

2

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 030773

2014 MAY 29 AM 8:43

STATE OF INDIANA)
) SS.
COUNTY OF LAKE)

MICHAEL B. BROWN
RECORDER

SURVIVORSHIP AFFIDAVIT

On this 16 day of may, 2014, before me personally appeared ALMA SCIACCA, 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 was the guardian of Celeste Marcinko;
3. The following real estate is owned by Alma Sciacca and Daniel Sciacca with Life Estate in Celeste Marcinko:

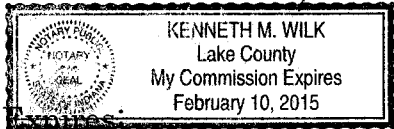
Lot 74 in Meadows of Dyer, Phase Three A, an Addition to the Town of Dyer, as shown in Plat Book 83, Page 84, in Lake County, Indiana

Commonly known as 949 Sunflower Lane, Dyer, Indiana

4. Celeste Marcinko died on the 4th day of April, 2014.

Alma Sciacca
ALMA SCIACCA
949 Sunflower Lane
Dyer, IN 46311

SUBSCRIBED AND SWORN to before me, a Notary Public in and for said County and State this 16 day of may, 2014.



My Commission Expires
Resident of Lake County

Kenneth M. Wilk

, Notary Public

Alma Sciacca

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.

This document prepared by: KENNETH M. WILK (#1242-45)
RUBINO, RUMAN, CROSMER & POLEN
275 Joliet Street, Suite 330
Dyer, IN 46311
219/322-8222

012981

FILED

MAY 27 2014

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

\$ BOK 21400
EM

CERTIFICATE OF DEATH

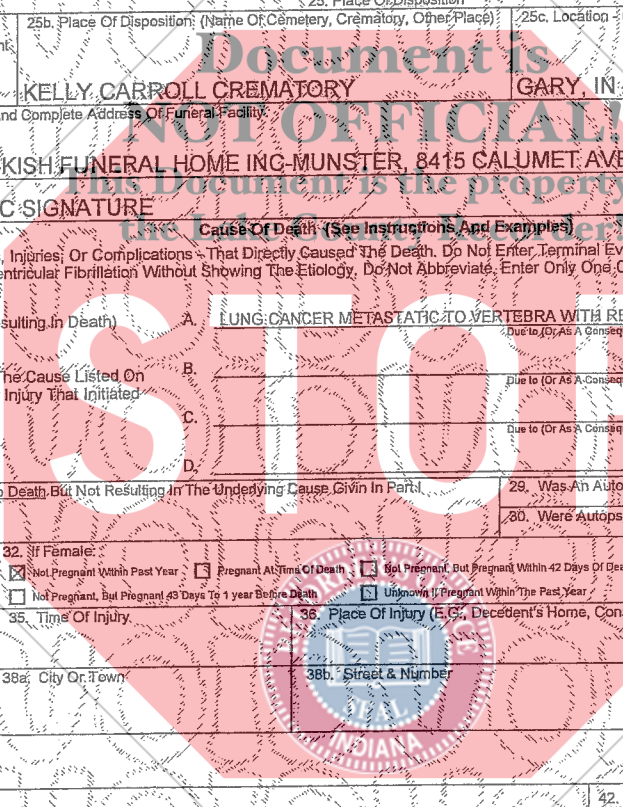
INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 000154

EDR No 000000379234

State No

1. Decedent's Legal Name (First, Middle, Last) CELESTE M MARCINKO				2a. Maiden Name (if female) PIEGALSKI		2. Sex FEMALE		3. Time Of Death 03:35 PM		4. Date Of Death (Month/Day/Year) 04/04/2014			
5. Social Security Number [REDACTED]		6a. Age - Yrs 75		6b. Under 1 Year Months: Days:		6c. Under 1 Month Hours: Minutes:		6d. Under 1 Day Hours: Minutes:		6e. Under 1 Hour Minutes:			
6f. Under 1 Year Months: Days:		6g. Under 1 Month Hours: Minutes:		6h. Under 1 Day Hours: Minutes:		6i. Under 1 Hour Minutes:		7. Date of Birth (Month/Day/Year) 09/18/1938		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 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 checked="" type="checkbox"/> Other (Specify): DAUGHTER'S HOUSE		11. Facility Name (If Not Institution, Give Street and Number) 3945 GERRY STREET		12. City Or Town, State, And Zip Code GARY, IN, 46406		13. County Of Death LAKE		14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown	
15. Surviving Spouse's Name				15a. (If Wife) Give Maiden Last Name				16. Decedent's Usual Occupation HOMEMAKER		17. Kind Of Business/Industry HOME			
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town DYER		18c. Street And Number 949 SUNFLOWER LANE		18d. Apt. No.		18e. Zip Code 46311			
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) WALTER PIEGALSKI		23. Mother's Name (First, Middle, Last) LILLIAN PIEGALSKI			
22. Father's Name (First, Middle, Last)		23. Mother's Name (First, Middle, Last)		23a. Mother's Maiden Last Name UNKNOWN		24. Informant's Name ROXANNE JOSEPHSON		24a. Relationship To Decedent DAUGHTER		24b. Mailing Address (Street And Number, City, State, Zip Code) 2907 SWALLOW LANE, ROLLING MEADOWS, IL 60008			
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) KELLY CARROLL CREMATORY		25c. Location (City, Town, And State) GARY, IN		26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility BURNS-KISH FUNERAL HOME INC-MUNSTER, 8415 CALUMET AVE, MUNSTER, IN 46321		27a. Funeral Home License Number FH83004968			
27b. Signature Of Indiana Funeral Service Licensee: BRIAN T. BURNS, BY ELECTRONIC SIGNATURE		27c. License Number (Of Licensee): FD08601763		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. LUNG CANCER METASTATIC TO VERTEBRA WITH RECURRENT PLEURAL EFFUSION		Approximate Interval - Onset To Death 15 MONTHS		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			
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. _____		Part II, Enter Other Significant Conditions Contributing to Death, But Not Resulting In The Underlying Cause Given In Part I.		31. Did Tobacco Use Contribute To Death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown			
32. If Female: <input checked="" 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: LYLE R MUNN, BY ELECTRONIC SIGNATURE		42. Certifier (Check Only One): <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		44. License Number 01031582A		45. Date Certified 04/10/2014		46. Additional Funeral Service Provider			
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: LYLE R MUNN, 85 E US HIGHWAY 6, MEDICAL PLAZA, STE 235, VALPARAISO, IN 46383		47. *Akas:		48. Signature of Local Health Officer: ROLAND H WALKER, VIA ELECTRONIC SIGNATURE		49. For Registrar Only - Date Filed (Month/Day/Year) APR 11 2014		AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)					



WARNING: THIS OFFICIAL DOCUMENT HAS A MICROFILMED BACKUP ON SPECIAL WHITE SECURITY PAPER AND THE GREAT SEAL OF THE STATE OF INDIANA ON BACK THAT TURNS FROM ORANGE TO YELLOW WHEN RUBBED. ORIGINAL DOCUMENT HAS HIDDEN VOID ON FRONT THAT APPEARS WHEN PHOTO COPIED.