

2014 030162

2014 MAY 27 AM 9: 23

MICHAEL B. BROWN  
RECORDER

**SURVIVING JOINT TENANCY AFFIDAVIT**

MAE E. EVANCIC, hereby referred to as the affiant, states under oath that the affiant was acquainted with EUGENE J. EVANCIC, 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:

**THE EASTERLY 51.00 FEET OF LOT 111, BY PARALLEL LINES AS MEASURED ALONG THE NORTHERLY LINE THEREOF, IN BRIAR COVE SUBDIVISION, PHASE 5, AN ADDITION TO THE TOWN OF SCHERERVILLE, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 96, PAGE 49, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.**

Key No.: 45-11-08-127-026.000-036

ADDRESS: 1358 CHARLEVOIX WAY  
SCHERERVILLE, IN 46375

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 November 7, 2013, per attached death certificate, leaving no last will and testament;

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

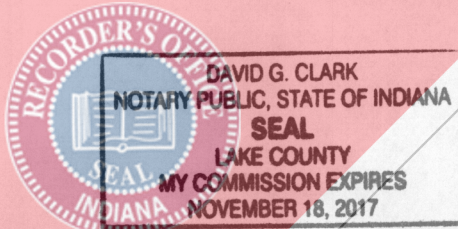
That the State Estate/Inheritance Tax and the Federal Estate Tax, if any was due from the decedent's estate, has been paid in full;

The affiant states no more.

*Mae E. Evancic*  
MAE E. EVANCIC

Subscribed and sworn to before me this  
6<sup>th</sup> day of May, 2014.

*David G. Clark*  
Notary Public



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

REG. CLERK KATONIA  
LAKE COUNTY AUDITOR

22963

AMOUNT \$ 13-  
CASH \_\_\_\_\_ CHARGE \_\_\_\_\_  
CHECK # 2296  
OVERAGE 1  
COPY \_\_\_\_\_  
NON-COM \_\_\_\_\_  
CLERK RR



INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Tracking No. 00413

Local No 003650

EDR No 000000352496

State No 051345

1. Decedent's Legal Name (First, Middle, Last) <b>EUGENE JOSEPH-EVANCIC SR</b>				2. Sex <b>MALE</b>		3. Time Of Death <b>11:20 PM</b>		4. Date Of Death (Month/Day/Year) <b>11/07/2013</b>																	
5. Social Security Number [REDACTED]		6a. Age - Yrs <b>81</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>07/25/1932</b>		8. Birthplace (City and State or Foreign Country) <b>EAST CHICAGO, IN</b>											
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 type="checkbox"/> Dead on Arrival				10a. If Death Occurred Somewhere Other Than A Hospital <input checked="" 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) <b>WILLIAM J. RILEY MEMORIAL RESIDENCE, HOSPICE</b>										12. City Or Town, State, And Zip Code <b>MUNSTER, IN, 46321</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>MAE EVANCIC</b>				15a. (If Wife) Give Maiden Last Name <b>HANSEN</b>				16. Decedent's Usual Occupation <b>FIREFIGHTER</b>			17. Kind Of Business/Industry <b>MUNICIPAL</b>														
18. Residence - State <b>INDIANA</b>				18a. County <b>LAKE</b>				18b. City Or Town <b>SCHERERVILLE</b>				18c. Street And Number <b>1358 CHARLEVOIX WAY</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>HIGH SCHOOL GRADUATE OR GED COMPLETED</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>JOHN EVANCIC</b>				23. Mother's Name (First, Middle, Last) <b>KATHERINE EVANCIC</b>				23a. Mother's Maiden Last Name <b>ROHN</b>					
24. Informant's Name <b>EUGENE EVANCIC</b>				24a. Relationship To Decedent <b>SON</b>				24b. Mailing Address (Street And Number, City, State, Zip Code) <b>9000 MALLARD LANE, SAINT JOHN, IN 46373</b>																	
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>KELLY CARROLL CREMATION SERVICES</b>				25c. Location - City, Town, And State <b>GARY, IN</b>				26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				27. Name And Complete Address Of Funeral Facility <b>FAGEN-MILLER FUNERAL GARDENS, INC. SAINT JOHN, 8580 WICKER AVENUE, SAINT JOHN, IN 46373</b>				27a. Funeral Home License Number <b>FH10200006</b>					
27b. Signature Of Indiana Funeral Service Licensee <b>RICHARD ALAN MILLER, BY ELECTRONIC SIGNATURE</b>				27c. License Number (Of Licensee) <b>ED20408003</b>				28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Injuries, 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>GLOBLASTOMA</b>  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. C. D.				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				Approximate Interval: Onset To Death <b>NOV 12 2013</b> YEARS					
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				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: <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									
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: <b>LYLE R MUNN, 85 E. US HIGHWAY 6, MEDICAL PLAZA, STE 235, VALPARAISO, IN 46383</b>				44. License Number <b>01031582A</b>				45. Date Certified <b>11/08/2013</b>				46. Additional Funeral Service Provider:				47. *As:									
48. Signature of Local Health Officer: <b>SUSAN W. BEST, VIA ELECTRONIC SIGNATURE</b>				49. For Registrar Only - Date Filed (Month/Day/Year): <b>NOV 12 2013</b>				AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)																	

