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GINA PIMENTEL
RECORDER
2021-013005
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
9:49 AM 2021 Feb 9

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

AFFIDAVIT OF SURVIVORSHIP

Leon Mack, being first duly sworn upon oath, says:

1. On March 12, 2001, Leon Mack, owned the subject property as joint tenants with right of survivorship with Katherine Mack.
2. On March 12, 2001, as shown by the attached death certificate, Katherine Mack died in Lake County, Indiana.
3. The address of the property owned as joint tenants, in Lake County, Indiana is legally described as follows:

Lots 8 and 9, Rolling Acres, as shown in Plat Book 24, page40,
In Lake County, Indiana

Commonly known as 1700 E. 73rd Street, Merrillville, IN 46410
4. On said date, Katherine Mack became deceased in Lake County, Indiana, and that said Leon Mack became the owner of said real estate by operation of law.
5. No estate was opened for Katherine Mack and no State or Federal Inheritance or Estate Tax is due or owing.
6. That the purpose of giving this Affidavit is to establish a survivorship between and joint tenants with right of survivorship.

FURTHER AFFIANT SAYS NOT.

2-8-2021
Date

Leon Mack
Leon Mack

SUBSCRIBED AND SWORN to before me on February 8, 2021.

MY COMMISSION EXPIRES 2-25-23  NOTARY PUBLIC, Kevin W. Marshall
LAKE COUNTY, 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.

Prepared by Kevin W. Marshall
FILED

Kevin W. Marshall 2/8/21
Kevin W. Marshall Date

FEB 09 2021
JOHN E. PETALAS
LAKE COUNTY AUDITOR

25 cash TS

NOT AN OFFICIAL DOCUMENT

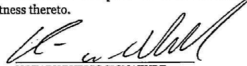
CERTIFICATE OF PROOF

WITNESS to the signature on the foregoing instrument to which the proof is attached.


Witness Signature

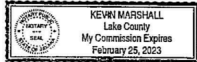
Debbie Johnson
Witness Printed Name

Before me a Notary Public in and for said County and State on 2/8/2021 personally appeared the above WITNESS to the foregoing instrument, who, being duly sworn by me, did depose and say she knows the WITNESS, Leon Mack to be the person described who executed the foregoing instrument; That said WITNESS was present and saw AFFIANT, Leon Mack sign the same, and said Witness at same time signed as witness thereto.


NOTARY PUBLIC SIGNATURE

Kevin W. Marshall
NOTARY PRINTED NAME

Seal



Commission Expires 2/25/2023
Commission Number 663667

NOT AN OFFICIAL DOCUMENT

ATTENTION: The Social Security Administration requested by this state agency in order to issue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

Local No. 633-01 CERTIFICATE OF DEATH State No. _____
 The RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

1. DECEASED—NAME (First, Middle, Last) Katherine Mack		2. SEX Female	3a. TIME OF DEATH 8:00 P.M.	3b. DATE OF DEATH (Month, Day, Yr.) March 12, 2001
4. *SOCIAL SECURITY NUMBER ██████████		5a. AGE—Last Birthday (Years) 79	5b. UNDER 1 YEAR Months: _____ Days: _____	5c. UNDER 1 DAY Hours: _____ Minutes: _____
6. PLACE OF BIRTH (Mo, Day, Yr.) November 20, 1921		7. BIRTHPLACE (City and State or Foreign Country) Gary, Indiana		
8a. WAS DECEDENT A U.S. VETERAN? No	8b. YEARS LAST SERVED IN U.S. ARMED FORCES? -----	9a. PLACE OF DEATH (Check only one. See instructions.) <input type="checkbox"/> HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> D.O.A. <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify): _____ <input type="checkbox"/> Residence		
9b. FACILITY NAME (If not institution, give street and number) St. Mary Medical Center		9c. CITY, TOWN, OR LOCATION OF DEATH Hobart	9d. COUNTY OF DEATH Lake	
10. MARITAL STATUS (Specify) Widowed	11. SURVIVING SPOUSE (If wife, give maiden name) -----	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use street) Tool Room Attendant		12b. KIND OF BUSINESS/INDUSTRY Steel Mill
13a. RESIDENCE—STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION Merrillville	13d. STREET AND NUMBER 1700 E. 73rd Avenue	
13e. ZIP CODE 46410	13f. RESIDE CITY LIMITS <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	14. CITE OF WHAT COUNTRY? U.S.A.	15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes specify Cuban, Mexican, Puerto Rican, etc.)	16. RACE—American Indian, Black, White, etc. White
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (ID-12) 12 College (1-4 or 5+) -----		18. FATHER'S NAME (First, Middle, Last) Frank Ignatz		
19. MOTHER'S NAME (First, Middle, Last) Unknown		20a. INFORMANT'S NAME (Type/Print) Leon Mack		
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1700 E. 73rd Avenue, Merrillville, Indiana 46410		20c. Relationship Son		
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify): _____		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) March 17, 2001 Calumet Park Cemetery		21c. LOCATION—City or Town, State Merrillville, Indiana
22a. EMBALMER'S NAME Ronald J. Mesarch		22b. EMBALMER'S LICENSE NO. FD01005912		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
24. SIGNATURE OF FUNERAL DIRECTOR <i>Alexis Thomas</i>		25a. LICENSE NUMBER (of License) FD08600505		25. NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Geisen Funeral Home, Inc. #FH83007762 7905 Broadway, Merrillville, IN 46410
26. PART I Enter the diseases, injuries or complications that caused the death. Do not enter nonspecific terms such as cardiac or respiratory arrest, shock or heart failure. List only one cause as the final one.				
IMMEDIATE CAUSE (Final disease or condition resulting in death) Conditions if any which gave rise to the immediate cause stating the underlying cause last.		<p style="text-align: center; color: red; font-weight: bold;">DILATED CARDIOMYOPATHY</p> <p style="text-align: center; color: red; font-weight: bold;">+ miok</p> <p style="text-align: center; color: red; font-weight: bold;">MAR 20 2001</p>		
PART II Other significant conditions—Conditions contributing to death but not previously stated in Part I				
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) No		28. WAS AN AUTOPSY PERFORMED? (Yes or no) No		29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) No
29a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation in my opinion, death occurred at the time, date and place and due to the cause(s) as stated. <input type="checkbox"/> CORONER On the basis of examination and/or investigation in my opinion, death occurred at the time, date and place and due to the cause(s) and manner as stated.		29c. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>		
29d. MEDICAL LICENSE NO. 010 33686		29e. DATE SIGNED (Month, Day, Year) 3/20/01		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) DR. THACH NGUYEN 200 N. 86th PL MERRILLVILLE IN 46410				
31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>				32. DATE FILED (Month, Day, Year) March 20, 2001
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)
34d. PLACE OF INJURY—As home, farm, street, factory, office, building, etc. (Specify)		34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)		
34g. DATE PRONOUNCED DEAD (Month, Day, Year)		34e. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.		