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MICHAEL B. BROWN  
SURVIVORSHIP AFFIDAVIT OF JOYCE GARCIA

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I, JOYCE GARCIA, being duly sworn, affirm under the penalties for perjury that I am an adult under no mental or physical incapacity or disability and am competent to testify to the facts set forth in this Affidavit and state as follows:

1. I am the sole surviving sister of Dennis Noskoskie, also known as Dennis M. Noskoskie, who died on or about the 18<sup>th</sup> day of July, 2016, in Munster, Indiana. A copy of the Certificate of Death of Dennis M. Noskoskie is attached hereto.

2. During his lifetime and at the time of his death, my brother and I, as joint tenants with rights of survivorship, owned real estate situated in Lake County, Indiana which is described as follows:

Lot 5, Block 8 in Little Farm Addition to the City of Gary, in Lake County, Indiana  
Commonly known as 4270 Vermont Street, Gary, Indiana 46409.  
Parcel No. 45-08-27-410-014.000-004

3. As a result of my brother's death, I acquired title as the surviving joint tenant and am the sole owner of said real estate.

FURTHER AFFIANT SAYETH NOT



*Joyce Garcia*  
JOYCE GARCIA

Hold for:

INDIANA TITLE NETWORK COMPANY  
325 N. MAIN STREET  
CROWN POINT, IN 46307  
2016-58212-02


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JOHN E. PETALAS  
LAKE COUNTY RECORDER

*[Handwritten signature]*

STATE OF INDIANA     )  
                                  ) SS:  
COUNTY OF LAKE     )

**SUBSCRIBED AND SWORN** to before me, a Notary Public, this 9<sup>th</sup> day of November, 2016.

  
Maryann K. McCauley  
Maryann K. McCauley, Notary Public

My Commission Expires: 10/05/2024  
Resident of Lake County.

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.





INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Tracking No. 94448

Local No 002325

EDR No 00000522579

State No 033618

1. Decedent's Legal Name (First, Middle, Last) <b>DENNIS M NOSKOSKIE</b>				1a. Maiden Name (If female)		2. Sex <b>MALE</b>	3. Time Of Death <b>11:21 PM</b>	4. Date Of Death (Month/Day/Year) <b>07/18/2016</b>	
5. Social Security Number		6a. Age - Yrs <b>70</b>	6b. Under 1 Year Months	6c. Under 1 Month Days	6d. Under 1 Day Hours	6e. Under 1 Hour Minutes	7. Date of Birth (Month/Day/Year)		8. Birthplace (City and State of Foreign Country) <b>GARY, IN</b>
9. Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)				
11. Facility Name (If Not Institution, Give Street and Number) <b>WILLIAM J. RILEY MEMORIAL RESIDENCE, HOSPICE</b>									
12. City Or Town, State, And Zip Code <b>MUNSTER, IN, 46321</b>					13. County Of Death <b>LAKE</b>		14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Unknown		
15. Surviving Spouse's Name				15a. (If Wife) Give Maiden Last Name		16. Decedent's Usual Occupation <b>SUPERVISOR</b>		17. Kind Of Business/Industry <b>NIPSCO</b>	
18. Residence - State <b>INDIANA</b>			18a. County <b>LAKE</b>		18b. City Or Town <b>GARY</b>				
18c. Street And Number <b>4270 VERMONT STREET</b>						18d. Apt. No.	18e. Zip Code <b>46408</b>	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education <b>HIGH SCHOOL GRADUATE OR GED COMPLETED</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>HARRY E. NOSKOSKIE</b>				23. Mother's Name (First, Middle, Last) <b>ANNE NOSKOSKIE</b>			23a. Mother's Maiden Last Name <b>SIPOIRA</b>		
24. Informant's Name <b>JOYCE A GARCIA</b>			24a. Relationship To Decedent <b>SISTER</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>6836 VAN BUREN STREET, MERRILLVILLE, IN 46410</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>KELLY CARROLL CREMATION SERVICE, GARY, IN</b>			25c. Location - City, Town, And State			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>PRUZIN BROTHERS - MERRILLVILLE, 6360 BROADWAY, MERRILLVILLE, IN 46410</b>					27a. Funeral Home License Number: <b>FH83002453</b>		
27b. Signature Of Indiana Funeral Service Licensee <b>THOMAS G. PRUZIN - BY ELECTRONIC SIGNATURE</b>						27c. License Number (Of Licensee): <b>FD0109893</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.									Approximate Interval: Onset To Death
Immediate Cause (Final Disease Or Condition Resulting In Death)						A. <b>CLEAR CELL RENAL CANCER METASTATIC TO BRAIN</b> Due to (Or As A Consequence Of):		<b>2 YEARS</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. _____ Due to (Or As A Consequence Of):			
						C. _____ Due to (Or As A Consequence Of):			
						D. _____ Due to (Or As A Consequence Of):			
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
REMOTE HISTORY OF BASAL CELL CANCER OF SKIN						30. Were Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No			
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" 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		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"/> Could Not Be Determined					
34. Date Of Injury (Month/Day/Year)			35. Time Of Injury		36. Place Of Injury (City, Decedent's Home, Construction Site, Restaurant, Worked 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 checked="" type="checkbox"/> <b>NOT VALID UNLESS</b>			
41. Signature, Of Person Certifying Cause Of Death: <b>LYLE R MUNN, BY ELECTRONIC SIGNATURE</b>						42. Certifier (Check One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Other			
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: <b>LYLE R MUNN, 85 E. US HIGHWAY 6, MEDICAL PLAZA, STE 235, VALPARAISO, IN 46383</b>						47. A		47. B	
48. Signature of Local Health Officer: <b>CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE</b>						49. For Registrar Only			

Document is the property of the Lake County Recorder!

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JUL 22 2016

LAKE COUNTY HEALTH DEPARTMENT