

STATE OF INDIANA)
) SS: 2017 058027
COUNTY OF LAKE)

2017 AUG 28 AM 9:45

MICHAEL B. BROWN
RECORDER

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AFFIDAVIT OF SURVIVORSHIP

Barbara M. Polak ("Affiant"), being duly sworn upon her oath deposes and says:

1. That the Affiant is the wife of James B. Polak ("the Decedent").
2. That the Affiant resides in Lake County, State of Indiana.
3. That the Affiant is a competent adult and was born on March 24, 1940.
4. That James B. Polak ("the Decedent") and Barbara M. Polak were husband and wife at the time they acquired title by deed, as husband and wife, to certain real estate on July 16, 1962 and the real estate is described as follows:

Lot Twenty-two (22), Sheridan Park Addition to Whiting, as shown in Plat Book 4, page 18, in Lake County, Indiana.

and commonly known as: 1720 Oliver Street, Whiting, Indiana 46394
Parcel No.: 45-03-07-226-040.000-025

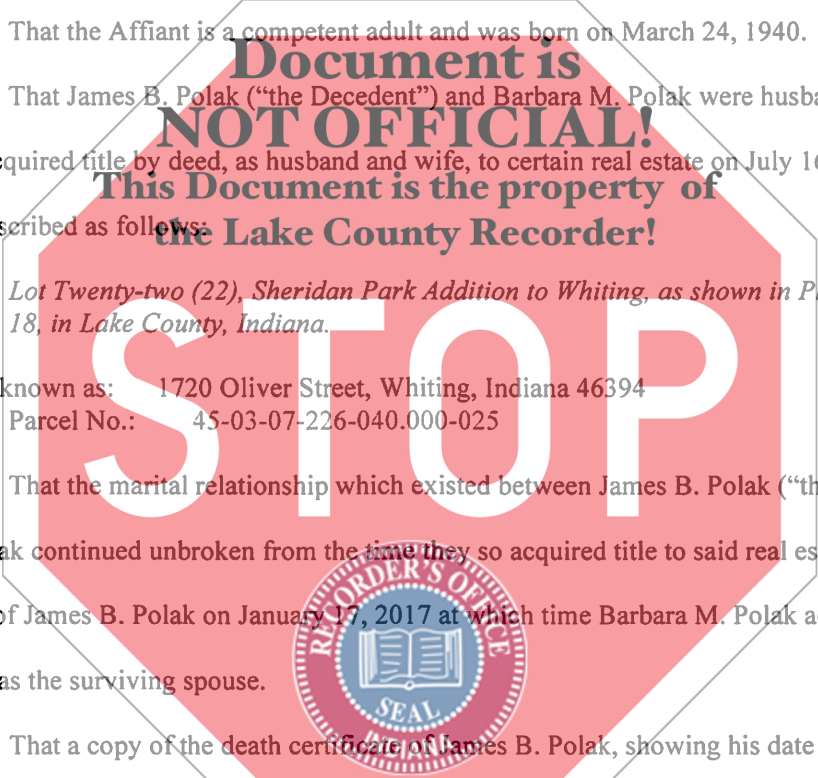
5. That the marital relationship which existed between James B. Polak ("the Decedent") and Barbara M. Polak continued unbroken from the time they so acquired title to said real estate during 1962, until the death of James B. Polak on January 17, 2017 at which time Barbara M. Polak acquired title to said real estate as the surviving spouse.

6. That a copy of the death certificate of James B. Polak, showing his date of death to be January 17, 2017 is attached hereto and made a copy of this affidavit by reference.

7. That to the Affiant's best knowledge, James B. Polak, the Decedent is believed to be solvent.

8. That the Affiant makes this affidavit for the purpose of showing that said real estate became vested in the surviving spouse, Barbara M. Polak on January 17, 2017 and so that the Lake County Recorder and the Lake County Auditor will show on their records that the above described real estate became vested solely in Barbara M. Polak on January 17, 2017.

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JOHN E. PETALAS
LAKE COUNTY AUDITOR

9. That Barbara M. Polak is the sole surviving interest holder in the said real estate and accordingly is the sole owner of said real estate.

10. That all of the above representations are true.

Barbara M. Polak
BARBARA M. POLAK

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. Joseph L. Curosh, Jr.

Joseph L. Curosh, Jr.
Joseph L. Curosh, Jr.

**Document is
NOT OFFICIAL!**

STATE OF INDIANA)
COUNTY OF LAKE)
SS:)
**This Document is the property of
the Lake County Recorder!**

Before me, the undersigned, a Notary Public, in and for said County and State, personally appeared **Barbara M. Polak**, who being first duly sworn by me upon an oath, states that the facts set forth in the foregoing Affidavit of Survivorship are true.

WITNESS MY HAND AND SEAL this 4th day of August 2017.

DAWN MARIE CONNER
Notary Public - Seal
State of Indiana
Lake County
My Commission Expires May 28, 2023



Dawn Marie Conner
NOTARY PUBLIC

Dawn Marie Conner
PRINTED NAME OF NOTARY PUBLIC

County of Residence: LAKE

My Commission Expires: May 28, 2023

Mail Taxes to: Barbara M. Polak
1720 Oliver Street
Whiting, Indiana 46394



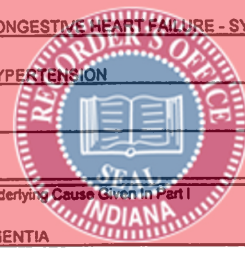
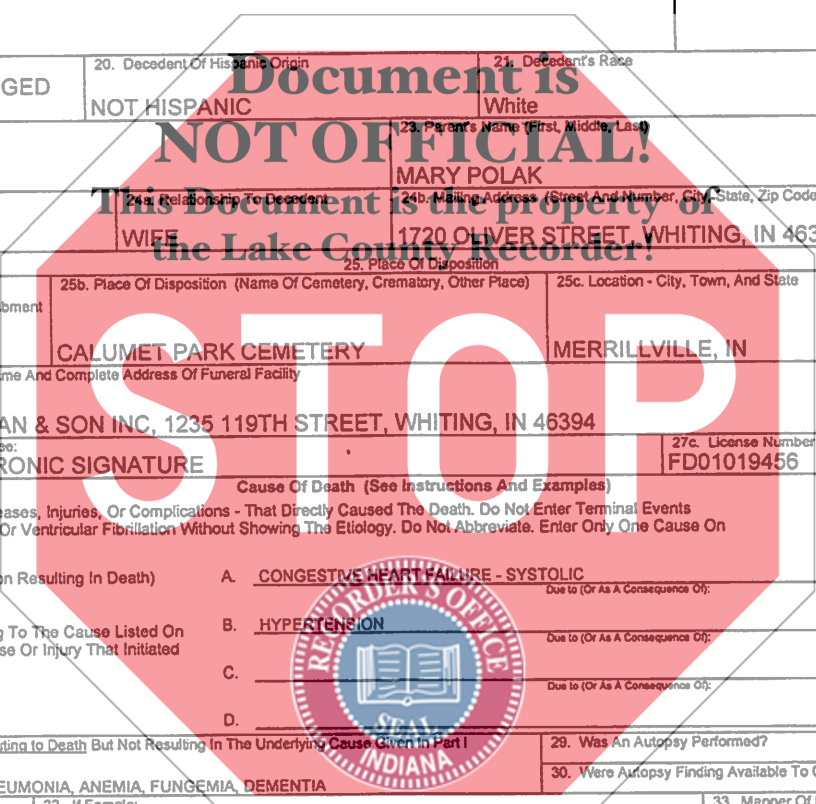
**INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH**

Local No 000014

EDR No 00000555139

State No 002953

1. Decedent's Legal Name (First, Middle, Last) JAMES B POLAK				1a. Maiden Name (If female)		2. Sex MALE	3. Time Of Death 04:31 AM	4. Date Of Death (Month/Day/Year) 01/17/2017			
5. Social Security Number [REDACTED]		6a. Age - Yrs 79	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) 03/05/1937		8. Birthplace (City and State or Foreign Country) WHITING, IN		
9. 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 checked="" 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 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) REGENCY HOSPITAL OF NORTHWEST INDIANA, LLC											
12. City Or Town, State, And Zip Code EAST CHICAGO, IN, 46312					13. County Of Death LAKE			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			
15. Surviving Spouse's Name BARBARA M POLAK			15a. Last Name Before First Marriage GINTHER			16. Decedent's Usual Occupation ELECTRICIAN		17. Kind Of Business/Industry STEEL MILL			
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town WHITING		18d. Apt. No.	18e. Zip Code 46394	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
18c. Street And Number 1720 OLIVER STREET		19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED	20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White		23a. Parent's Last Name Before First Marriage HAREZNIK				
22. Parent's Name (First, Middle, Last) PAUL POLAK		23. Parent's Name (First, Middle, Last) MARY POLAK		24. Informant's Name MRS BARBARA M POLAK			24b. Mailing Address (Street And Number, City, State, Zip Code) 1720 OLIVER STREET, WHITING, IN 46394				
24a. Relationship To Decedent WIFE		25. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) CALUMET PARK CEMETERY									
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input 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) CALUMET PARK CEMETERY			25c. Location - City, Town, And State MERRILLVILLE, IN						
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	27. Name And Complete Address Of Funeral Facility BARAN & SON INC, 1235 119TH STREET, WHITING, IN 46394						27a. Funeral Home License Number: FH83007267				
27b. Signature Of Indiana Funeral Service Licensee: MARTIN A. DYBEL, BY ELECTRONIC SIGNATURE		27c. License Number (Of Licensee): FD01019456		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) A. CONGESTIVE HEART FAILURE - SYSTOLIC 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. HYPERTENSION 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 DIABETES MELLITUS, TOBACCO USE, PNEUMONIA, ANEMIA, FUNGEMIA, DEMENTIA						Approximate Interval: Onset To Death YEARS YEARS	
29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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 checked="" type="checkbox"/> Probably <input 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			37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No				
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)			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)				
41. Signature, Of Person Certifying Cause Of Death: LINUS B. GANDHI, BY ELECTRONIC SIGNATURE						42. Certifier (Check Only One): <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		44. License Number 01057594A		45. Date Certified 01/19/2017	
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: LINUS B. GANDHI, 2727 HIGHWAY AVENUE, HIGHLAND, IN 46322						46. Additional Funeral Service Provider:		47. *Akas:		48. Signature of Local Health Officer: GERRI C. BROWNING, VIA ELECTRONIC SIGNATURE	
48. Signature of Local Health Officer: GERRI C. BROWNING, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): JAN 23 2017					
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.

WARNING: ORIGINAL DOCUMENT HAS A MULTICOLORED BACKGROUND ON SPECIAL WHITE SECURITY PAPER AND THE GREAT SEAL OF THE STATE OF INDIANA ON BACK THAT TURNS FROM ORANGE TO YELLOW WHEN RUBBED. ORIGINAL DOCUMENT HAS HIDDEN VOID ON FRONT THAT APPEARS WHEN PHOTO COPIED.