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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 073942

2014 NOV 19 PM 12:35

MICHAEL D. BROWN
RECORDER

AFFIDAVIT OF DEATH

George Sova, being duly sworn upon his oath, states that Regina Sova died December 19, 2013, and at the time of such death was a resident of Lake County, State of Indiana. This Affidavit is being recorded to remove her interest in the following Real Estate in Lake County, Indiana:

The South 93 feet of the North 396 feet of the East Half of the Northeast Quarter of the Northeast Quarter of the Southeast Quarter of Section 8, Township 34 North, Range 8 West of the 2nd Principal Meridian, in the City of Crown Point, Lake County, Indiana.
Parcel No.: 45-16-08-428-039.000-042
Commonly known as: 321 S. Indiana Ave, Crown Point, IN 46307

DATED the 18th day of November, 2014

[Signature]
George Sova

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

Document is NOT OFFICIAL!

Before me, the undersigned, a Notary in and for said County and State, this 18th day of November, 2014, personally appeared George Sova, and acknowledged the execution of the foregoing affidavit. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

My Commission Expires: 11/27/2020
County of Residence: Lake

[Signature]
Violet Terzioski, Notary Public



On behalf of Professionals' Title Services, LLC, this instrument prepared by:
Victor H. Prasco
Burke Costanza & Carberry LLP
9191 Broadway
Merrillville, Indiana 46410
(219) 769-1313

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.

By: *[Signature]*
Violet Terzioski, Professionals' Title Services, LLC PTS14-7529

FILED

NOV 19 2014

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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1289 copies
657

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INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 04418

Local No 004130

EDR No 00000359792

State No 058511

1. Decedent's Legal Name (First, Middle, Last) REGINA SOVA				1a. Maiden Name (If female) NA		2. Sex FEMALE	3. Time Of Death 08:52 PM	4. Date Of Death (Month/Day/Year) 12/19/2013		
5. Social Security Number -1752		6a. Age - Yrs 83	6b. Under 1 Year Months	6c. Under 1 Month Days	6d. Under Hours	6e. Under 1 Hour Minutes	7. Date of Birth (Month/Day/Year) 12/25/1929		8. Birthplace (City and State or Foreign Country) KAUNAS, LIT	
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) ST ANTHONY MEDICAL CENTER OF CROWN POINT					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 type="checkbox"/> Widowed <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Unknown			
12. City Or Town, State, And Zip Code CROWN POINT, IN, 46307					15a. (If Wife) Give Maiden Last Name		16. Decedent's Usual Occupation HOMEMAKER		17. Kind Of Business/Industry OWN HOME	
15. Surviving Spouse's Name			15a. (If Wife) Give Maiden Last Name			16. Decedent's Usual Occupation		17. Kind Of Business/Industry		
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town CROWN POINT				18d. Apt. No.	18e. Zip Code 46307	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
18c. Street And Number 321 SOUTH INDIANA AVENUE			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) ANTHONY SOVA				23. Mother's Name (First, Middle, Last) LIDIJA SOVA			23a. Mother's Maiden Last Name BELAUKAS			
24. Informant's Name GEORGE SOVA		24a. Relationship To Decedent BROTHER		24b. Mailing Address (Street And Number, City, State, Zip Code) 2303 WEST 153RD AVENUE, CROWN POINT, IN 46307						
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) ST MARY CEMETERY		25c. Location - City, Town, And State CROWN POINT, IN						
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility PRUZIN & LITTLE FUNERAL SERVICE, 811 E FRANCISCAN DR, CROWN POINT, IN 46307					27a. Funeral Home License Number: FH83001261			
27b. Signature Of Indiana Funeral Service Licensee: THOMAS G. PRUZIN, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD01009893				
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. PNEUMONIA B. _____ 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								Approximate Interval Onset To Death ONE WEEK		
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 Observe 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 <input type="checkbox"/> Other (Specify) NOT VALID UNLESS				
41. Signature, Of Person Certifying Cause Of Death EDUARDO FLETES, 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: EDUARDO FLETES, 297 WEST FRANCISCAN LANE., SUITE 104, IN 46307						44. License Number: 01049249A		45. Date Certified: 12/23/2013		
46. Additional Funeral Service Provider:						47. *Alas!				
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year) DEC 26 2013				
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)										