

3

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 051257

2014 AUG 26 AM 11:10
SURVIVORSHIP AFFIDAVIT

MICHAEL D. BROWN
(Husband and Wife)
RECORDER

STATE OF INDIANA)

) SS:

COUNTY OF)

MARY L. PATKA, being first duly sworn upon oath, deposes and says:

1. That ALAN J. PATKA died on AUGUST 12, 2008 in LAKE, Indiana.

2. That MARY L. PATKA and ALAN J. PATKA were duly and legally married at the time they acquired title as husband and wife to the following described real estate:
SEE ATTACHED LEGAL DESCRIPTION

Tax ID: 45-07-17-308-030.000-023

3. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of (his) (her) death.

4. That all of the assets of said decedent which would be includable for Federal Estate Tax purposes, including joint bank accounts and life insurance n decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

Further affiant sayeth not.

Mary L Patka

Subscribed and sworn to before me, a Notary Public, this 8th day of August, 2014



[Signature]

Commission Expiration:

County of Residence:

This instrument was prepared by:

03721

NOTARY
KEVIN ZAREMBA
Lake County
My Commission Expires
December 9, 2019

FILED

AUG 22 2014

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

15
CT
GA

CHICAGO TITLE INSURANCE COMPANY

1402727

EXHIBIT A

LOTS FOURTEEN (14), FIFTEEN (15), AND SIXTEEN (16), AND THE SOUTH 10 FEET LOT THIRTEEN (13), AS MARKED AND LAID DOWN ON THE RECORDED PLAT OF UNIT TWENTY-SIX (26) OF WOODMAR, HAMMOND, LAKE COUNTY, INDIANA, AS THE SAME APPEARS OF RECORD IN PLAT BOOK 19, PAGE 25 IN THE RECORDER'S OFFICE OF LAKE COUNTY, INDIANA.





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

I affirm, under the penalties to be imposed, that I have taken reasonable care to redact all information in this document, unless required by law to be disclosed.

cl

Local No. 2816-08

State No. _____

1. Decedent's Legal Name (First, Middle, Last) ALAN J. PATKA				1a. Maiden Last Name (if Female)		2. Sex M	3. Time Of Death 10:20AM	4. Date Of Death (Month/Day/Year) AUGUST 12, 2008	
5. Social Security Number [REDACTED]	5a. Age Yrs 61	5b. Under 1 Year Months	5c. Under 1 Month Days	5d. Under 1 Day Hours	5e. Under 1 Hour Minutes	7. Date Of Birth (Month/Day/Year) November 10, 1946		8. Birthplace (City And State Or Foreign Country) HAMMOND, INDIANA	
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 checked="" 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 type="checkbox"/> Other (Specify)				
11. Facility Name (if Not Institution, Give Street And Number) COMMUNITY HOSPITAL									
12. City Or Town, State, And Zip Code MUNSTER, INDIANA 46321					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 MARY PATKA			15a. (If Wife) Give Maiden Last Name LORE			16. Decedent's Usual Occupation PROGRAMMER		17. Kind Of Business/Industry COMPUTER	
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town HAMMOND					
18c. Street And Number 7732 NORTHCOTE				18d. Apt. No.		18e. Zip Code 46324		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education Bachelor's degree (e.g., BA, AB, BS)		20. Decedent Of Hispanic Origin No, not Spanish/Hispanic/Latino			21. Decedent's Race White				
22. Father's Name (First, Middle, Last) ALLIE PATKA				23. Mother's Name (First, Middle, Last) STELLA PATKA			25a. Mother's Maiden Last Name CERNIA		
24. Informant's Name MARY PATKA		24a. Relationship To Decedent WIFE		24b. Mailing Address (Street And Number, City, State, Zip Code) 7732 NORTHCOTE HAMMOND, INDIANA 46324					
25a. Method Of Disposition: <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, INDIANA					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility WHITE FUNERAL HOME & CREMATION SERVICE 921 W. 45TH AVENUE, GRIFFITH, IN 46319					27a. Funeral Home License Number: FH10600026		
27b. Signature Of Indiana Funeral Service Licensee: <i>[Signature]</i>				27c. License Number (Of Licensee) FD08700086					
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. <u>Hepatocellular Carcinoma</u> Approximate Interval: Onset To Death <u>1 yr</u> B. <u>end stage liver disease</u> <u>1 yr</u> C. _____ D. _____ 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 <u>Diabetes Mellitus</u>					29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
31. Did Tobacco Use Contribute To Death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown					30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No				
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 43 Days To 1 Year Before Death		33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined			37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No				
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) 4514 2008			38. Zip Code		
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: <i>[Signature]</i>						42. Certifier (Check Only One) <input 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: <u>Abd A. Nochnogh 513 Ridge Road, Suite 2 Munster, In 46321</u>						44. License Number <u>01045772</u>		45. Date Certified <u>8/13/08</u>	
46. Additional Funeral Service Provider						47. *Akas:			
48. Signature Of Local Health Officer: <i>[Signature]</i>						49. For Registrar Only - Date Filed (Month/Day/Year): <u>August 14, 2008</u>			