, Middle, Last) <b>IRENE EVACKO</b>			23a. Mother's Maiden Last Name <b>SPORINSKY</b>			
24. Informant's Name <b>PATRICIA A EVACKO</b>		24a. Relationship To Decedent <b>SPOUSE</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>2060 GOVERT DRIVE, SCHERERVILLE, IN 46375</b>						
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) <b>SOLAN PRUZIN CREMATORY</b>			25c. Location - City, Town, And State <b>SCHERERVILLE, IN</b>					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>SOLAN-PRUZIN FUNERAL SERVICE INC. DBA SOLAN-PRUZIN, 14 KENNEDY AVENUE, SCHERERVILLE, IN 46375</b>					27a. Funeral Home License Number <b>FH10200037</b>			
27b. Signature Of Indiana Funeral Service Licensee: <b>PAUL P. GONZALEZ, BY ELECTRONIC SIGNATURE</b>						27c. License Number (Of Licensee): <b>FD21100035</b>				
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 A Line. Add Additional Lines If Necessary.										
Immediate Cause (Final Disease Or Condition Resulting In Death) A. <b>ADVANCED LUNG CANCER</b> 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. _____ Due to (Or As A Consequence Of):										
C. _____ Due to (Or As A Consequence Of):										
D. _____ Due to (Or As A Consequence Of):										
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 Finding 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		Approximate Interval: Onset To Death <b>LESS THAN 1 MONTH</b>
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		39c. Act No. <b>8201</b>	
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number			38d. Zip Code		39. Describe How Injury Occurred	
41. Signature, Of Person Certifying Cause Of Death: <b>LYLE R MUNN, BY ELECTRONIC SIGNATURE</b>						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		44. License Number <b>01031582A</b>		
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: <b>LYLE R MUNN, 1190 NORTH STATE ROAD 49, PORTER, IN 46304</b>						45. Date Certified <b>10/14/2011</b>		47. *Akas:		
46. Additional Funeral Service Provider:						48. Signature of Local Health Officer: <b>SUSAN W. BEST, VIA ELECTRONIC SIGNATURE</b>		49. For Registrar Only - Date Filed (Month/Day/Year): <b>OCT 17 2011</b>		
<b>AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)</b>										