3

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

2014 026055

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 MAY -8 PM 2:36

MICHAEL B. BROWN
RECORDER

AFFIDAVIT OF DEATH

THOMAS BELINSKY, surviving descendant of the deceased, and beneficiary under the laws of intestacy, who being duly sworn upon his oath, states that Father STEVE A. BELINSKY SR. died intestate on December 6, 1981, and at the time of such death was a resident of Lake County, State of Indiana. See Redacted Death Certificate of STEVE A. BELINSKY attached hereto and incorporated herein as **EXHIBIT A.**

Affiant further states Mother IRENE G. BELINSKY died inestate on March 8, 2000, and at the time of her death was a resident of Lake County, State of Indiana. See Redacted Death Certificate of IRENE G. BELINSKY attached hereto and incorporated herein as **EXHIBIT B**.

I affirm under the pains and penalties of perjury that the foregoing facts are true.

Document is NOT OFFICIAL! This Document is the property of the Lake County Recorder!

Thomas J. Belinsky
Signature, THOMAS BELINSKY
Address: 1073 E. 36th Place
City, State, Zip: Gary, Indiana 46409

FILED

MAY 08 2014

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

22841

State of IN)
) SS:
County of LAKE)

Subscribed and sworn to before me, a Notary Public in and for said County and State this 6 day of May, 2014.

(SEAL)

WILLIAM DANIEL NEFF
Porter County
My Commission Expires
January 30, 2020

William D Neff
Notary, Signature

William D. Neff
Notary, Printed Name

My Commission Expires: 1-30-2020
County of Residence: Porter

15—

2C 20434
AN

TYPE OR PRINT PLAINLY WITH UNFADING INK
THIS IS A PERMANENT RECORD

Below for State Office Use

EXHIBIT A

Local No. 1871-81

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. ......

DECEASED

1. DECEASED—NAME (First, Middle, Last): STEVE A. BELINSKY SR.
2. SEX: Male
3. DATE OF DEATH (Month, Day, Year): December 6, 1981
4. RACE: White
5a. AGE—Last Birthday (Yrs.): 68
5b. UNDER 1 YEAR (Mos., Days):
5c. UNDER 1 DAY (Hours, Mins.):
6. DATE OF BIRTH (Mo., Day, Yr.): 1-23-1913
7a. COUNTY OF DEATH: Lake
7b. CITY, TOWN OR LOCATION OF DEATH: Hobart
7c. HOSPITAL OR OTHER INSTITUTION: St. Mary's Medical Center
7d. IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm., Inpatient: inpatient
8. STATE OF BIRTH (If not in U.S.A. name country): Indiana
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: married
11. SURVIVING SPOUSE (If wife, give maiden name): Irene Steinke
12. WAS DECEDENT EVER IN U.S. ARMED FORCES?: Yes
13. SOCIAL SECURITY NUMBER: [redacted]
14a. USUAL OCCUPATION: Retired equipment opr.
14b. KIND OF BUSINESS OR INDUSTRY: City of Gary

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

15a. RESIDENCE—STATE: Indiana
15b. COUNTY: Lake
15c. CITY, TOWN OR LOCATION: Gary
15d. STREET AND NUMBER: 1073 East 36th Place
15e. IS RESIDENCE ON A FARM? YES ☐ NO ☒
15f. INSIDE CITY LIMITS (Specify yes or no): yes
15g. IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. YES ☐ NO ☒

PARENTS

16. FATHER—NAME (First, Middle, Last): Louis Belinsky
17. MOTHER—MAIDEN NAME (First, Middle, Last): Margaret Bagyo
18a. INFORMANT—NAME: Irene Belinsky — RELATIONSHIP: Wife
18b. MAILING ADDRESS: 1073 East 36th Place, Gary, Indiana 46409

DISPOSITION

19a. BURIAL, CREMATION, REMOVAL, OTHER: Burial
19b. CEMETERY OR CREMATORY—FUNERAL HOME: Calumet Park Cemetery
19c. LOCATION (City or Town, State): Merrillville, Indiana
20a. DATE (Month, Day, Year): December 10, 1981
20b. FUNERAL HOME—NAME AND ADDRESS: PRUZIN FUNERAL HOME, 6360 Broadway, Merr., Ind. 46410

M.D. OR D.O.

21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature) [signature]
21b. DATE SIGNED (Mo., Day, Yr.): 12/9/81
21c. HOUR OF DEATH: 11:30 PM
21d. NAME OF ATTENDING PHYSICIAN: Arun K. Goel M.D.
21e. MAILING ADDRESS—PHYSICIAN: 8500 Broadway, Merrillville, Indiana 46410
22a. HEALTH OFFICER—SIGNATURE: [signature] M.D.
22b. DATE RECEIVED BY LOCAL HEALTH OFFICER: 12-9-81

CAUSE

23. IMMEDIATE CAUSE (Enter only one cause per line for (a), (b) and (c))
PART I (a): Cardio respiratory failure
(b) DUE TO, OR AS A CONSEQUENCE OF: Septic shock
(c) DUE TO OR AS A CONSEQUENCE OF: Renal failure, Atherosclerotic Heart disease
PART II OTHER SIGNIFICANT CONDITIONS: Cardiac arrhythmia
24. AUTOPSY (Specify Yes or No): no

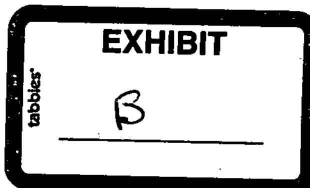
EMBALMER'S NAME: Chas. W. Wells — LICENSE No. 4237
FUNERAL DIRECTOR'S SIGNATURE: [signature] — FUNERAL DIRECTOR'S LICENSE No. 723
FUNERAL HOME No. 245

THIS IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT.
DEC 9 1981
LAKE COUNTY HEALTH

SBH 06-003 State Form 35430
REV. 10/77

Document is NOT OFFICIAL! This Document is the property of the Lake County Recorder!
STOP

6 CCO



* ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

Local No. 855-00

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. ....

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED—NAME (First, Middle, Last): IRENE G. BELINSKY
2. SEX: Female
3a. TIME OF DEATH: 11:15 PM
3b. DATE OF DEATH (Month, Day, Yr): March 8, 2000
4. *SOCIAL SECURITY NUMBER: [redacted]
5a. AGE—Last Birthday (Years): 75
5b. UNDER 1 YEAR (Months, Days):
5c. UNDER 1 DAY (Hours, Minutes):
6. DATE OF BIRTH (Mo, Day, Yr): March 22, 1924
7. BIRTHPLACE (City and State or Foreign Country): Gary, Indiana
8a. WAS DECEDENT A U.S. VETERAN? No
8b. YEAR LAST SERVED IN U.S. ARMED FORCES? --
9a. PLACE OF DEATH (Check only one. See instructions): HOSPITAL: ☒ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER: ☐ Nursing Home ☐ Residence ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): Methodist Hospital - Southlake Campus
9c. CITY, TOWN, OR LOCATION OF DEATH: Merrillville
9d. COUNTY OF DEATH: Indiana
10. MARITAL STATUS (Specify): Widowed
11. SURVIVING SPOUSE (If wife, give maiden name): --
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Homemaker
12b. KIND OF BUSINESS/INDUSTRY: Own Home
13a. RESIDENCE—STATE: Indiana
13b. COUNTY: Lake
13c. CITY, TOWN, OR LOCATION: Gary
13d. STREET AND NUMBER: 1073 East 36th Place
13e. ZIP CODE: 46409
13f. INSIDE CITY LIMITS: ☐ No ☒ Yes
13g. ON A FARM? ☒ No ☐ Yes
14. CITIZEN OF WHAT COUNTRY? U.S.A.
15. WAS DECEDENT OF HISPANIC ORIGIN? ☒ No ☐ Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)
16. RACE—American Indian, Black, White, etc. (Specify): White
17. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 8; College (1-4 or 5+):

PARENTS

18. FATHER'S NAME (First, Middle, Last): August Steinke
19. MOTHER'S NAME (First, Middle, Maiden Surname): Elizabeth

INFORMANT

20a. INFORMANT'S NAME (Type/Print): Thomas Belinsky
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1073 E 36th Pl, Gary, Indiana 46409
20c. Relationship: Son

DISPOSITION

21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Other (Specify) ☐ Entombment ☐ Removal from State
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): March 13, 2000 Calumet Park Cemetery
21c. LOCATION—City or Town, State: Merrillville, Indiana
22a. EMBALMER'S NAME: Amy DeMunck
22b. EMBALMER'S LICENSE NO.: FI29900059
23. WAS DEATH REPORTED TO CORONER? ☒ No ☐ Yes
24a. SIGNATURE OF FUNERAL DIRECTOR: [signature]
24b. LICENSE NUMBER (of Licensee): 1009893
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: PRUZIN BROS. FUNERAL SERVICE #3002453, 6360 Broadway, Merrillville, IN 4641

Document is NOT OFFICIAL! This Document is the property of the Lake County Recorder! STOP

CAUSE OF DEATH

26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. — Approximate Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death)
a. Cardiopulmonary arrest
DUE TO (OR AS A CONSEQUENCE OF)
b. Congestive heart failure
DUE TO (OR AS A CONSEQUENCE OF)
c.
DUE TO (OR AS A CONSEQUENCE OF)
d.

Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last.

PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I:
1) Chronic Obstructive Pul. disease
2) Chronic Renal failure

27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no): No
28a. WAS AN AUTOPSY PERFORMED? (Yes or no): No
28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no): --

CERTIFIER

29a. CERTIFIER (Check only one):
☒ CERTIFYING PHYSICIAN — To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated
☐ HEALTH OFFICER — On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated
☐ CORONER — On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated
29b. SIGNATURE AND TITLE OF CERTIFIER: [signature]
29c. MEDICAL LICENSE NO: 01027943
29d. DATE SIGNED (Month, Day, Year): 03-14-00
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): Dr. Khokhar, 7899 Taft Street, Merrillville, IN 46409 (219) 769-9222

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE: Alexander S. Williams, MD
32. DATE FILED (Month, Day, Year): 3-15-2000

THIS CERTIFIES THAT THIS IS A TRUE COPY OF THE DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT. MAR 15 2000

33. MANNER OF DEATH: ☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide
34a. DATE OF INJURY (Month, Day, Year):
34b. TIME OF INJURY:
34c. INJURY AT WORK? (Yes or no):
34d. DESCRIBE HOW INJURY OCCURRED:
34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify):
34f. LOCATION (Street and Number or Rural Route Number, City or Town, State):
34g. DATE PRONOUNCED DEAD (Month, Day, Year):
34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.

Alexander S. Williams MD
LAKE COUNTY HEALTH COMMISSIONER

SDH06-004 State Form 10110 (R4/3-93) Deathcer/RD 1