STATE OF INDIANA

COUNTY OF LAKE

) SS: 2016 055623

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2016 AUG 16 PH 12: 58

MICHAEL B. BROWN RECORDER

## AFFIDAVIT OF SURVIVORSHIP

Lorraine M. Devyak, being first duly sworn upon oath, says:

- On June 21, 2016, Robert M. Devyak and Lorraine M. Devyak owned the subject property by the entireties, as joint tenants with right of survivorship.
- On June 21, 2016, as shown by the attached death certificate, Robert M. Devyak died in Lake County, Indiana.
- The address of the **v**r renants with right of survivorship, in Lake County, Indiana, is legally de

y of Hobart, as per plat mage 29, as amended 222192, in the Office of the Recorder of Hake County, Indiana.

COMMONLY KNOWN AS 2811 Crabapple Lane, Hobart, IN 46342 Parcel Number 45-08-36-153-011-00-018

- That on said date, the said Robert M. Devyak became deceased in Lake County, Indiana, and Lorraine M. Devyak became the owner of said real estate pursuant to operation of
- That no estate was opened for the said Robert M. Devyak and that no State or Federal Inheritance or Estate Tax is due or owing.
- That the purpose of the giving of this Affadavit is to establish a survivorship between joint tenants with right of survivorship.

Date Lorraine M. De KEW MARSHALL ND SWORN to before me this

Lake County My Commission Expires **EXPIRES:** 

PUBLIC, Kevin W. Marshall

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I affirm under the penalties for periury, that I have taken reasonable care to redact each social security number in this document unless required by law.

Kevin W. Marshall

W. Marshall, 11624-71 Attorney at Law, 192 Bracken Parkway, Hobart, IN 46342

014655

AUG 16 2016

JOHN E. PETALAS LAKE COUNTY AUDITOR

## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. 91783

Local No 00  1. Decedent's Legal Name (First, Middle, Las		ED	R No 0000		23	2. Sex		o 0290		of Death (Month/Day/Year)	
ROBERT M DEVYAK				,		MAL	F 0	:40 AM		06/21/2016	
5. Social Security Number 6a. Age - Yrs	6b. Under 1 Year	6c. Under 1 Month	6d. Under 1 Day	6e, Under 1 Hour	7. Date	of Birth (Mont				or Foreign Country)	
63	Months	Days	Hours	Minutes	<u> </u>	11/05/19		GARY, IN			
_	ath Occurred In A Hosi ient	•	t Dead on Arrival	10a. If Death Occu		ewhere Other I ecedent's Hon		g Home/Long-ter	m Care Facili	ty	
11. Facility Name (If Not Institution, Give Stre		- <del></del>		1							
ST MARY MEDICAL CENTER 12. City Or Town, State, And Zip Code	CINC			13. County 6	Of Death			14. Marital St	atus At Time	Of Death	
HOBART, IN, 46342			a (If Wife)Give Maide	LAKE (If Wife)Give Maiden Last Name 16. Decedent's Usual C				Married			
				i Last Name				20011		or business industry	
ORRAINE M DEVYAK 18. Residence - State	18a.	County	<u>reffens</u>	18b. City Or To		MILLWR	IGHI		STEEL		
NDIANA 18c. Street And Number	LAK	E		HOBART			18d. Apt. No.	18e. Zip	Codo	18f. Inside City Limits	
			1				Tou. Apr No.	10e. Zip	Code	✓ Yes □ No	
2811 CRABAPPLE LANE  19. Decedent's Education	1 20	. Decedent of Hispa	pic Origin	J - 24l r	Jacodent's	Race		46	342	2 103 110	
HIGH SCHOOL GRADUATE ( COMPLETED  22. Father's Name (First, Middle, Last)	OR GED	OT HISPANIC	Docu	Ment	15	Hade		23a	Mother's Mai	den Last Name	
		NU	TUI	FIU	LAL	L:				acii gastiyanio	
GEORGE DEVYAK 24. Informant's Name		24a, Relationship	To Decedente Int	FREIDA DEV 24b. Mailing Addres	YAK s (Street)	and Number, C	State, Zip Co	BAT	ALIS		
ORRAINE DEVYAK			ake Cor	_	_						
		0110 1	25. Plac	ce Of Disposition				00.2			
25a. Method Of Disposition  ☑ Burial ☐ Cremation ☐ Donation ☐ E ☐ Removal From State		ice Of Disposition (N	lame Of Cemetery, Cre	ematory, Other Place)	25c, L	ocation - City,	Town, And State				
Other (Specify):		MET PARK			MEF	RILLVILI	E, IN		T 22 E		
D van Miller of the control of	. Name And Complete		, <u>-</u>				CHA DOINT		-	eral Home License Numbe	
27b. Signature Of Indiana Funeral Service Lic	ensee:		ROWN POINT	), 10101 BRO	AUVVA	270	c. License Numb		FH830 :	02445	
JAMES E. BURNS , BY ELEC	TRONIC SIGN		ause Of Death (See	Instructions And	Example		020700059	-		Approximate	
28. Part I. Enter The <u>Chain Of Events</u> - Such As Cardiac Arrest, Respiratory Arra A Line. Add Additional Lines If Necessa	est, Or Ven <mark>tricular Fi</mark>	or Complications - 1 brillation Without S	That Directly Caused howing The Etiology.	The Death, Do Not Do Not Abbreviate.	Enter Ter Enter Or	minal Events nly One Caus	e On			Interval: Onset To Death	
Immediate Cause (Final Disease Or Con	ndition Resulting In D	Peath) A.	RESPIRATORY AF	alst	Due to (Or	As A Consequence	Oŋ:	<u> </u>		IMMEDIATE	
Sequentially List Conditions, If Any, Lea Line A. Enter The Underlying Cause (Di			PULMONARY EMB	OLISM	Due to (Or )	As A Consequence	on:			6 DAYS PRIOR	
The Events Resulting In Death) Last <sup>r</sup>	sease or injury man	C.	BRAIN AND SPINA	L METASTATIC CA		As A Consequence	00:		-	5 WEEKS PRIOR	
		D.	PRIMARY LUNG C	TTTTT V	LUNG AD	ENOCAROIN	NOMA			5 WEEKS PRIOR	
Part II. Enter Other Significant Conditions Con	tributing to Death But	Not Resulting In The	Underlying Cause Giv	PARENTINE		An Autopsy fin		∐ Yes	⊠ No	646	
MALNUTRITION 31. Did Tobacco Use Contribute To Death?	32. If Fema	ale;			50, We	le Autopsy fill	33 Mannet C	Design City	file With	HTHE TES PINO	
☑ Yes ☐ Probably ☐ No ☐ Unknown	•	nant Within Past Year 🔲 nant, But Pregnant 43 Days 1	-	Not Pregnant, But Preg			" NAME INCOME.	Homicitis 1	Academ	Pending Myestipation	
34. Date Of Injury (Month/Day/Year)	35. Time (			e Of Injury (E.G., Dec						Injury At Work?	
38. Location Of Injury - State	38a. City C	)r Town	38b. St	reet & Number				385 Agr.		Yes No	
'		•				ļ		14	aper:		
39. Describe How Injury Occurred			~				40. If Transpo	mation injury Sp		FIGHT ESS	
41. Signature, Of Person Certifying Cause O RANDALL RAY RILEY,BY E	LECTRONIC S	SIGNATURE					tifier (Check On tifying Physician	Corone		Health Officer	
43. Name, Address And Zip Code Of Person			5 W, HOBART,	IN 46342		-	0104		45	Date Certified 06/21/2016	
46. Additional Funeral Service Provider:			<del>.</del>		-		47. *A	as:		1/ 1/2	
48. Signature of Local Health Officer: CHANDANA VAVILALA, VIA I	ELECTRONIC		ENT TO CERTIFICA	TE OE DEATH (EV	TDV OB	ļ	gistrar Only - D	ate Filed (Monti	-	- 7 :	
		AMENUM	ENT TO CERTIFICA	IE OF DEATH (EN	אט זאו	JRIGINAL)			<del>-, -,</del>		
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