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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 030159

2014 MAY 27 AM 9:22

MICHAEL B. BROWN
RECORDER

SURVIVING JOINT TENANCY AFFIDAVIT

MICHAEL J. PIDRAK, hereby referred to as the affiant, states under oath that the affiant was acquainted with DIANE J. PIDRAK, at the time of death, the decedent was one of the owners of property, by virtue of a properly recorded Joint Tenancy Deed, said property located in Lake County, State of Indiana, and legally described as follows:

LOT 36 AND LOT 37, EXCEPT THE EAST 20 FEET THEREOF, IN PON & CO'S ST. JOHN ACRES, IN THE TOWN OF ST. JOHN, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 26 PAGE 42, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

PARCEL NO. 45-11-20-351-023.000-055

**ADDRESS: 12408 WEST 85TH AVENUE
SAINT JOHN, IN 46373-9743**

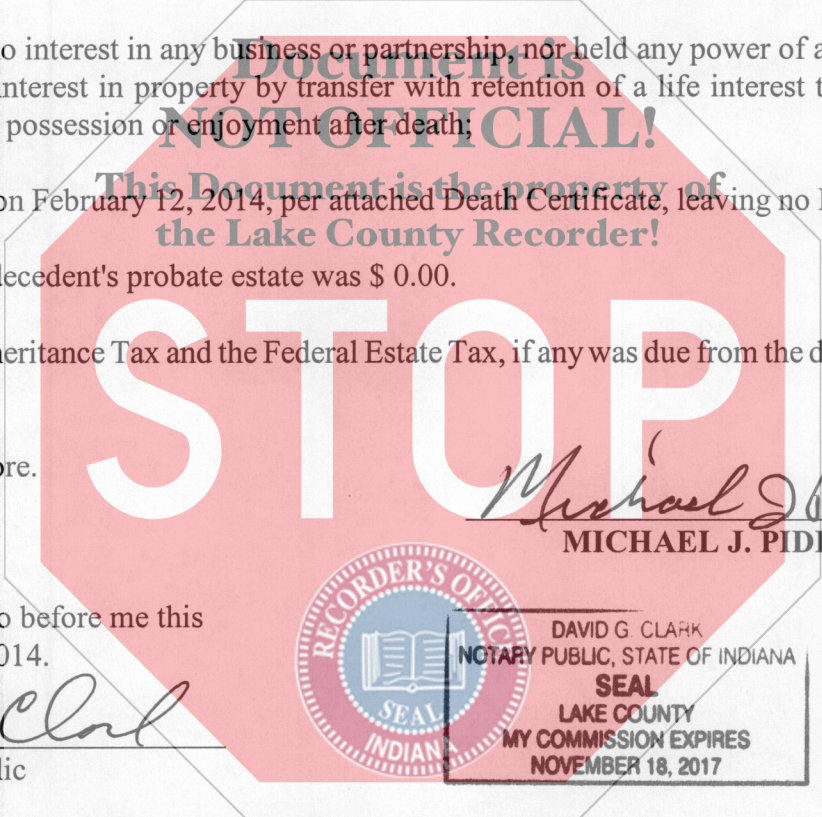
That the decedent had no interest in any business or partnership, nor held any power of appointment at death, nor created any remainder interest in property by transfer with retention of a life interest therein or the creation of interest to take effect in possession or enjoyment after death;

That the decedent died on February 12, 2014, per attached Death Certificate, leaving no Last Will and Testament;

That the total value of decedent's probate estate was \$ 0.00.

That the State Estate/Inheritance Tax and the Federal Estate Tax, if any was due from the decedent's estate, has been paid in full;

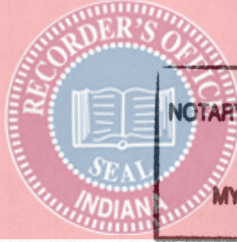
The affiant states no more.



Michael J. Pidrak
MICHAEL J. PIDRAK

Subscribed and sworn to before me this
6th day of May, 2014.

David G. Clark
Notary Public



DAVID G. CLARK
NOTARY PUBLIC, STATE OF INDIANA
SEAL
LAKE COUNTY
MY COMMISSION EXPIRES
NOVEMBER 18, 2017

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.

David G. Clark
DAVID G. CLARK, Attorney



This instrument prepared by: David G. Clark, Atty., 8840 Calumet Avenue, Ste. 205, Munster, IN 46321

FILED

MAY 23 2014

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

22966

AMOUNT \$ 13-
CASH _____ CHARGE _____
CHECK # 2292
OVERAGE 1
COPY _____
NON - COM _____
CLERK RM



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 10223

Local No 000532

EDR No 000000369897

State No 007105

1. Decedent's Legal Name (First, Middle, Last) DIANE J PIDRAK				1a. Maiden Name (If female) KURZ		2. Sex FEMALE	3. Time Of Death 11:09 AM	4. Date Of Death (Month/Day/Year) 02/12/2014	
5. Social Security Number [REDACTED]	6a. Age - Yrs 54	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) 09/01/1959		8. Birthplace (City and State or Foreign Country) CHICAGO, IL	
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 type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input checked="" 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									
12. City Or Town, State, And Zip Code DYER, IN, 46311					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 MICHAEL J PIDRAK				15a. (If Wife) Give Maiden Last Name		16. Decedent's Usual Occupation BUSINESS MANAGER		17. Kind Of Business/Industry ADVERTISING	
18. Residence - State INDIANA			18a. County LAKE		18b. City Or Town ST. JOHN			18d. Apt. No.	18e. Zip Code 46373
18c. Street And Number 12408 WEST 85TH AVENUE	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No								
19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White					
22. Father's Name (First, Middle, Last) EDWARD J KURZ			23. Mother's Name (First, Middle, Last) JEAN S MURRAY			23a. Mother's Maiden Last Name SHEEHY			
24. Informant's Name MICHAEL J PIDRAK		24a. Relationship To Decedent SPOUSE		24b. Mailing Address (Street And Number, City, State, Zip Code) 12408 WEST 85TH AVENUE, ST. JOHN, IN 46373					
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) REGIONAL CREMATION SERVICE			25c. Location - City, Town, And State MUNSTER, IN				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility KISH FUNERAL HOME, 10000 CALUMET AVE, MUNSTER, IN 46321					27a. Funeral Home License Number: FH10700038		
27b. Signature Of Indiana Funeral Service Licensee: KEVIN W. KISH, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): ED01021590			
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 On A Line. Add Additional Lines If Necessary.									
Immediate Cause (Final Disease Or Condition Resulting In Death)									
A. CARDIOPULMONARY ARREST Due to (Or As A Consequence Of):									
B. ASYSTOLE 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									
UNKNOWN									
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 checked="" 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 & 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: ANTHONY D. WILKO, 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: ANTHONY D. WILKO, 5454 HOBMAN AVE., HAMMOND, IN 46320						44. License Number 02001473A		45. Date Certified 02/15/2014	
46. Additional Funeral Service Provider: PANOZZO BROTHERS FUNERAL HOME						47. *Akas:			
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): FEB 18 2014			
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)									

RAISED SEAL AFFIXED