

3

83724c

Chicago Title Insurance Company

SURVIVORSHIP AFFIDAVIT

3

On this 10/14/15 before me personally appeared
(insert date)

GLORIA J. GALICH

2015 072759

to me personally known, who being duly sworn on oath did say that:

- 1. Affiant resides at the address given below affiant's signature:
- 2. Affiant is OWNER
(state interest of affiant in the above premises as "owner", "son of owner", etc.)

3. Said premises were formerly owned as joint tenants or as tenants by the entireties by MICHAEL GALICH and GLORIA J. GALICH

4. Said MICHAEL GALICH died on 12/3/13 leaving NO will;
(insert "a" or "no"; if will left, attach a copy)

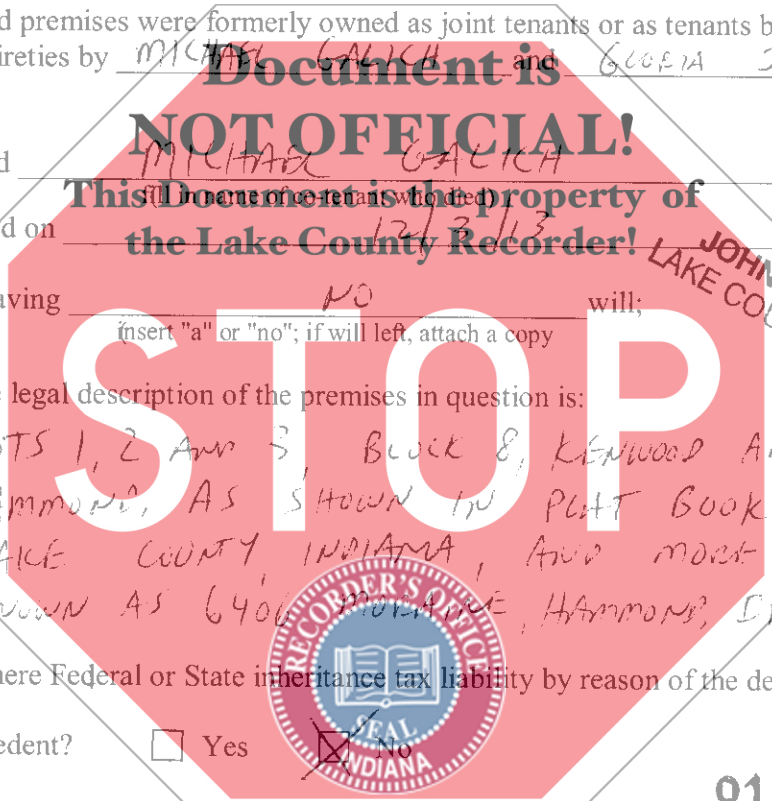
5. The legal description of the premises in question is:
LOTS 1, 2 AND 3, BLOCK 8, KENWOOD ADDITION TO HAMMOND, AS SHOWN IN PLAT BOOK 10, PAGE 17, LAKE COUNTY, INDIANA, AND MOST COMMONLY KNOWN AS 6406 MONROE, HAMMOND, INDIANA 46324.

6. Is there Federal or State inheritance tax liability by reason of the death of said decedent? Yes No

If yes, then estimated taxes due are \$ **016162**

The taxes due are paid or unpaid.

Parcel # 45-06-01-354-009.000-023



STATE OF INDIANA
LAKE COUNTY
RECORDER'S OFFICE
2015 OCT 28 AM 10:28
FILED
OCT 23 2015
JOHN E. PETALAS
LAKE COUNTY AUDITOR

16. NOV 16 2015
CT
DN

7. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced? NO; NEVER DIVORCED.

(If answer is "Yes" , identify the divorce proceedings:

_____):

8. Affiant's relationship to the deceased was WIFE

Signature: Gloria J Galich

Printed Name GLORIA J. GALICH

Address: 6406 MORRIS AVENUE

HAMMOND, IN 46324

Subscribed and sworn to before me by the affiant

This

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

10/14/15
(insert date)

[Signature]
Notary Public

"OFFICIAL SEAL"
John M Galich
Notary Public, State of Illinois
My Commission Expires 5/4/2019

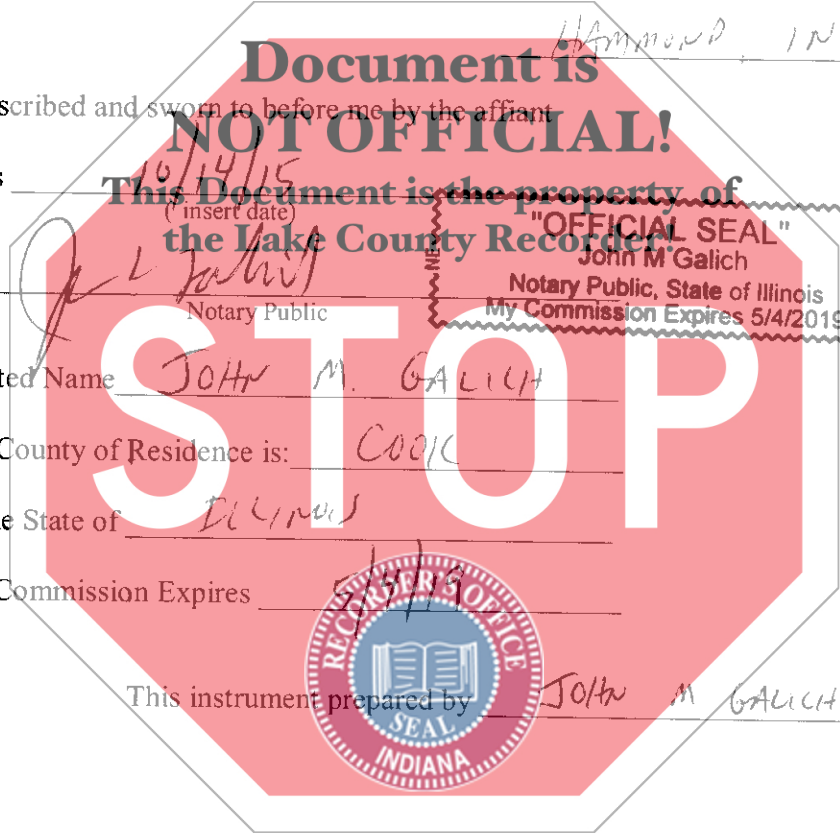
Printed Name JOHN M. GALICH

My County of Residence is: COOK

In the State of ILLINOIS

My Commission Expires 5/4/19

This instrument prepared by John M Galich





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 003928

EDR No 00000356533

State No

Form fields including: 1. Decedent's Legal Name (MICHAEL GALICH), 2. Sex (MALE), 3. Time Of Death (05:15 AM), 4. Date Of Death (12/03/2013), 5. Social Security Number, 6a. Age - Yrs (83), 7. Date of Birth (10/07/1930), 8. Birthplace (CHICAGO, IL), 11. Facility Name (KINDRED HOSPITAL NORTHWEST INDIANA), 12. City Or Town, State, And Zip Code (HAMMOND, IN, 46320), 13. County Of Death (LAKE), 14. Marital Status At Time Of Death (Married), 15. Surviving Spouse's Name (GLORIA GALICH), 16. Decedent's Usual Occupation (MULTI CRAFT), 17. Kind Of Business/Industry (LTV STEEL), 18. Residence - State (INDIANA), 18a. County (LAKE), 18b. City Or Town (HAMMOND), 18c. Street And Number (6406 MORaine), 18d. Apt. No., 18e. Zip Code (46324), 18f. Inside City Limits? (Yes), 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 (GEORGE GALICH), 23. Mother's Name (ROSE GALICH), 23a. Mother's Maiden Last Name (ANDRICH), 24. Infant's Name (GLORIA GALICH), 24a. Relationship To Decedent (WIFE), 24b. Mailing Address (6406 MORaine, HAMMOND, IN 46324), 25. Place Of Disposition (SOLAN PRUZIN CREMATORY, SCHERERWILLE, IN), 26. Was Coroner Contacted? (No), 27. Name And Complete Address Of Funeral Facility (SOLAN-PRUZIN FUNERAL SERVICE INC. DBA SOLAN-PRUZIN, 14 KENNEDY AVENUE, SCHERERWILLE, IN 46375), 27a. Funeral Home License Number (FH10200037), 27b. Signature Of Indiana Funeral Service Licensee (PAUL P. GONZALEZ, BY ELECTRONIC SIGNATURE), 27c. License Number Of Licensee (FD21100035), 28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death (A. LUNG FIBROSIS, B. SEVERE CONGESTIVE OBSTRUCTIVE PULMONARY DISEASE, C. HYPERTENSION, D. CONGESTIVE HEART FAILURE), 29. Was An Autopsy Performed? (No), 30. Were Autopsy Finding Available To Complete The Cause Of Death? (No), 31. Did Tobacco Use Contribute To Death? (Yes), 32. If Female: (Not Pregnant Within Past Year), 33. Manner Of Death (Natural), 34. Date Of Injury (Month/Day/Year), 35. Time Of Injury, 36. Place Of Injury (S.G. Decedent's Home, Construction Site, Restaurant, Wooded Area), 37. Injury At Work? (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: (Driver/Operator, Passenger, Pedestrian, Other (Specify)), 41. Signature, Of Person Certifying Cause Of Death (ABD NOGHOUGH, BY ELECTRONIC SIGNATURE), 42. Certifier (Check Only One) (Certifying Physician), 43. Name, Address And Zip Code Of Person Certifying Cause Of Death (ABD NOGHOUGH, 509 RIDGE ROAD, SUITE 2, MUNSTER, IN 46321), 44. License Number (01045772A), 45. Date Certified (12/05/2013), 46. Additional Funeral Service Provider, 47. *Akas, 48. Signature of Local Health Officer (SUSAN W. BEST, VIA ELECTRONIC SIGNATURE), 49. For Registrar Only - Date Filed (Month/Day/Year) (DEC 06 2013)

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)