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STATE OF INDIANA
LAKE COUNTY
RECORDER'S OFFICE

2015 032982

2015 MAY 29 PM 3:05

MICHAEL B. BROWN
RECORDER

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

AFFIDAVIT OF SURVIVORSHIP

Comes now, JOEL K. MANCHAK, being duly sworn upon his oath, and states as follows:

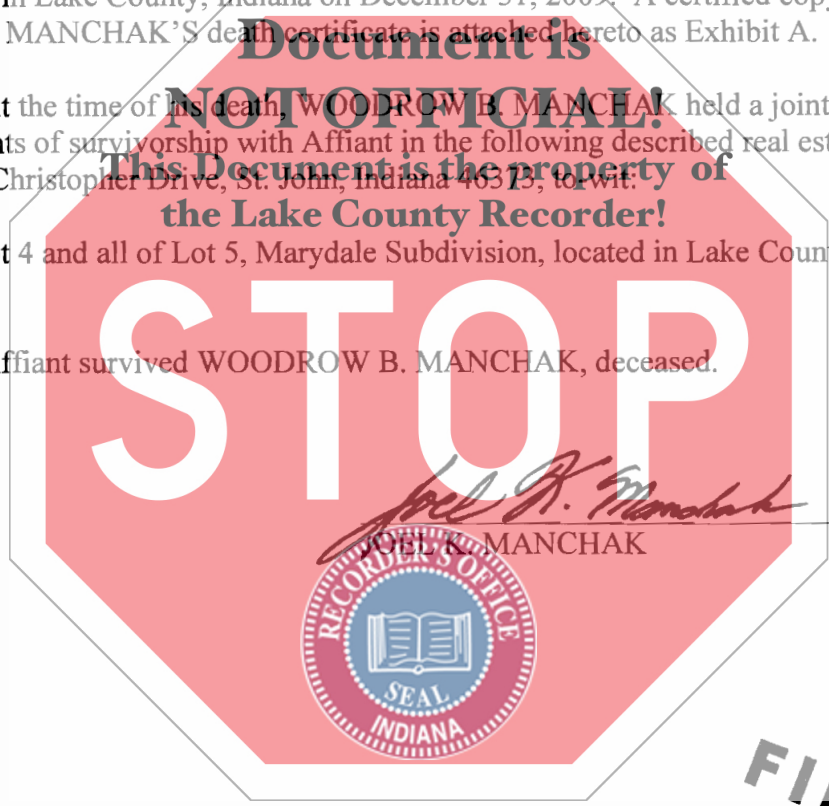
1. Affiant is over the age of eighteen (18), has never been declared to be incompetent by a court of law or a physician, and has personal knowledge of all statements contained herein.

2. Affiant is the son of WOODROW B. MANCHAK, deceased, who passed away while domiciled in Lake County, Indiana on December 31, 2009. A certified copy of WOODROW B. MANCHAK'S death certificate is attached hereto as Exhibit A.

3. At the time of his death, WOODROW B. MANCHAK held a joint tenancy interest with rights of survivorship with Affiant in the following described real estate commonly known as 8601 Christopher Drive, St. John, Indiana 46515, to-wit:

All of Lot 4 and all of Lot 5, Marydale Subdivision, located in Lake County, Indiana.

4. Affiant survived WOODROW B. MANCHAK, deceased.



Joel K. Manchak
JOEL K. MANCHAK



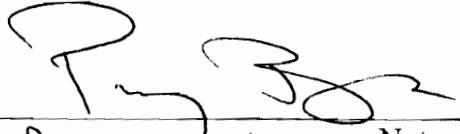
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MAY 29 2015
JOHN E. PETALAS
LAKE COUNTY AUDITOR

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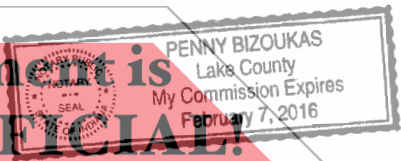
STATE OF INDIANA)
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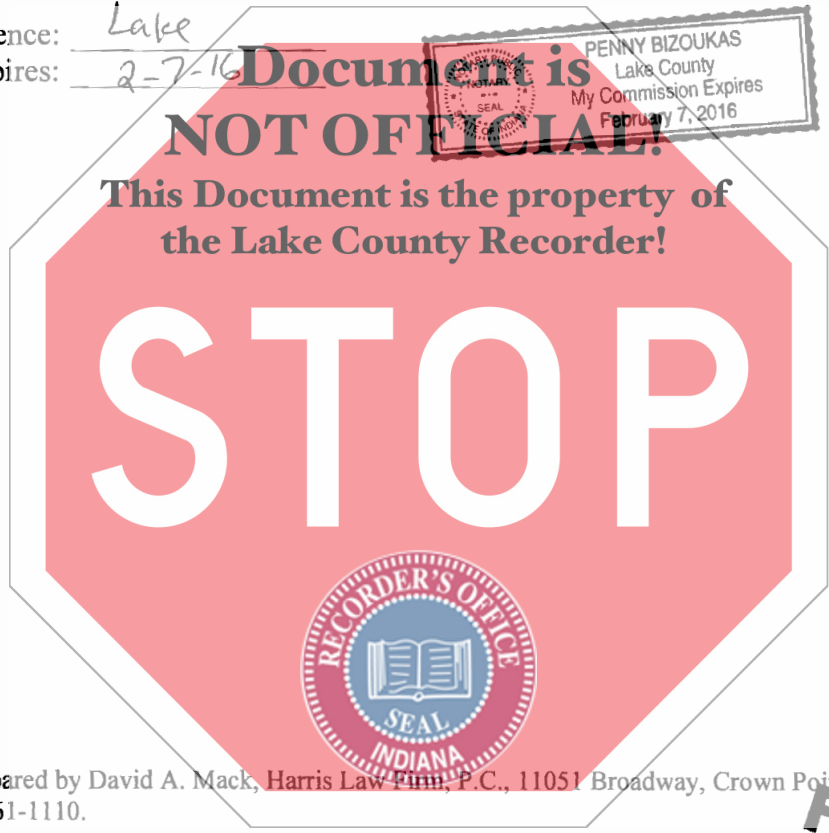
Before me the undersigned, a Notary Public for Lake County, State of Indiana, personally appeared JOEL K. MANCHAK and being first duly sworn by me upon her oath, says that the facts alleged in the foregoing instrument are true. Signed and sealed this 19th day of July, 2013.



Penny Bizoukas, Notary Public

County of Residence: Lake
Commission Expires: 2-7-16





This instrument prepared by David A. Mack, Harris Law Firm, P.C., 11051 Broadway, Crown Point, IN 46307
Telephone: (219) 661-1110.

FILED
MAY 29 2015
JOHN E. PETALAS
LAKE COUNTY AUDITOR

Exhibit A

Michelle R. Fajman

Recorder of Deeds
Lake County Indiana
2293 North Main Street
Crown Point, In 46307
219-755-3730
fax: 219-648-6028

Certification Letter

State of Indiana)
County of Lake) SS

This is to certify that I, Michelle R. Fajman, Recorder of Deeds of Lake County, Indiana am the custodian of the records of this office, and that the foregoing is a full, true and correct copy of a

Document is NOT OFFICIAL!
This Document is the property of the Lake County Recorder!

as recorded as 2010-004826 1/26/2012

as this said document was present for the recordation when CAROLYN POLLARD was Recorder at the time of filing of said document

Dated this 13th day of July, 2012

Judy Springfield
Deputy Recorder

Michelle R. Fajman



Michelle R. Fajman, Recorder of Deeds
Lake County Indiana

Form # 0023 Revised 5/2002

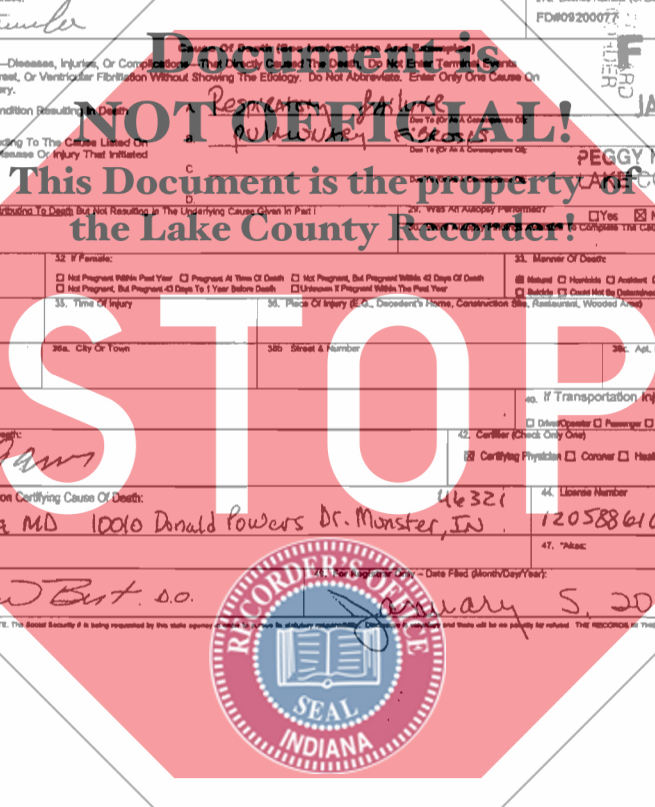
FILED
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JOHN E. PETALAS
LAKE COUNTY AUDITOR



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 4422-09 Parcel #'s 45-11-30-227-009-000-032 State No. 1010

1. Decedent's Legal Name (First, Middle, Last) WOODROW B. MANCHAK		1a. Maiden Last Name (if Female)		2. Sex M	3. Time Of Death 12:10 AM	4. Date Of Death (Month/Day) DECEMBER 31, 2006
5. Social Security Number [REDACTED]	6a. Age, Yrs 92	6b. Month Months	6c. Under 1 Year Days	6d. Under 1 Month Hours	6e. Under 1 Hour Minutes	7. Date Of Birth (Month/Day/Year) MAY 8, 1917
8. 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 checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-Term Care Facility <input type="checkbox"/> Other (Specify)		8. Birthplace (City And State Or Foreign Country) WHITING, IN
11. Facility Name (If Not Institution, Give Street And Number) 8601 CHRISTOPHER DR.						
12. City Or Town, State, And Zip Code ST. JOHN, IN 46373			13. County Of Death LAKE		14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, Not Separated <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown	
15. Surviving Spouse's Name NONE		15a. (If Wife) Give Maiden Last Name		16. Decedent's Usual Occupation METAL MECHANIC		17. Kind Of Business/Industry STANDARD OIL
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town ST. JOHN		18c. Zip Code 46373
16c. Street And Number 8601 CHRISTOPHER DR.						
19. Decedent's Education High school graduate or GED completed		20. Decedent Of Hispanic Origin No, not Spanish/Hispanic/Latino		21. Decedent's Race White		
22. Father's Name (First, Middle, Last) JOSEPH MANCHAK			23. Mother's Name (First, Middle, Last) ANNA		23a. Mother's Maiden Last Name TOORIK	
24. In-law's Name MARY MANCHAK		24a. Relationship To Decedent SISTER-IN-LAW		24b. Mailing Address (Street And Number, City, State, Zip Code) 8136 WHITE OAK CIRCLE #3A MUNSTER, IN 46321		
25. Place Of Disposition						
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) CALUMET PARK CEMETERY		25c. Location - City, Town, And State MERRILLVILLE, IN		
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility ELMWOOD FUNERAL CHAPEL 11300 W. 97TH LANE ST. JOHN, INDIANA 46373				
27a. Signature of Indiana Funeral Service Licensee <i>Frank Schumaker</i>					27c. License Number Of Licensee FD#09200077	
28. Part I. Enter The Chain Of Events - Disease, 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. Respiratory failure						
28. Immediate Cause (Final Disease Or Condition Resulting In Death) Respiratory failure						
28. 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. Respiratory failure						
29. Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I. None						
29. Was An Autopsy Performed? <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"/> Cause Not Yet Determined		
34. Date Of Injury (Month/Day/Year)		35. Time Of Injury		36. Place Of Injury (E.O., 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.
39. Describe How Injury Occurred None						
41. Signature Of Person Certifying Cause Of Death: <i>Miguel Gambetta</i>				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: Miguel Gambetta MD 10010 Donald Powers Dr. Munster, IN 46321				44. License Number 1205886165		45. Date Certified 1-4-2010
46. Additional Funeral Service Provider:				47. "Abac" 025270		
48. Signature of Local Health Officer: <i>Susan J. Best, D.O.</i>				48a. Date of Signature (Month/Day/Year): January 5, 2010		



FILED
JAN 26 2010
LAKE COUNTY RECORDER
P. 7:20
FD#19500052

PEGGY NOLINGA KATON
LAKE COUNTY AUDITOR



FILED
MAY 29 2015
JOHN E. PETALAS
LAKE COUNTY AUDITOR