



3 Ctnw1902573

SURVIVORSHIP AFFIDAVIT

2019 037384

On this 6/17/19 before me personally appeared
(insert date)

James Garbacz

to me personally known, who being duly sworn on oath did say that:

- 1. Affiant resides at the address given below affiant's signature:
- 2. Affiant is Owner
state interest of affiant in the above premises as "owner", "son of owner", etc.
- 3. Said premises were formerly owned as joint tenants or as tenants by the entireties by James Garbacz and Diane R. Garbacz
- 4. Said Diane R. Garbacz
(fill in name of co-tenant who died)
died on March 12, 2015
leaving no will;
(insert "a" or "no"; if will left, attach a copy)

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2019 JUN 21 AM 9:52

MICHAEL R. BROWN
RECORDER

002323

5. The legal description of the premises in question is:

* See attached legal

FILED
JUN 20 2019
JOHN E. PHTALAS
LAKE COUNTY AUDITOR

6. Is there Federal or State inheritance tax liability by reason of the death of said decedent? Yes No

If yes, then estimated taxes due are \$ _____

The taxes due are paid or unpaid..

1820801054
32500
D

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CHICAGO TITLE INSURANCE COMPANY

7. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced? no

(If answer is "Yes", identify the divorce proceedings:

_____):

8. Affiant's relationship to the deceased was husband

Signature: James Garbacz

Printed Name James Garbacz

Address: 18N 200W

Furns, UT 84738

Subscribed and sworn to before me by the affiant

This 6-17-19
(insert date)

[Signature]
Notary Public

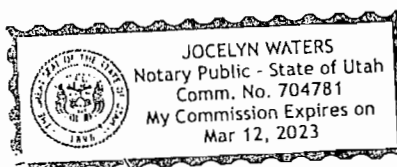
Printed Name Jocelyn Waters

My County of Residence is: Washington

In the State of Utah

My Commission Expires 3/12/2023

This instrument prepared by James Garbacz



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 47737

Local No 000898

EDR No 000000438042

State No 012974

1. Decedent's Legal Name (First, Middle, Last) DIANE R GARBACZ				1a. Maiden Name (If female) STACH		2. Sex FEMALE	3. Time Of Death 09:50 PM	4. Date Of Death (Month/Day/Year) 03/12/2015		
5. Social Security Number [REDACTED]		6a. Age - Yrs 57	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) 04/12/1957		8. Birthplace (City and State or Foreign Country) CHICAGO, IL	
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) ST MARGARET MERCY HEALTHCARE CENTERS-DYER										
12. City Or Town, State, And Zip Code DYER, IN, 46311					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 JAMES P GARBACZ			15a. (If Wife) Give Maiden Last Name			16. Decedent's Usual Occupation REGISTRATION CLERK		17. Kind Of Business/Industry COMMUNITY HOSPITAL		
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town ST. JOHN		18d. Apt. No.	18e. Zip Code 46373	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
18c. Street And Number 12741 WEST 87TH AVENUE		19. Decedent's Education ASSOCIATE DEGREE (AA, AS)			20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White			
22. Father's Name (First, Middle, Last) RICHARD STACH			23. Mother's Name (First, Middle, Last) CAROL ANN STACH			23a. Mother's Maiden Last Name SCHMIDT				
24. Informant's Name JAMES P GARBACZ		24a. Relationship To Decedent HUSBAND		24b. Mailing Address (Street And Number, City, State, Zip Code) 12741 WEST 87TH AVENUE, ST. JOHN, IN 46373						
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) ELMWOOD FUNERAL CHAPEL AND CREMATORY			25c. Location - City, Town, And State CEDAR LAKE, IN					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility ELMWOOD CHAPEL LTD, 11300 W 97TH LN, SAINT JOHN, IN 46373					27a. Funeral Home License Number FH19900052			
27b. Signature Of Indiana Funeral Service Licensee JAMES F BETKOWSKI, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee) FD09200077				
28. Part I Enter The <u>Chain Of Events</u> - 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. <u>RESPIRATORY FAILURE</u> Due to (Or As A Consequence Of): B. Due to (Or As A Consequence Of): C. Due to (Or As A Consequence Of): D. 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.									Approximate Interval Onset To Death	
Part II Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I LUNG CANCER									29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" 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 checked="" 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"/> Pregnant, Of Unknown Date, 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			34. Date Of Injury (Month/Day/Year)		35. Time Of Injury
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? <input type="checkbox"/> Yes <input type="checkbox"/> No			
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number LAKE COUNTY HEALTH OFFICER			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) NOT VALID UNLESS				
41. Signature, Of Person Certifying Cause Of Death SHEEYIP JOSIAH CHAN, BY ELECTRONIC SIGNATURE						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer				
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: SHEEYIP JOSIAH CHAN, 911 A FRAN LIN PARKWAY, MUNSTER, IN 46321						44. License Number 02001071A		45. Date Certified 03/17/2015		
46. Additional Funeral Service Provider:						47. *Akas:				
48. Signature of Local Health Officer SUSAN W. BEST, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year) MAR 17 2015				

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

RAISED SEAL AFFIXED

LEGAL DESCRIPTION

Order No.: CTNW1902513

For APN/Parcel ID(s): 45-11-29-151-002.000-035

LOT 34 IN SUN MEADOWS UNIT 1, AN ADDITION TO THE TOWN OF ST. JOHN, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 67, PAGE 27, AND AMENDED BY A "CERTIFICATE OF CORRECTION" RECORDED JANUARY 8, 1990 AS DOCUMENT NO. 078392, RE-RECORDED MARCH 8, 1990 AS DOCUMENT NO. 088015 AND FURTHER AMENDED BY A PLAT OF CORRECTION RECORDED DECEMBER 20, 1989 IN PLAT BOOK 67, PAGE 57, IN THE OFFICE OF THE RECORDER OF LAKE COUNT, INDIANA.