

NOT AN OFFICIAL DOCUMENT

2022-503467
01/20/2022 02:51 PM
TOTAL FEES: 25.00
BY: JAS
PG # : 3

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
GINA PIMENTEL
RECORDER

FILED

Jan 20 2022 cR
JOHN E. PETALAS
LAKE COUNTY AUDITOR

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

AFFIDAVIT

I, Jack J. Brandush, being duly sworn, state as follows:

1. Affiant resides at the address given below affiant's signature.
2. Affiant is the son of Jack Brandush.
3. Jack Brandush died on May 21, 2006. See attached death certificate for Jack Brandush.
4. The legal description of the premises in question is:

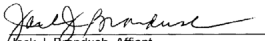
LOT 28 (EXCEPT THE NORTH 34 FEET THEREOF), ALL OF LOT 29 AND THE NORTH 11 FEET OF LOT 30 IN BLOCK 3 IN A RESUBDIVISION OF BLOCKS 2 AND 3, ROXANA PARK 5TH ADDITION, IN THE CITY OF EAST CHICAGO, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 31 PAGE 20, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Commonly known as: 5532 Walsh Avenue, East Chicago, IN 46312

Key No.: 45-03-32-351-016.000-024

5. There is no Federal tax liability or State Inheritance taxes due by reason of the death of said decedent.

6. This affidavit relates to a Life Estate Interest in said real estate, which was retained by Quit Claim Deed on the 14th day of August, 2001, and recorded in the Office of the Lake County Recorder on the 20th day of August, 2001, as Document No. 2001-066444.



Jack J. Brandush, Affiant
15 Deeercrest Square
Indian Head Park, IL 60525

FIDELITY NATIONAL TITLE
FNW2106108

Fidelity-Highland

FHW 210 6108

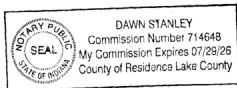
NOT AN OFFICIAL DOCUMENT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public in and for said County and State, this 19 day of January, 2022 Personally appeared: Jack J. Brandush and acknowledged the execution of the foregoing deed. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

DAWN STANLEY Notary Public

My Commission Expires: 7/29/24
County of Residence: Lake



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. /s/Gary P. Bonk

This Instrument Prepared By: Gary P. Bonk, Attorney at Law (Attorney No. 20519-45)
900 Parker Place, Suite A
Schererville, Indiana 46375 (219) 864-7800

ATTENTION ESTATE: The Social Security # is being 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

CERTIFICATE OF DEATH

State No.

Local No. 1226

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First Middle Last) Jack Brandush				2 SEX Male	3a TIME OF DEATH 10:26a	3b DATE OF DEATH (Month Day Year) May 21, 2006
4 SOCIAL SECURITY NUMBER 88		5a UNDER 1 YEAR Months Days	5b UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (MM Day Yr) Dec. 1, 1917	7 BIRTHPLACE (City and State or Foreign Country) East Chicago, Indiana	
8a WAS DECEDENT A U.S. VETERAN? Yes	8b YEAR LAST SERVED OF U.S. ARMED FORCES? 1945	9 HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DCA		10 PLACE OF DEATH (Check only one. See instructions) <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify)		
9a FACILITY NAME (If not mentioned above (Street and number)) St. Catherine Hospital			9b CITY, TOWN OR LOCATION OF DEATH East Chicago	9c COUNTY OF DEATH Lake		
10 MARITAL STATUS (Specify) Widowed	11 SURVIVING SPOUSE (If not, give maiden name) N/A	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Chemical Technician		12b KIND OF BUSINESS/INDUSTRY Inland Steel Co.		
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY, TOWN OR LOCATION East Chicago	13d STREET AND NUMBER 5532 Walsh Avenue			
13e ZIP CODE 46312	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14 CITIZEN 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. (Specify) White	17 DECEDENT'S EDUCATION (Specify only highest grade completed) (Secondary/10-12) (College 1-4 or 5+) 12 -	
18 FATHER'S NAME (First, Middle, Last) Nicholas Brandush			19 MOTHER'S NAME (First, Middle, Maiden Surname) Luciana Dope			
20a INFORMANT'S NAME (Type/Print) Heidi L. Kowal		20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5532 Walsh Ave., East Chicago, IND 46312		20c Relationship Daughter		
21a MANNER OF DISPOSITION <input type="checkbox"/> Entombment <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) May 25, 2006 St. John Cemetery		21c LOCATION—City or Town, State Hammond, Indiana		
22a EMBALLER'S NAME James H. Fife		22b EMBALLER'S LICENSE NO. FD01010795		22c WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
23a SIGNATURE OF FUNERAL DIRECTOR <i>John P. Fife</i>		23b LICENSE NUMBER (of license) FD01020366		23c NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME FIFE FUNERAL HOME, INC. - FPH83001512 4201 Indpls. Blvd., East Chicago, IND		
24 PART I Enter the immediate causes of death, in order, that caused the death. Do not enter nonspecific terms such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.						
IMMEDIATE CAUSE (Final disease or condition resulting in death) 1 Cardio respiratory arrest						Approximate Interval Between Onset and Death 30 min
2 Pulmonary insufficiency						2 hrs
3 Arterio interstitial fibrosis						6 hrs
25 PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I						
26 CERTIFIER (Name only and title) <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) as stated.		27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) No		28 WAS AN AUTOPSY PERFORMED? (Yes or no) No		29 WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) N/A
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 28) (Type/Print) Dr. Kwang Duck You - 931 Fran-Lin Parkway, Munster, Indiana 46321				31b MEDICAL LICENSE NO. 01026577		31c DATE SIGNED (Month Day Year) May 23, 2006
31 HEALTH OFFICER'S SIGNATURE <i>Qua Bonnie Bourner MD</i>						31d DATE (Month Day Year) 5/23/06
33 MANNER OF DEATH						
<input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <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—(If home from street factory, office building, etc. (Specify))		34e LOCATION (Street and Number or Rural Route Number, City or Town, State)				
34g DATE PRONOUNCED DEAD (Month Day Year)		34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.				