STATE OF INDIANA

)SS: COUNTY OF LAKE

20RYIVOR 9865BSVIT

STATE OF INDIANA AKE COUNTY FILED FOR RECORD

AM 9:21 2017 DEC 21

MICHAEL B. BROWN

Comes now JEAN F GORNAL, of Lake County, State of Indiana, who being first dul இஸ்றி கிழிக்க and says:

- That PATRICK M GORNAL died a resident of Lake County, Indiana, on the 17th day of June. 1. 2015.
- That JEAN F GORNAL AND PATRICK M GORNAL, Husband and Wife, took title to the following described real estate, to-wit: See Albahed exhibit "A"

Commonly known as: 1133 Azalez

usband and Wife, remained the 3. ocument is the property out in the death of owners of the aforedescribed rea PATRICK M GORNAL

> the Lake County Recorder! That PATRICK M GORNAL predeceased his wife, JEAN F GORNAL.

- That JEAN F GORNAL survived her husband, PATRICK M GORNAL, and therefore became the sole owner of the above-described real estate by virtue of such survivorship.
- That this Affidavit is made to induce the Auditor of Lake County to change the tax records so as to show that JEAN F GORNAL became the sole owner of the aforementioned real estate as a result of the death of PATRICK M GORNAL.

Further, Affiant saith not.

Executed at Lake County, State of Indiana Shis

Parcel Number: 45-07-30-328-925

Subscribed and sworn to before me, a notary public to had for said County and State, the

4.

DEANNA L. GRIGGS Lake County My Commission Expires February 20, 2021

Notary Public

My Comm. Expires: County of Residence:

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.

JEAN F. GORNAL Printed Name: Jean F. Gornal

This instrument prepared by: Law Office of John Ruppy L.C.; John P. Rupp; 9120 Connecticut Drive Suite G Merrillville, IN 46410; 219-756-4100

006649

Community Title Company File No. 11301

25-cM

DEC 20 2017

John e. Petalas LAKE COUNTY AUDITOR

EXHIBIT "A" LEGAL DESCRIPTION

LOT 25, FAIRMEADOW 19th ADDITION TO THE TOWN OF MUNSTER, AS SHOWN IN PLAT BOOK 40, PAGE 105, IN LAKE COUNTY, INDIANA.



CERTIFICATE OF DEATH - RESUBMIT

Local No 002056 EDR No 000000454432 State No 029130										
Decedent's Legal Name (First, Middle, Last)			1a. Maiden Name (If female)			2, Sex	3. Т	ime Of De	e Of Death 4. Date Of Death (Month/Day/Year)	
PATRICK M GORNAL 5. Social Security Number 6a. Age - Yrs			65.11-52-4.0	6e. Under 1 Hour 7. Date of Bir		MA			45 AM 06/17/2015 Birthplace (City and State or Foreign Country)	
		6c. Under 1 Month		be. Under 1 Hour	7. Date	or Billin (wor	nuv Day/Year)	8. Biring	place (City and St	ate or Foreign Country)
9. Ever in U.S. Armed Forces? 10. If De	Months eath Occurred in A Ho	Days soital:	Hours	Minutes 10a. If Death Occu	rred Some	01/16/19 ewhere Other			SEILLE, FR	
☑ Yes ☐ No ☐ Unknown ☐ Inpatient ☐ Emergency Department Outpatient ☐ Dead on Arrival ☐ Other (Specify) ☑ Decedent's Home ☐ Nursing Home/Long-term Care Facility ☐ Other (Specify)										
11. Facility Name (If Not Institution, Give Street and Number) 1133 AZALEA DRIVE										
12. City Or Town, State, And Zip Code 13. County Of Death 14. Marital Status At Time Of Death										
MUNSTER, IN, 46321	LAKE (If Wife)Give Maiden Last Name 16. Decedent's			onta Haval One	Married Married, But Separated Di Divorced Widowed Never Manipo Unknown al Occupation 17. Kind Of Business/Industry					
, io. outming opourous trains					ents Ostal Occ	The land of deal control of the land of th				
JEAN F GORNAL 18. Residence - State	1 18a	. County	ARK	18b. City Or Tov		EQUIPM	IENT DIRI	ECTO	R STE	EL
* /					•••					
NDIANA LAKE MUNSTER								18e. Zip Code	18f. Inside City Limits?	
1133 AZALEA DRIVE						İ			10001	⊠ Yes □ No
19. Decedent's Education		0. Decedent Of Hispani	ic Origin	21. 🛚	ecedent's	Race			46321	
BACHELOR'S DEGREE (BA,	AB BS)	OT HISPANIC		White		_ \			·	
22. Father's Name (First, Middle, Last)	1.0100)		Dog	23. Mother's Name (die, Last)	· .		23a, Mother's	Maiden Lest Name
STEFAN A GORNAL		/		ANNA A GOF	NAI_				MIKULAJ	
24. Informant's Name		24a, Relationship To	Decedent	24b. Mailing Address	(Street	And Number,	City, State, Zip	Code)	TIVITAGE	
JEAN F GORNAL		WIFE		1133 AZALEA	DRIV	E, MUN	STER, IN	46321		
25a. Method Of Disposition	256. PI	Jace Of Disposition (Nat	me Of Cemetery, Cre	a Of Disposition (natory, Other Place)	26c, L	ocation - City,	Town, And Sta	ite		
☐ Burial ☐ Cremation ☐ Donation ☒ E ☐ Removal From State	intombment	the	Lake C	County 1	Rec	corde	er!			
Other (Specify):		OHN - ST JOSE		RY	HAN	MOND,	IN ·			
M Yes D No A		te Address Of Funeral F		E, INCMUN	STER,	9445 C	ALUMET A	VE,		Funeral Home License, Number:
27b. Signature Of Indiana Funeral Service Li-	consee;						c. License Nur			3002910
LARRY D. ANTHONY, BY ELECTRONIC SIGNATURE [FD01001447] Cause Of Death (See Instructions And Examples) Approximate										
									Interval: Onset To Death	
Immediate Cause (Final Disease Or Cor	ndition Resulting In I	Death) A.	ARTERIOSCLEROT	CARDIOVASCU		EASE As A Consequence	00):			YEARS
Sequentially List Conditions, If Any, Lea	ading To The Cause	Listed On B. L	UROSEPSIS							DAYS
Line A. Enter The Underlying Cause (Di The Events Resulting In Death) Last	sease Or Injury The	at Initiated	Ove to (Gr As A Consequ			As A Consequence	o Og:			
		· · ·		Y	Due to (Or /	As A Consequence	ι Οη:		/	
Part II. Enter Other Significant Conditions Con	tributing to Death Rid	D. Not Resulting to The U	nderlyind Carles July	THE COPY	ie Wa	S An Altoney	Parformed?			
	The state of the s	1 4	THE RECORE	ON FILE WIT	OF A ME	e Autopsy Fir	nding Available		Yes 🔯	Death?
PERIPHERAL VASCULAR DISEASE 31. Did Tobacco Use Contribute To Death?	32. If Fem	ale;	E	STAL .	. 3		33. Manner			Yes No
☐ Yes ☐ Probably ☐ No ☒ Unknown	1 -	¥	regnam At Time Of Death	Not Proposed Out Prego		Days Of eath			ide Accident	Pending Investigation
34. Date Of Injury (Month/Day/Year)	35: Time	Of Injury	36. Place	Of injury (Eld., Dec	dent's Ho	ome, Constru	zuon Sile, Resta	aurant, Wo	oded Area)	37. Injury At Work?
38, Location Of Injury - State	38a City (Or Traves	2 Vr 49400	end distance	4.0			1 36	Bc. Apt. No.	☐ Yes ☐ No 38d. Zip Code
to, country or nyary cane	Jour Only		1						us. Apr. No.	360, 21p Cude .
39. Describe How Injury Occurred			LAKE COUNT	T HEALTH OF	FICER		40. If Trans	portation I	njury, Specify:	
							Duivertobera	for Pass	njury, Specify:	EID UNLESS
41. Signature, Of Person Certifying Cause Of Death: LYLE R MUNN , BY ELECTRONIC SIGNATURE 42. Certifying Physician ☐ George ☐ Heath Officer										
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: 45. Date Certified										
LYLE R MUNN , 85 E. US HIGHWAY 6, MEDICAL PLAZA, STE 235, VALPARAISO, IN 46383 01031582A										06/17/2015
46. Additional Funeral Service Provider.				_			47. %	Akas:		
48. Signature of Local Health Officer.			49. For Re	gistrar Only -	1	Month/Day/Yes	r):			
SUSAN W. BEST, VIA ELECTRONIC SIGNATURE AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)							1 30	N 23 2015	<u> </u>	
18c-Building: 1131			-							11.
49: 06/18/2015 12-Building: 1131 24b-Ruilding: 1131									e fr	