83724c

Chicago Title Insurance Company

SURVIVORSHIP AFFIDAVIT

	SORVIVORSIIII A	FIDAVII	0 2
On this 10	before me personally $(9-(0R)A$	appeared	
·	G-CUP/A	1. GALICA	72
	nown, who being duly sworn on oat		75
1. Affiant r	resides at the address given below a	affiant's signature:	9
s (ta	is <u>OWNER</u> ate interest of affiant in the above premise	s as "owner"," son of owner",	etc. 20 15 69
3. Said presentireties	mises were formerly owned as join s by	t tenants or as tenants by	2015 0CT 28
4. Said	This Documentais white the Lake County Re	property of coorder!	Cr 23
leaving 5. The lega	insert "a" or "no"; if will left, attach I description of the premises in que I A B B COCK SHOWN IN AS SHOWN IN AS CHOOMY INDIANA N AS CHOOM MORANA	will; will; a copy stion is: 8, Kantoood Ad	TY AUDITOR
6. Is there h	rederal or State inheritance tax liab	Plut 600k And Morst E HAMMONS, Com Eity by reason of the dea	Commonly DIANA 46324 th of said
decedent' If yes, the	en estimated taxes due are \$	016	162 b. not
The taxes	s due are 🔲 paid or 🔲 ı	ınpaid	(a)
Parc	e1# 45-06-01-35	54-009.000-0	23 how

7. Where this affidavit relates to a tenancy by the entireties, were the parties ever
divorced? No; NEVER DIVERCED.
(If answer is "Yes", identify the divorce proceedings:
8 Affigure's relationship to the decided and t
Signature: Hours Halven
Printed Name GLOSIA J. GALICH
Address: 640k MORAINE AUTINE
DOOLLAND IN 46324
Subscribed and sworn to before me by the affiant
This Deciment is the property of
the Lake Courty Recojoin M'Galich Notary Public, State of Illinois Notary Public My Commission Expires 5/4/2019
Printed Name JOHN M. GALICH
My County of Residence is: COO/C
In the State of Il Cinus
My Commission Expires
This instrument prepared by John M GALICH
WOIANA THE



INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No 003	928			00035653	33	State	No No			İ
Decedent's Legal Name (First, Middle, Last)			1a. Maiden N	lame (if female)	2. Se	3.	Time Of	Death	4. Date	Of Death (Month/Day/Year)
MICHAEL GALICH 5. Social Security Number 6a, Age - Yrs 6	b. Under 1 Ye	ear 6c Under 1 N	fonth 6d. Under 1 Day	y 6e, Under 1 Hour	7. Date of Birth (M	ALE	05:15		h, and State	12/03/2013 or Foreign Country)
02	fonths			-					-	or Foreign Country)
90	Occurred in A	Days Hospital:	Hours	Minutes 10a. If Death Occur	10/07/ red Somewhere Oth			ICAGO,	IL	
		cy Department Outpa	atient Dead on Ami	val Hospice Facility Other (Specify)	Decedent's	Home Nu	rsing Ho	me/Long-ter	m Care Fac	ility
11 Facility Name (If Not Institution, Give Street a KINDRED HOSPITAL NORTHW	EST IND	IANA								
12 City Or Town, State, And Zip Code				13. County O	f Death		l _	. Marital St	_	
HAMMOND, IN, 46320				LAKE] Widowed		But Separated Divorced er Married Dunknown
15 Surviving Spouse's Name			15a. (If Wife)Give Mai	iden Last Name	16. Dec	edent's Usual Oc	cupation		17. Kind	Of Business/Industry
GLORIA GALICH 18. Residence - State		8a. County	DEBOW	1 40 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		CRAFT			LTV S	ΓEEL
		·		18b. City Or Town	n		_			i İ
INDIANA 18c. Street And Number		AKE		HAMMOND		18d. Apt. No	, , , , , ,	18e. Zip	Code	18f. Inside City Limits?
Í 6406 MORAINE						iou. Ape ive		10e. Zip	Code	Yes No
19. Decedent's Education		20. Decedent Of H	ispanic Origin	21. De	cadent's Race			46	324	
HIGH SCHOOL GRADUATE OR COMPLETED		NOT HISDAN	uc.							!
22 Father's Name (First, Middle, Last)	-	NOT HISPAN	NIC	White 23, Mother's Name (Fi	irst, Middle, Last)			23a.	Mother's Ma	iden Last Name
 GEORGE GALICH				BOSE CALICA				4 \$ 15	nio.ii	
24 Informant's Name		24a. Relations	hip To Decedent	ROSE GALICE 24b. Mailing Address		r, City, State, Zip	Code)	AND	RICH	
GLORIA GALICH		WIFE		6406 MORAIN	E, HAMMON	ID, IN 4632	24			
25a. Method Of Disposition	25b.	Place Of Disposition		Place Of Disposition Crematory, Other Place)	25c. Location - C	lv. Town, And St.	ate			
☐ Burial ☒ Cremation ☐ Donation ☐ Entom ☐ Removal From State			Dear		•					
Other (Specify);		LAN PRUZIN		ment	SCHERER	ALLE, IN				!
l i		olete Address Of Fun		BBA SOLAN-P	- 4 -			1.15	27a. Fur	neral Home License Number:
☐ Yes ☑ No SCHI	ERERVIL	LE, IN 46375	SERVICEINC	, DBA SULAN-P	RUZIN, 14 K	ENNEDA E	IVEN	UE,	FH102	100037
27b Signature Of Indiana Funeral Service License PAUL P. GONZALEZ BY ELECT				t is the p	ropert	27c. License Nu	mber (O	(Licensee):	1	
28 Part I. Enter The Chain Of Events - Dise		. the	Gause Of Death (S	ee Instructions And Ex	camples)	112 12 A 11-32				Approximate
Such As Cardiac Arrest, Respiratory Arrest, (A Line Add Additinal Lines If Necessary.	ases, injurie: Dr Vent <mark>ricula</mark> :	s, Or Complications r Fibrillation Withou	 That Directly Cause it Showing The Etiolog 	ed The Death. Do Not Er gy, Do Not Abbreviate, E	inter Onlyl One Ca	ūse Oni⊕ ⊕ .	Ne tot. Fift:	MALULA MALULA	146	interval: Onset To Death
Immediate Cause (Final Disease Or Condition	n Resulting to	n Death) A	LUNG FIBROSIS		TAKE UC	UNITY HEA	LTHU	EPARTI	MENT	1 YEAR
(2011011010010		Due to (Or As A Conseque	not 00:	3 43.13			1,1500
Sequentially List Conditions, If Any, Leading Line A. Enter The Underlying Cause (Diseas	To The Caus e Or Injury T		. <u>SEVERE CONGE</u>	ESTIVE OBSTRUCTIVE	PULMONARY DI		7 /1	13		YEARS
The Events Resulting In Death) Last		C	HYPERTENSION		Oue to (Or As A Conseque)	nce On:		- ·		YEARS
			CONGESTIVE H		The second secon	alaska armis s	OFFICE	ري. ان اه . ^{کار}	, ,	YEARS
Part II Enter Other Significant Conditions Contribut	ing to Death B	out Not Resulting In T			29. Was An Autops	y Pérformad? -	ent it	Yes	R ⊠ No	
31. Did Tobacco Use Contribute To Death?	32. If Fe	amala:			30. Were Autopsy				aùse Of De	ath? Yes No
	Not 8	regnant Within Past Year		Not Pregnant, But Pregnan		33, Manne			Accident [Pending Investigation
34. Date Of Injury (Month/Day/Year)		ragnant, But Pragnant 43 Di ne Of Injury		Unknown (Frequent With) ace Of Injury (E.G. Doced				ld Not Be De Vooded Are		7. Injury At Work?
								- · · · · -		Yes No
38. Location Of Injury - State	38a. Cit	Or Town	33b.	Street & Numbar		7/		38c. Apt. N	o. 38	3d. Zip Code
39 Oescribe How Injury Occurred			E 4	SEALLOW		AN IFTen	nortolic	a Injury Se	rifir	<u> </u>
			The state of the s	NDIANALILIA		Driver/Opera	itor P	n Injury, Spe Issenger Pe	idesitian 🔲 O	ther (Specify)
41 Signature, Of Person Certifying Cause Of Dea ABD NOGHNOGH, BY ELECTRO	th:	MATIDE		-4/1110		ertifier (Check O	nly One			
43 Name, Address And Zip Code Of Person Certif	ying Cause O	Death:			/ 🖾 0	ertifying Physicia 44. Li	in cense N	Coroner umber		Heath Officer Data Certified
ABD NOGHNOGH , 509 RIDGE	ROAD. S	UITE 2. MUN	ISTER IN 4632	21		010/	15772	Δ		12/05/2013
46. Additional Funeral Service Provider:						47.		/)		12/00/2013
48. Signature of Local Health Officer:		- · <u></u>			49. For I	Registrar Only -	Date Fil	ed (Month/i	Day/Year):	
SUSAN W. BEST, VIA ELECTRO	NIC SIGI		MENT TO CERTIFIC	ATE OF DEATH (ENTR	V OB OBICINA		D	EC 06 2	2013	
		VINENO	ment to certifica	ATE OF DEATH (ENTR	OK URIGINAL)					<u> </u>
										į

State Form 53395 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and there will be no penalty for refusal.