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STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

2014 049985

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2014 AUG 20 PM 1:58
MICHAEL B. BROWN
RECORDER

SURVIVORSHIP AFFIDAVIT

Joseph M. Brav, Jr., being first duly sworn, states:

1. Eva C. Brav died April 29, 2014, and was a resident of Lake County, Indiana. A copy of her Certificate of Death is attached hereto as Exhibit "A."

2. Eva C. Brav was the surviving spouse of Joseph Michael Brav, Sr., who died a resident of Lake County, Indiana, on April 13, 2014. A copy of his Certificate of Death is attached hereto as Exhibit "B."

3. Affiant is the adult son of Joseph Michael Brav, Sr., and Eva C. Brav.

4. At the time of his death, Joseph Michael Brav, Sr., and Eva C. Brav, husband and wife, owned the following described real estate ("Real Estate"):

PARCEL 1: The North 100 feet of the South 300 feet of the North 400 feet of the South 1,380 feet of the West Half of the Northwest Quarter of Section 16, Township 34 North, Range 9 West of the 2nd P.M., lying West of the right-of-way of the Indiana Harbor Railroad, in Lake County, Indiana. Parcel No.: 45-15-16-151-002.000-013.

PARCEL 2: The North 50 feet of the South 1,330 feet of the West Half of the Northwest Quarter of Section 16, Township 34 North, Range 9 West of the Second Principal Meridian, lying West of the right-of-way of Indiana Harbor Railroad, in Lake County, Indiana. Parcel No.: 45-15-16-151-001.000-013.

5. At the time of his death, Joseph Michael Brav, Sr., and Eva C. Brav were not divorced and were living together as husband and wife.

6. Affiant states that no federal estate tax was due by reason of the death of Joseph Michael Brav, Sr.

7. This Affidavit is made by the undersigned to confirm that upon the death of Joseph Michael Brav, Sr., his interest in the above-described Real Estate passed by operation of

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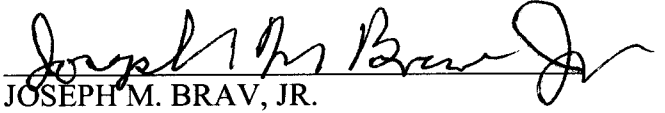
PEGGY HOLINGA KATON
LAKE COUNTY AUDITOR

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law to his surviving spouse, Eva C. Brav, and to induce the Auditor of Lake County, Indiana, to reflect the correct ownership of such Real Estate on said Auditor's records.

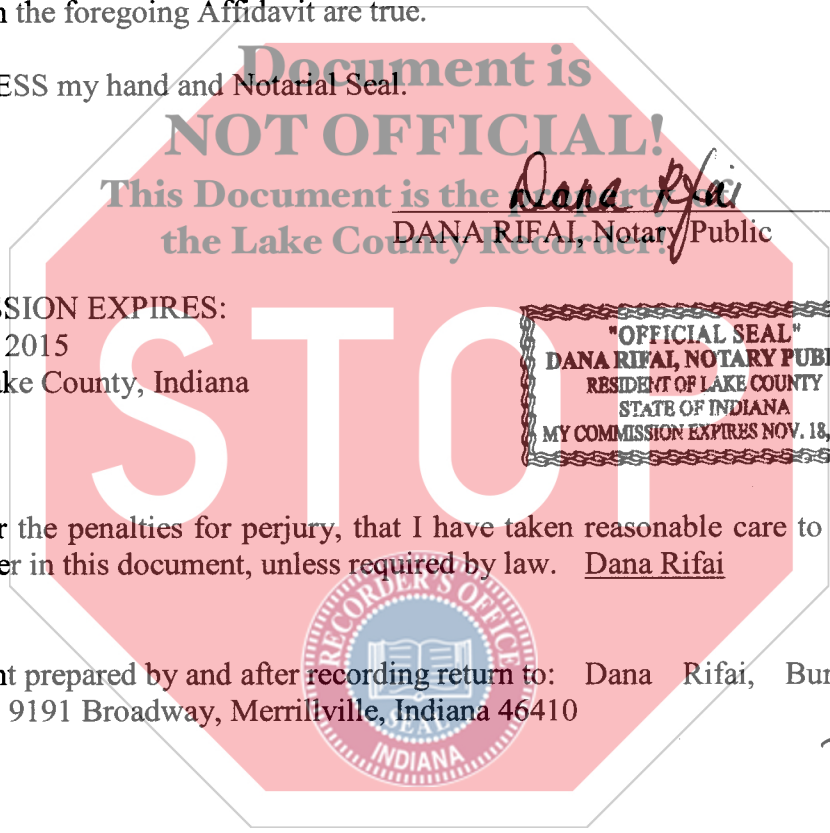
Dated: August 14, 2014.


JOSEPH M. BRAV, JR.

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public in and for said County and State, this 14th day of August, 2014, personally appeared Joseph M. Brav, Jr., who, upon his oath, stated that the facts alleged in the foregoing Affidavit are true.

WITNESS my hand and Notarial Seal.



Document is
NOT OFFICIAL!
This Document is the Dana Rifai
the Lake County Recorder. DANA RIFAI, Notary Public

MY COMMISSION EXPIRES:
November 18, 2015
Resident of Lake County, Indiana



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. Dana Rifai

This instrument prepared by and after recording return to: Dana Rifai, Burke Costanza & Carberry LLP, 9191 Broadway, Merrillville, Indiana 46410

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INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 17556

Local No 001415

EDR No 00000383086

State No 020290

1. Decedent's Legal Name (First, Middle, Last) EVA C BRAV				1a. Maiden Name (if female) STANKEVICH		2. Sex FEMALE		3. Time Of Death 02:05 AM		4. Date Of Death (Month/Day/Year) 04/29/2014			
5. Social Security Number [REDACTED]		6a. Age - Yrs 90		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) 02/16/1924						8. Birthplace (City and State or Foreign Country) EAST CHICAGO, IN							
10. If Death Occurred In A Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown													
10a. If Death Occurred Somewhere Other Than A Hospital: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)													
11. Facility Name (If Not Institution, Give Street and Number) BRENTWOOD AT HOBART													
12. City Or Town, State, And Zip Code HOBART, IN, 46342						13. County Of Death LAKE			14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input checked="" 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 SALES		17. Kind Of Business/Industry RETAIL			
18. Residence - State INDIANA			18a. County LAKE			18b. City Or Town CEDAR LAKE			18c. Apt No.		18d. Zip Code 46303		
18e. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No													
18f. Street And Number 11901 WICKER AVENUE													
19. Decedent's Education 9TH - 12TH GRADE, NO DIPLOMA				20. Decedent Of Hispanic Origin NOT HISPANIC				21. Decedent's Race White					
22. Father's Name (First, Middle, Last) WILLIAM STANKEVICH				23. Mother's Name (First, Middle, Last) PAULINE STANKEVICH				23a. Mother's Maiden Last Name SLUSKONIS					
24. Informant's Name JOSEPH M BRAV JR				24a. Relationship To Decedent SON				24b. Mailing Address (Street And Number, City, State, Zip Code) 9700 WEST 117TH AVENUE, CEDAR LAKE, IN 46803					
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment				25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) CHAPEL LAWN MEMORIAL GARDENS				25c. Location - City, Town, And State SCHERERVILLE, IN					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				27. Name And Complete Address Of Funeral Facility BURDAN FUNERAL HOME INC, 12901 WICKER AVENUE, CEDAR LAKE, IN 46303				27a. Funeral Home License Number FH83002461					
27b. Signature Of Indiana Funeral Service Licensee SCOTT A. BURDAN, BY ELECTRONIC SIGNATURE						27c. License Number Of Licensee FD20700051							
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. HEART FAILURE										Approximate Interval: Onset To Death IMMEDIATE			
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													
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I													
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 checked="" type="checkbox"/> No <input 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 checked="" type="checkbox"/> Pregnant, But Pregnant 43 Days To 1 Year Before Death													
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 (City, Town, State, And Zip Code) LAKE COUNTY HEALTH DEPARTMENT					
38. Location Of Injury - State				38a. City Or Town				38b. Street & Number MAY 08 2014		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 ERNEST C MIRICH, BY ELECTRONIC SIGNATURE													
43. Name, Address And Zip Code Of Person Certifying Cause Of Death ERNEST C MIRICH, 8550 BROADWAY SUITE C, MERRILLVILLE, IN 46410													
44. License Number													
46. Additional Funeral Service Provider													
47. Date													
48. Signature Of Local Health Officer SUSAN W. BEST, VIA ELECTRONIC SIGNATURE						49. For Registrar Only							

EXHIBIT "A"



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 15907

Local No 001205

EDR No 00000380316

State No

1. Decedent's Legal Name (First, Middle, Last) JOSEPH M BRAV SR				1a. Maiden Name (if female)		2. Sex MALE		3. Time Of Death 02:10 AM		4. Date Of Death (Month/Day/Year) 04/13/2014			
5. Social Security Number [REDACTED]		6a. Age - Yrs 92		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) 03/04/1922				8. Birthplace (City and State or Foreign Country) EAST CHICAGO, IN									
9. Ever In U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)					
11. Facility Name (If Not Institution, Give Street and Number) BRENTWOOD AT HOBART													
12. City Or Town, State, And Zip Code HOBART, IN 46342				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 EVA C BRAV				15a. (If Wife) Give Maiden Last Name STANKAVICH				16. Decedent's Usual Occupation OPERATOR		17. Kind Of Business/Industry OIL			
18. Residence - State INDIANA			18a. County LAKE			18b. City Or Town CEDAR LAKE			18c. Street And Number 11901 WICKER AVENUE		18d. Apt. No.	18e. Zip Code 46303	18f. Inside City Limits? <input type="checkbox"/> Yes <input checked="" 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) MICHAEL BRAV				23. Mother's Name (First, Middle, Last) MARY BRAV				23a. Mother's Maiden Last Name PROTOLEPEK					
24. Informant's Name JOSEPH M. BRAV JR				24a. Relationship To Decedent SON		24b. Mailing Address (Street And Number, City, State, Zip Code) 9700 WEST 117TH AVENUE CEDAR LAKE, IN 46303							
25a. Method Of Disposition: <input checked="" type="checkbox"/> Burial <input 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) CHAPEL LAWN MEMORIAL GARDENS				25c. Location, City, Town, And State SCHERERVILLE, IN					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				27. Name And Complete Address Of Funeral Facility BURDAN FUNERAL HOME INC, 12901 WICKER AVENUE, CEDAR LAKE, IN 46303				27a. Funeral Home License Number FH83002461					
27b. Signature Of Indiana Funeral Service Provider SCOTT A. BURDAN, BY ELECTRONIC SIGNATURE				27c. License Number (Of Licensee) FD26700051									
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.													
Cause Of Death (See Instructions And Examples)													
Immediate Cause (Final Disease Or Condition Resulting In Death) A. ADVANCED DEMENTIA AND ADVANCED AGE													
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. [REDACTED]													
C. [REDACTED]													
D. [REDACTED]													
Part II. Enter Other Significant Conditions Contributing To Death, But Not Resulting In The Underlying Cause Given In Part I													
ADVANCED DEMENTIA AND ADVANCED AGE													
29. Was An Autopsy Performed? LAKE COUNTY HEALTH DEPT				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 checked="" type="checkbox"/> No													
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input 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 checked="" 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													
41. Signature, Of Person Certifying Cause Of Death: MUTENA B. KORMAN, BY ELECTRONIC SIGNATURE						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Doctor							
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: MUTENA B. KORMAN, 111 W.10TH ST STE 102, HOBART, IN 45342													
44. License Number 01055605A													
45. Additional Funeral Service Provider													
46. Signature Of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE													
47. *Akad													
48. Signature Of Local Health Officer													
49. For Registrar Only - Date													

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

RAISED SEAL AFFIXED