	AFFIDAVIT	<b>F</b> -2
3		<b>©</b> ,
	On this 3-6-14 before me personally appeared Patricia A.	57
_Evack	(insert date)	<u> </u>
to me p	personally known, who being duly sworn on oath did say that:	
_	1. Affiant resides at the address given below affiant's signature:	
		2014
	2. Affiant is wife/co-owner R	HAR
•	(state interest of affiant in the above premises as "owner"," son of owner "," etc.	FOR CO
		RECO.
	3. Said Thomas E. Evacko  (fill in name of life estate tenant who died)	<u>~</u>
	died on 10-13-11 cument is	
	NOT OFFICIAL!	
	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, India	ana.
	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	(V
	HOERSON	,
	If yes, then estimated taxes due are \$	191
	The taxes due are paid or unpaid. MAR 13	2014
•	PEGGY HOLING LAKE COUNTY	ALIDITOR
	LAKE COON I	00924
·	<ul><li>6. Where this affidavit relates to a Life Estate Interest only.</li><li>7. Affiant's relationship to the deceased was wife/c</li></ul>	00021
FIDELITY N		<del></del>
TITLE CO		
agnul narr	) - -	
101014-0000	<i>,</i>	

Signature Tatava Alvocke Printed Name Patricia A. Evacko Address: 2060 Govert Drive Schererville, IN 46375 Subscribed and sworn to before me by the affiant March 6, 2014 This (insert date) SHANNON STIENER Notary Public Lake County
My Commission Expires
March 14, 2015 Shannon Stiener Printed Name My County of Residence is: Lake Indiana In the State of \_ My Commission Expires 3-14-15 This Document is the property of This instrument prepared by Patricia A. Evacko Taffirm; under the penalties for peguny that I have taken reasonable care to reduct each Social Security number in this document, unless required by law," Shertnon Sti

## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

	<u> 203159</u>				<u>000022397</u>				<u>0450</u>		
Decedent's Legal Name (First, Middle	e, Last)			1a. Malden	Name (If female)	2. S		3. Time Of		4. Date	Of Death (Month/Day/Yea
HOMAS E EVACKO  Social Security Number   6a. Age -	Yrs 6b. Under	1 Year	6c. Under 1 Me	onth 6d. Under 1 Da	ay 6e. Under 1 Hour		Month/Day/Ye		OPM rthplace (Cit	y and State	10/13/2011 or Foreign Country)
65	Months		Days	Hours	Minutes	06/14	/10//6	.   EV	ST CHI	വേദവ	NI
	If Death Occurred I		•		10a. If Death Occur	red Somewhere Ot	her Than A Ho	spital			
			partment Outpat	tient 🔲 Dead on Ar	Hospice Facility Other (Specify)	☑ Decedent's	Home L	Nursing Ho	me/Long-ten	m Care Fac	ity
Facility Name (If Not Institution, Giv 60 GOVERT DRIVE	e Street and Numb	er) 			12 County Of	f Dooth		1.0	Morital Sta	stus At Timo	Of Dogth
12. City Or Town, State, And Zip Code				is. County Of	13. County Of Death 14. Marital Status At T  ☑ Married ☐ Married				Married, E	ut Separated Divor	
SCHERERVILLE, IN, 46375 IS. Surviving Spouse's Name			15a. (If Wife)Give Maiden Last Name		16. Dec	16. Decedent's Usual Occupation			Midowed Never Married Unknown  17. Kind Of Business/Industry		
TRICIA A EVACKO				PISOWICZ		COM	MUNICAT	IONS		AMERI	TECH
Residence - State		18a. Co		FIGOVVIOL	18b. City Or Town		IONICAT	10110		MINICINI	12011
DIANA	•	LAKE			SCHERERV	ILLE					
c. Street And Number				- <u></u> -			18d. Apt	. No.	18e. Zip	Code	18f. Inside City Limit
60 GOVERT DRIVE									46	375	Yes No
Decedent's Education		20. [	Decedent Of Hi	spanic Origin	21. De	ecedent's Race					-
SOCIATE DEGREE (A	A, AS)	NO.	T HISPAN	IIC	White						
Father's Name (First, Middle, Last)					23. Mother's Name (F	irst, Middle, Last)			23a. i	Mother's Ma	den Last Name
DBERT E EVACKO					IRENE EVACE				SPO	RINSK	<u>′</u>
Informant's Name				ip To Decedent	24b. Mailing Address	•					
TRICIA A EVACKO			SPOUSE	25	2060 GOVERT	r drive, sc	HERER	/ILLE, I	N 46375	j	
. Method Of Disposition	I	25b. Place	Of Disposition		y, Crematory, Other Place)	25c. Location - C	lity, Town, And	State			
Burial Cremation Donation Removal From State	☐ Entombment		/	Dan							
Other (Specify):	1:	SOLAN	I DDI 17/M	CREMATORY		SCHERER	V/II I = 1K				
	T 22 11 1 1 1	SOLAIN	FRUZIN	CREWATOR	CITTE III	SUBERER	WILLE, IN	<u> </u>		T == =	
	SOLAN-PR	Complete A	Oddress Of Fund	eral Facility SERVICE IN	IC. DBA SOLAN-P		_ \		IUE,		•
Yes No	SOLAN-PR SCHERER ce Licensee:	Complete A RUZIN F VILLE,	Oddress Of Fund FUNERAL IN 46375	eral Facility SERVICE IN	IC. DBA SOLAN-P	RUZIN, 14 F	ENNED'	AVEN		FH102	•
Yes No	SOLAN-PR SCHERER ce Licensee:	Complete A RUZIN F VILLE,	Oddress Of Fund FUNERAL IN 46375	SERVICE IN	C. DBA SOLAN-P	RUZIN, 14 P	ENNED'	AVEN		FH102	00037
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J Yes ☑ No  D. Signature Of Indiana Funeral Servi, UL P. GONZALEZ, BY  B. Part I. Enter The <u>Chain Of Ever</u> uch As Cardiac Arrest, Respirator Line. Add Additinal Lines If Necentmediate Cause (Final Disease Onequentially List Conditions, If Any ine A. Enter The Underlying Caushe Events Resulting In Death) Last	SOLAN-PR SCHERER ce Licensee: ELECTRON ats - Diseases, inj y Arrest, Or Ventri ssary. Condition Result Leading To The e (Disease Or Inju	Complete ARUZIN F VILLE, IC SIG Juries, Or (cular Fibri ing In Dea Cause Lis	EUNERAL IN 46375 NATURE Complications illation Withouth) A sted On it Resulting In T	cause Of Death ( That Directly Cause of Death ( That Directly Cause of Showing The Etiol ADVANCED LL	(See Instructions And Education of the Death, Do Not Abbreviate, Education of the Death of the	RUZIN, 14 h  xamples)  nter Terminal Eve  inter Only One Co	27c. License FD21100  ents ause On  ence Of: ence Of: esy Performed' Finding Availation	AVEN Number (CO) 035	Yes	FH102	Approximate Interval: Onset To Death LESS THAN 1 MONTH
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State Form 53395 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and there will be no penalty for refusal.