	SURVIVORSHIP AFFIDAVIT	0
STATE OF INDIANA)	
COUNTY OF LAKE)SS:)	₩.
	etwork of the state of the stat	ays: ω
2. That Mitchell Ostrat the time they are estate: Apartment Use Indiana, in Partment Indiana, in I	Notary Public in and for said County and State, pe	d legally married g described real STATE of LARC OF LA
Witness my hand and N Resident of	otary Seal this <u>a 15f</u> day of <u>May</u> , 20 <u>15</u>	· _•
Huster Busto	County, Indiana. Signature My Commission Expires: Printed Heather Radziewicz	7/1677
	the penalties for perjury, that I have taken reasonable care to r document, unless required by law.	redact each Social

This instrument prepared by: Matthew N. Fech Law Office of Matthew N. Fech 219 North Broad Street Griffith, Indiana 46319



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INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No O			EDF	No 000	000	2982	10		S	State N	o			
Decedent's Legal Name (First, Middle, L	dent's Legal Name (First, Middle, Last)			1a. Maiden Name (If female)				2. Sex	(Time Of Death		4. Date Of Death (Month/Day/Year)		
ELAINE GERTRUDE OSTR				FECH					/IALE		00 PM	12/30/2012		
5. Social Security Number 6a. Age - Yrs	6b. Under 1	Year 6c. Unde	r 1 Month	6d. Under 1 Day	6e. U	Inder 1 Hour	7. Date	e of Birth (Mo	onth/Day	(Year) 8.	Birthplace (Ci	ty and State	or Foreign Country)	
76	Months	Days		Hours	Minute			07/04/1			AST CHI	CAGO, I	N	
9. Ever in U.S. Armed Forces? 10. If (Death Occurred In	A Hospital;				If Death Occi ospice Facilit		ewhere Othe Decedent's H			Home/Long-te	m Care Faci	litv	
☐ Yes ☒ No ☐ Unknown ☐ Ing	oatient 🔲 Emerge	ency Department C	outpatient	Dead on Arriva	—	ther (Specify)	_						,	
11. Facility Name (If Not Institution, Give S 2007 45TH STREET	treet and Number))					•							
12. City Or Town, State, And Zip Code					1	13. County	Of Death			1	14. Marital St	atus At Time	Of Death	
					1.					J			ut Separated	
HIGHLAND, IN, 46322 15. Surviving Spouse's Name			15a.	(If Wife)Give Maide		LAKE ame	-	16. Dece	dent's Us	ual Occupa	☐ Widowed		Of Business/Industry	
				, ,						•			·	
MITCHELL OSTROWSKI 18. Residence - State		18a, County			186	o. City Or To	40	SECRE	TERY	<u> </u>		INSUR	ANCE	
10. Residence - State		•				•								
INDIANA 18c. Street And Number		_AKE			HIG	SHLAND			18d /	Apt. No.	18e. Žip	Code	18f. Inside City Limits	
100. Sueet And Number			_						100. /	npt. No.	lide. Zip	Code	✓ Yes ☐ No	
2007 45TH STREET							· ·			108	46	322	M les II No	
19. Decedent's Education HIGH SCHOOL GRADUATE	OR GED	20. Decedent	of Hispani	Jocu:	m	ent	Decedent's	Race						
COMPLETED		NOT HISF	ANIC			White							i ta di Nama	
22. Father's Name (First, Middle, Last)			10)	T(0)	23. Mol	ther's Name (First, Mide	dle, Last)			23a.	Mother's Mai	den Last Name	
EDWARD FECH		7774 .				ESA FEC				\	BRC	WN		
24. Informant's Name	./	24a, Rejat	onship To	perment	246, M	ailing Addres	T (Street)	And Number,	City: Eta	ate, Zip Cod	3)			
STEVEN OSTROWSKI		SON	e L	ake Co	311 E	EAST PE	ARIR	LOME	BARD,	1F 60 J×	<u> 8</u>			
25a, Method Of Disposition	25	b. Place Of Dispos	ition (Nan	25. Plane Of Cemetery, Cre	ce Of Dis		25c. L	ocation - City	, Town,	And State		-		
☑ Burial ☐ Cremation ☐ Donation ☐														
Removal From State Other (Specify):	197	TIOHNIST	IOSEE	H CEMETER	2		HAN	IMOND.	IN					
		mplete Address Of			X I		1 12 310	IIVIOTAD,			_	27a. Fun	eral Home License Numbe	
☐ Yes ☒ No	NUDAIO IZIOI	LEUNEDAL	LIONA		TED	0445 00		T A) (F	8.01.1546	TED H	46004	FURSO	04069	
27b. Signature Of Indiana Funeral Service I		HFUNERAL	HOIVE	E INC-MUNS	IER,	0415 CF	LUIVIE	2	7c. Licer	nse Number	(Of Licensee):	FH830	04900	
BRIAN T. BURNS , BY ELEC			Caus	se Of Death (See	Inctrue	tions And I	 Evamniloi		D0860		S A TRUE E	ND COMPL	हा है .	
28. Part I. Enter The <u>Chain Of Events</u> Such As Cardiac Arrest, Respiratory Ar A Line. Add Additinal Lines If Necessa	- Diseases, Injuri	ies, Or Complicat	ions - Tha	at Directly Caused	The Dea	ath. Do Not I	Enter Ter	minal gveht	E GERT	FIFICATE C	F DEATH ON	FILE WITH	THE Approximate Interval: Onset	
Such As Cardiac Arrest, Respiratory Ar A Line. Add Additinal Lines If Necessa	rest, Or Vent <mark>ricul</mark> ry.	lar Fibrillation Wil	hout Show	wing The Etiology.	Do Not	Abbreviate.	Enter On	IN ONE CON	PP91-4	TH BEB	RIMENI		To Death	
Immediate Cause (Final Disease Or Co				NAL CANCER	FR'C	Miller	1				1.1		26 MONTHS	
				Zi Okt		YOK!	Due to (Qr A	As A Consequence	e On;. _	INNE	4 2013		l l	
Sequentially List Conditions, If Any, Le Line A. Enter The Underlying Cause (E	ading To The Ca	use Listed On That Initiated	В		<u>~~</u>	m C	Due to (Of A	As A Consequence	e On:	ormy -	-1 2011		-	
The Events Resulting In Death) Last	,,		C	~	到量	E	S		200	<u>-/-</u>				
					Cr. s	7	Due to (Of A	As A Consequence	e UI):					
Part II. Enter Other Significant Conditions Co	ntributing to Death	But Not Resulting	In The Un	derlying Cause Givi	n in Part	1112	29. Was	An Autopsy	Perform	ed?	TYES	⊠ No		
ALI/A				To the	DIAN	iiii	30. Wer	e Autøpsy Fi	nding Av	ailable To C	omplete The C		th? ☐ Yes ☐ No	
N/A 31. Did Tobacoo Use Contribute To Death?		Female;						/		Manner Of D				
☐ Yes ☐ Probably ☒ No ☐ Unknown	1 —	il Pregnant Within Past Ye Il Pregnant, But Pregnant	_	gnant At Time Of Death		egnant, But Pregn wn If Pregnant Wit			1		omicide ould Not Be D		Pending Investigation	
34. Date Of Injury (Month/Day/Year)		ime Of Injury									t, Wooded Are		. Injury At Work?	
													Yes No	
38. Location Of Injury - State	38a. C	City Or Town		38b. Str	eet & Nu	mber					38c. Apt. N	lo. 38	d. Zip Code	
39. Describe How Injury Occurred				.,,					40. I	f Transporta	tion Injury, Spe	ecify:	ter (Specify)	
41. Signature, Of Person Certifying Cause 0	V Dooth							100						
BALAGOPAL KERALAVARM	A , BY ELEC		IGNAT	URE					rtifying P		☐ Corone		Heath Officer	
43. Name, Address And Zip Code Of Person	Certifying Cause (Of Death:								44. License	Number	45.	Date Certified	
BALAGOPAL KERALAVARM	A , 10110 C	ONALD PO	WERS	DR STE 10	1B, M	UNSTEF	R, IN 40	6321	(010526	77A		01/03/2013	
46. Additional Funeral Service Provider:									T	47. *Akas:				
48. Signature of Local Health Officer:								49. For Re	egistrar C	Only - Date	Filed (Month/	_		
SUSAN W. BEST, VIA ELEC	TRONIC SIG		NUMBERIA	TO CERTIFICAT	E OE DE	EATH (ÉÁIT	RV OP O	RIGINALI			JAN 04 2	2013		
·		AIVIE	IADINEN I	TO GENTIFICAT	L OF DE	-4 in least	VI OK O	THOMAL)		_			·	
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