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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2017 JAN -3 AM 10:58

MICHAEL B. BROWN
RECORDER

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

SURVIVORSHIP AFFIDAVIT

On this 22nd day of December, 2016, DEBORAH A. GAC, "Affiant," being duly sworn upon her oath states that:

1. Affiant resides at the address given below affiant's signature.

2. The parties were married to each other at the time they acquired title to the real estate and they remained married until the death of Edward A. Gac.

3. The following real estate was formerly owned by Edward A. Gac and Affiant, Deborah A. Gac, husband and wife:

Lot 3 in Watt's Artesian Wells, Third Addition, as per plat thereof, recorded in Plat Book 28, Page 21, in the Office of the Recorder of Lake County, Indiana

Commonly known as: 10629 Schneider Place, St. John, IN 46373
Parcel No.: 45-15-04-307-008.000-015

4. Decedent, Edward A. Gac died on the 2nd day of October, 2015, a resident of 10629 Schneider Place, St. John, Lake County, Indiana.

5. To the best of Affiant's knowledge there is no estate or inheritance tax liability by reason of the death of Decedent.

6. Affiant is the surviving spouse of Decedent.

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STOP
RECORDER'S OFFICE
SEAL
INDIANA

DEBORAH A. GAC
10629 Schneider Place
St. John, IN 46373

SUBSCRIBED AND SWORN to before me, a Notary Public in and for said County and State this 22 day of December, 2016.

NOTARY PUBLIC
Resident of Lake County

My Commission Expires:

CARLA K. BEAN
Lake County
My Commission Expires
April 10, 2024
NOTARY PUBLIC SEAL STATE OF INDIANA

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

Kenneth M. Wilk

This document prepared by: KENNETH M. WILK - #1242-45
RUBINO, RUMAN, CROSMER & POLEN
275 Joliet Street, Suite 330, Dyer, IN 46311 219-322-8222

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JAN 03 2017

JOHN E. PETALAS
LAKE COUNTY AUDITOR
020013

FIDELITY NATIONAL
TITLE COMPANY
FB1600901

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 66553

Local No 003255 | EDR No 000000471850 | State No 046566

1. Decedent's Legal Name (First, Middle, Last)	1a. Maiden Name (If female)	2. Sex	3. Time Of Death	4. Date Of Death (Month/Day/Year)
EDWARD A GAC		MALE	03:45 AM	10/02/2015

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 (Month/Day/Year)	8. Birthplace (City and State or Foreign Country)
[redacted]	66	Months	Days	Hours	Minutes	07/24/1949	CHICAGO, IL

9. Ever in U.S. Armed Forces? ☒ Yes ☐ No ☐ Unknown

10. If Death Occurred In A Hospital: ☐ Inpatient ☐ Emergency Department Outpatient ☐ Dead on Arrival

10a. If Death Occurred Somewhere Other Than A Hospital: ☐ Hospice Facility ☒ Decedent's Home ☐ Nursing Home/Long-term Care Facility ☐ Other (Specify)

11. Facility Name (If Not Institution, Give Street and Number): 10629 SCHNEIDER PLACE

12. City Or Town, State, And Zip Code	13. County Of Death	14. Marital Status At Time Of Death
ST. JOHN, IN, 46373	LAKE	☒ Married ☐ Married, But Separated ☐ Divorced ☐ Widowed ☐ Never Married ☐ Unknown

15. Surviving Spouse's Name	15a. (If Wife)Give Maiden Last Name	16. Decedent's Usual Occupation	17. Kind Of Business/Industry
DEBORAH GAC	KOENIG	LABORER	CONSTRUCTION

18. Residence - State	18a. County	18b. City Or Town
INDIANA	LAKE	ST. JOHN

18c. Street And Number	18d. Apt. No.	18e. Zip Code	18f. Inside City Limits?
10629 SCHNEIDER PLACE		46373	☒ Yes ☐ No

19. Decedent's Education	20. Decedent Of Hispanic Origin	21. Decedent's Race
ASSOCIATE DEGREE (AA, AS)	NOT HISPANIC	White

22. Father's Name (First, Middle, Last)	23. Mother's Name (First, Middle, Last)	23a. Mother's Maiden Last Name
ZIGMUND GAC	VICTORIA GAC	TOMCZAK

24. Informant's Name	24a. Relationship To Decedent	24b. Mailing Address (Street And Number, City, State, Zip Code)
DEBORAH GAC	WIFE	10629 SCHNEIDER PLACE, ST. JOHN, IN 46373

25. Place Of Disposition

25a. Method Of Disposition	25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place)	25c. Location - City, Town, And State
☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal From State ☐ Other (Specify):	ELMWOOD CHAPEL AND CREMATORY	CEDAR LAKE, IN

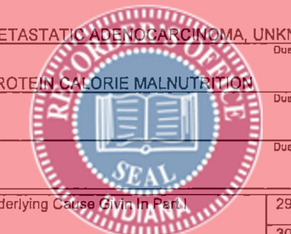
26. Was Coroner Contacted?	27. Name And Complete Address Of Funeral Facility	27a. Funeral Home License Number
☐ Yes ☒ No	ELMWOOD CHAPEL LTD, 11300 W 97TH LN, SAINT JOHN, IN 46373	FH19900052

27b. Signature Of Indiana Funeral Service Licensee	27c. License Number (Of Licensee)
JAMES F BETKOWSKI , BY ELECTRONIC SIGNATURE	FD09200077

Cause Of Death (See Instructions And Examples)

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 Additinal Lines If Necessary.

		Approximate Interval: Onset To Death
Immediate Cause (Final Disease Or Condition Resulting In Death)	A. METASTATIC ADENOCARCINOMA, UNKNOWN PRIMARY, PROBABLY PANCREATIC	MONTHS
	Due to (Or As A Consequence Of):	
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. PROTEIN CALORIE MALNUTRITION	MONTHS
	Due to (Or As A Consequence Of):	
	C.	
	Due to (Or As A Consequence Of):	
	D.	



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? ☐ Yes ☒ No

30. Were Autopsy Finding Available To Complete The Cause Of Death? ☐ Yes ☐ No

31. Did Tobacco Use Contribute To Death? ☐ Yes ☐ Probably ☐ No ☒ Unknown

32. If Female: ☐ Not Pregnant Within Past Year ☐ Pregnant At Time Of Death ☐ Not Pregnant, But Pregnant Within 42 Days Of Death ☐ Not Pregnant, But Pregnant 43 Days To 1 year Before Death ☐ Unknown If Pregnant Within The Past Year

33. Manner Of Death: ☒ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ 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? ☐ Yes ☐ 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)

THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT

OCT 0 5 2015

[signature]

LAKE COUNTY HEALTH OFFICER

NOT VALID UNLESS RAISED SEAL AFFIXED

41. Signature, Of Person Certifying Cause Of Death: LYLE R MUNN , BY ELECTRONIC SIGNATURE

42. Certifier (Check Only One): ☒ Certifying Physician ☐ Coroner ☐ Heath Officer

43. Name, Address And Zip Code Of Person Certifying Cause Of Death	44. License Number	45. Date Certified
LYLE R MUNN , 85 E. US HIGHWAY 6, MEDICAL PLAZA, STE 235, VALPARAISO, IN 46383	01031582A	10/03/2015

46. Additional Funeral Service Provider:

47. *Akas:

48. Signature of Local Health Officer	49. For Registrar Only - Date Filed (Month/Day/Year)
SUSAN W. BEST, VIA ELECTRONIC SIGNATURE	OCT 05 2015

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

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.