

SURVIVORSHIP AFFIDAVIT

Comes now MARTIN L. HOLCOMB, being duly sworn upon his oath, and states as follows:

- That the affiant is the surviving spouse of CHRIS M. HOLCOMB a/k/a KRYSZYNA M. HOLCOMB who passed away on MARCH 4, 2021 (See Certificate of Death, attached as **Exhibit "A"**).
- That at the time of her passing on **MARCH 4, 2021**, CHRIS M. HOLCOMB a/k/a KRYSZYNA M. HOLCOMB was the tenant by the entirety owner with her spouse and affiant, MARTIN L. HOLCOMB, of the following real estate:

The North 37.5 feet of the South 207 feet of the East 1/2 (except the West 10 feet thereof and the East 30 feet thereof) of the following described property: Commencing 10 chains West of the Northeast corner of the Southwest 1/4 of Section 9, Township 36 North, Range 9 West of the 2nd Principal Meridian, thence South 7 chains, thence West 5 chains, thence North 7 chains, thence East 5 chains to the place of beginning, in the City of Hammond, Lake County, Indiana.

Parcel #: 45-07-09-327-018.000-023
Commonly known as: 6920 Alexander Avenue
Hammond, IN 46323

- That the marital relationship which existed between MARTIN L. HOLCOMB and CHRIS M. HOLCOMB a/k/a KRYSZYNA M. HOLCOMB, at the time they acquired title to said real estate as tenants by the entireties by Warranty Deed recorded on October 5, 1978 as **Document Number 494432** remained in effect and unbroken until **MARCH 4, 2021**, the date of his spouse's death.
- That as a result of the passing of CHRIS M. HOLCOMB a/k/a KRYSZYNA M. HOLCOMB, by operation of law, her surviving spouse, MARTIN L. HOLCOMB is the owner in fee simple of the subject real estate.

Martin L. Holcomb
 MARTIN L. HOLCOMB, Affiant

STATE OF INDIANA)
 COUNTY OF LAKE)

Subscribed and sworn to by MARTIN L. HOLCOMB before me, a Notary Public, this April of 2021.

Randy H. Wyllie
 Notary Public



County of Residence: Lake
 My Commission Expires: 4-15-26

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.
 This instrument prepared by: Randy H. Wyllie, Atty # 17621-84, 409 West Lincoln Hwy, Schererville, IN 46375, Attorney at Law

FILED

APR 14 2021

JOHN E. PETALAS
LAKE COUNTY AUDITOR

25 cc
C# 5481
LK

NOT AN OFFICIAL DOCUMENT

INDIANA STATE DEPARTMENT OF HEALTH Tracking No. 270633
CERTIFICATE OF DEATH



Local No. 000896

EDR No. 00011074852

State No. 2021-013185

1. Decedent's Legal Name (First, Middle, Last) Krystina M Holcomb		1a. Maiden Name (If Female) Nawrocki		2. Gender Female		3. Time of Death 03:37 PM		4. Date of Death (Month/Day/Year) 03/04/2021	
5. Social Security Number [REDACTED]		6a. Age - Yrs 65		6b. Under 1 Year Months: _____ Days: _____		6c. Under 1 Month Days: _____ Hours: _____		6d. Under 1 Day Hours: _____ Minutes: _____	
7. Date of Birth (Month/Day/Year) 09/08/1955		8. Birthplace (City and State or Foreign Country) East Chicago, Indiana							
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) Community Hospital Munster									
12. City or Town, State, and Zip Code Munster, Indiana, 46321				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"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Unknown			
15. Surviving Spouse's Name Martin				15a. Last Name Before First Marriage Holcomb		16. Decedent's Usual Occupation Homemaker		17. Kind of Business/Industry Own Home	
18. Residence - State IN		18a. County Lake		18b. City or Town Hammond		18c. Apt. No. 		18d. Zip Code 46323	
18e. Inmate City Limit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
18f. Street and Number 6920 Alexander Avenue		18g. State IN		18h. City or Town Hammond		18i. Zip Code 46323		18j. Inmate City Limit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education High School graduate or GED completed				20. Decedent Of Hispanic Origin <input type="checkbox"/> Not Spanish/Hispanic/Latino		21. Decedent's Race White			
22. Father's Name (First, Middle, Last) John Nawrocki				23. Parent's Name (First, Middle, Last) Mary Nawrocki		23a. Parent's Last Name Before First Marriage Kosmola			
24. Informant's Name Martin Nawrocki				24a. Relationship to Decedent Husband		24b. Mailing Address (Street And Number, City, State, Zip Code) 6920 Alexander Avenue, Hammond, IN, 46323			
25a. Method of Disposition <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment		25b. Place of Disposition (Name of Cemetery, Crematory, Other Place) Solan Pruzin Crematory		25c. Place of Disposition Schererville, IN		25d. 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 Solan-Pruzin Funeral Service Inc, Dba Solan-Pruzin 14 Kennedy Avenue, Schererville, Indiana, 46375				27a. Funeral Home License Number: FH10200037			
27b. Signature of Indiana Funeral Service Licensee: John S Pruzin Jr.		27c. License Number (Of Licensee): FD29600189		27d. License Number (Of Licensee): FD29600189					
Electronically Signed Cause of Death (See Instructions And Examples) 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 Diagnosis Or Condition Resulting In Death) A. COVID 19									
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. _____ C. _____ D. _____									
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		30. Were Autopsy Findings Available To Complete The Cause of Death? <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant Within Past Year <input type="checkbox"/> Pregnant 1-5 Years Before Date of Death		33. Manner of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation		34. Suicide (Do Not Be Determined): <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined		35. Injury At Work? <input type="checkbox"/> Yes <input checked="" 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)		37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		38. Zip Code	
36. Location of Injury - State		38a. City or Town		38b. Apt. No.		38c. Zip Code			
39. Describe How Injury Occurred									
41. Signature of Person Certifying Cause of Death Karim Al Sabek				42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		43. License Number: 01079488A		44. Date Certified: 03/10/2021	
45. Name, Address and Zip Code of Person Certifying Cause of Death: Karim Al Sabek 9696 Gordon Dr, Highland, IN 46322				46. Additional Funeral Service Provider:		47. Axes: 		48. For Registrar Only (Date Filed (Month/Day/Year)): 03/10/2021	
Electronically Signed AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)									

THIS IS A TRUE COPY OF
 THE RECORD ON FILE WITH THE
 INDIANA STATE DEPARTMENT OF
 HEALTH
 MARCH 14 2021
 MISSISSAUGA, ONTARIO
 LAKE COUNTY HEALTH OFFICER
 Electronically Signed

Exhibit "A"

RAISED SEAL AFFIXED