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U. S. Department of State  
CONSULAR OFFICES OF THE UNITED STATES OF AMERICA  
AFFIDAVIT FOR THE SURVIVING SPOUSE OR NEXT OF KIN

\*Provide information below to the extent that it is available.

2016 038968

VENUE

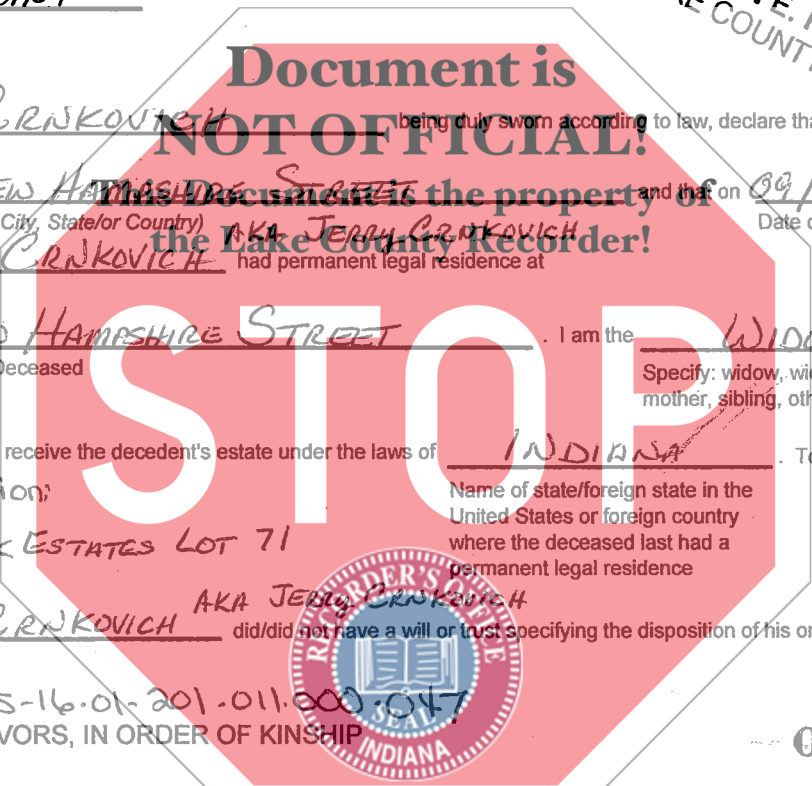
INDIANA  
State

ss.  
CROWN POINT  
City

**FILED**  
JUN 23 2016  
JOHN E. PETALAS  
LAKE COUNTY AUDITOR

2016 JUN 23 PM 1:53

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD



I, Pam CRNKOVICH being duly sworn according to law, declare that I reside at  
Your Name  
10284 NEW HAMPSHIRE STREET and that on 09/01/11  
Street Address (Including City, State/or Country) Date of Death (mm-dd-yyyy)  
GERALD S. CRNKOVICH AKA JERRY CRNKOVICH had permanent legal residence at

Name of Deceased  
10284 NEW HAMPSHIRE STREET I am the WIDOW  
Complete Address of the Deceased Specify: widow, widower, child, father, mother, sibling, other

and as such am entitled to receive the decedent's estate under the laws of INDIANA To the best of my knowledge,  
Legal description: HIDDEN CREEK ESTATES LOT 71 Name of state/foreign state in the United States or foreign country where the deceased last had a permanent legal residence

GERALD S. CRNKOVICH AKA JERRY CRNKOVICH did/did not have a will or trust specifying the disposition of his or her estate.

Name of Deceased  
Parcel # 45-16-01-201-011-000-047  
NAME(S) OF SURVIVORS, IN ORDER OF KINSHIP

013525

Please insert the name of living relatives in the following order of relationship: surviving spouse, children, father and/or mother, brothers and/or sisters, other:

Name	Date of Birth (mm-dd-yyyy)	Address	Telephone Number	Relationship
<u>Pam CRNKOVICH</u>	<u>9-20-51</u>	<u>10284 NEW HAMPSHIRE ST</u>	<u>219-682-6809</u>	<u>WIFE</u>

\$16.00

non con cash JAS







INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Tracking No. 63675

Local No 002889

EDR No 000000466708

State No 041258

1. Decedent's Legal Name (First, Middle, Last) <b>GERALD S CRNKOVICH</b>				1a. Maiden Name (If female)		2. Sex <b>MALE</b>		3. Time Of Death <b>05:49 AM</b>		4. Date Of Death (Month/Day/Year) <b>09/01/2015</b>	
5. Social Security Number [REDACTED]		6a. Age - Yrs <b>67</b>		6b. Under 1 Year Months: _____ Days: _____		6c. Under 1 Month Days: _____ Hours: _____		6d. Under 1 Day Hours: _____ Minutes: _____		7. Date of Birth (Month/Day/Year) <b>11/29/1947</b>	
8. 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 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)		6. Birthplace (City and State or Foreign Country) <b>GREAT FALLS, MT</b>			
11. Facility Name (If Not Institution, Give Street and Number) <b>10284 NEW HAMPSHIRE</b>						13. County Of Death <b>LAKE</b>		14. Marital Status At Time Of Death: <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown			
12. City Or Town, State, And Zip Code <b>CROWN POINT, IN, 46307</b>				15a. (If Wife) Give Maiden Last Name <b>BONAVENTURA</b>		16. Decedent's Usual Occupation <b>SALES</b>		17. Kind Of Business/Industry <b>STEEL INDUSTRY</b>			
18. Residence - State <b>INDIANA</b>		18a. County <b>LAKE</b>		18b. City Or Town <b>CROWN POINT</b>		18c. Street And Number <b>10284 NEW HAMPSHIRE</b>		18d. Apt. No.		18e. Zip Code <b>46307</b>	
18f. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		19. Decedent's Education <b>ASSOCIATE DEGREE (AA, AS)</b>		20. Decedent Of Hispanic Origin <b>NOT HISPANIC</b>		21. Decedent's Race <b>White</b>		22. Father's Name (First, Middle, Last) <b>ANTHONY CRNKOVICH</b>		23. Mother's Name (First, Middle, Last) <b>MARIE CRNKOVICH</b>	
24. Informant's Name <b>PAM CRNKOVICH</b>		24a. Relationship To Decedent <b>WIFE</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>10284 NEW HAMPSHIRE, CROWN POINT, IN 46307</b>		24c. Mother's Maiden Last Name <b>HECIMOVICH</b>					
25a. Method Of Disposition: <input type="checkbox"/> Burial <input checked="" 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) <b>NW CREMATION SERVICES</b>		25c. Location - City, Town, And State <b>CROWN POINT, IN</b>		26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>BURNS FUNERAL HOME (CROWN POINT), 10101 BROADWAY, CROWN POINT, IN 46307</b>		27a. Funeral Home License Number <b>FH83002445</b>	
27b. Signature Of Indiana Funeral Service Licensee <b>JAMES E. BURNS, BY ELECTRONIC SIGNATURE</b>		27c. License Number Of Licensee <b>FD20700059</b>		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) <b>A. CARDIAC ARREST</b> 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 <b>B. CORONARY ARTERY DISEASE</b> <b>C. HYPERTENSION</b>		28. Cause Of Death (See Instructions And Examples) <b>THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT</b> <b>SEP 02 2015</b>		Approximate Interval: Onset To Death			
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		30. Were Autopsy Finding Available To Complete The Cause Of Death? <b>LAKE COUNTY HEALTH OFFICER</b>		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 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)		<b>NOT VALID UNLESS</b>	
41. Signature, Of Person Certifying Cause Of Death: <b>RAYMOND JOHN ZIMMERMAN, BY ELECTRONIC SIGNATURE</b>		42. Certifier (Check Only One): <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		44. License Number <b>01035397A</b>		45. Date Certified <b>09/01/2015</b>		46. Additional Funeral Service Provider:			
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: <b>RAYMOND JOHN ZIMMERMAN, 8777 BROADWAY, SUITE A, MERRILLVILLE, IN 46410</b>		47. Alkaline Phosphatase (IAP) (U/L)		48. Signature Of Local Health Officer: <b>SUSAN W. BEST, VIA ELECTRONIC SIGNATURE</b>		49. For Registrar Only - Date Filed (Month/Day/Year): <b>SEP 02 2015</b>					

