

NOT AN OFFICIAL DOCUMENT

GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2022-006690

8:31 AM 2022 Feb 23

SURVIVOR'S AFFIDAVIT

Ellen K. Jabaay, hereby referred to as the Affiant, states under oath that the Affiant was acquainted with Leonard A. Jabaay, at the time of death, the decedent was one of the owners of property, by virtue of a properly recorded Joint Tenancy Deed, said property located in Lake County, State of Indiana, and legally described as follows:

LOT 23 IN BLOCK 4 IN INDEPENDENCE PARK IN THE TOWN OF MUNSTER AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 24, PAGE 23, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Parcel No.: 45-07-29-111-012.000-027

Address: 2105 Inner Circle
Munster, IN 46321-3214

That the decedent had no interest in any business or partnership, nor held any power of appointment at death, nor created any remainder interest in property by transfer with retention of a life interest therein or the creation of interest to take effect in possession or enjoyment after death;

That Affiant and decedent were married to each other at the time they acquired title and remained married to each other to the time of decedent's death;

That the decedent died on December 28, 2020, per attached Death Certificate, leaving no Last Will and Testament;

That the total value of decedent's probate estate was \$0.00;

That the State Estate/Inheritance Tax and the Federal Estate Tax, if any was due from the decedent's estate, has been paid in full;

The Affiant states no more.

Ellen K. Jabaay

ELLEN K. JABAAY

Subscribed and sworn to before me
this 10 day of February, 2022.

Monica Fritz

Notary Public



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 - PETER B. CANALIA.

PREPARED BY, RECORD AND RETURN TO:

Peter B. Canalia, Esq.
Canalia & Clark, LLC
8840 Calumet Avenue, Suite 205
Munster, IN 46321-2546

L:\ESTATE PLANNING\Jabaay, Ellen (IN)\Survivor's Affidavit (Indiana).wpd

FILED

FEB 22 2022

JOHN B. BEITAS
LAKE COUNTY CLERK

25.00
CK# 4159
KX E

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No 005810		EDR No 000011086140		State No 2020-078876	
1. Decedent's Legal Name (First, Middle, Last) Leonard Jababy		1a. Maiden Name (if female)		2. Gender Male	
3. Social Security Number [REDACTED]		3a. Time Of Death 05:04 PM		4. Date Of Death (Month/Day/Year) 12/28/2020	
5. Birth Date (Month/Day/Year) 76		6. Under 1 Year Months		6a. Under 1 Month Days	
6b. Under 1 Year Months		6c. Under 1 Month Days		6d. Under 1 Day Hours	
7. Date of Birth (Month/Day/Year) 02/11/1944		8. Birthplace (City and State or Foreign Country) Hammond, Indiana			
9. Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input 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"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown	
15. Surviving Spouse's Name Ellen Jababy		15a. Last Name Before First Marriage Noort		16. Decedent's Usual Occupation Truck Driver	
17. Kind Of Business/Industry Vaccaro		18. Residence - State IN		18a. County Lake	
18b. City Or Town Munster		16d. Apt. No.		16e. Zip Code 46321	
18c. Street And Number 2105 Inner Circle		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
19. Decedent's Education Some college, but no degree		20. Decedent Of Hispanic Origin Not Spanish/Hispanic/Latino		21. Decedent's Race White	
22. Parent's Name (First, Middle, Last) Arthur Jababy		23. Parent's Name (First, Middle, Last) Theresa Jababy		23a. Parent's Last Name Before First Marriage Rilsema	
24. Informant's Name Ellen Jababy		24a. Relationship To Decedent Wife		24b. Mailing Address (Street And Number, City, State, Zip Code) 2105 Inner Circle, Munster, IN, 46321	
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) Hillside Funeral Home & Cremation Center		25c. Location - City, Town, And State Highland, IN	
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Hillside Funeral Home & Cremation Center 8941 Kleinman Road, Highland, Indiana, 46322		27a. Funeral Home License Number FH11700003	
27b. Signature Of Indiana Funeral Service Licensee: Cornelius A. Xupper		27c. License Number (Of Licensee) FD01014511		27d. Electronically Signed	
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 Disease Or Condition Resulting In Death) A. NSTEMI 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. none C. none D. none					
28. Part II. Enter Other Identifiable Conditions Contributing To Death, But Not Resulting In The Underlying Cause Listed In Part I none					
29. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		30. Was Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		31. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
32. If Female: <input 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"/> Pregnant, But Pregnant 43 Days To 1 Year Before Death <input type="checkbox"/> Unknown (Pregnant Within 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		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. Location Of Injury - State		38a. City Or Town		38b. Street & Number	
38c. Apt. No.		38d. Zip Code		39. Describe How Injury Occurred	
41. Signature, Of Person Certifying Cause Of Death: Aaim Saad		42. Signature (Check Only One): <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Other (Specify)		43. License Number: 01083282A	
44. Name, Address And Zip Code Of Person Certifying Cause Of Death: Aaim Saad 221 Forest 901 Macarthur Blvd, Munster, IN 46321		45. Date Certified: 03/05/2021		46. Date Certified	
48. Additional Funeral Service Provider: Chandana Venkata		49. For Registrar Only - Date Filed (Month/Day/Year): 03/08/2021		49. For Registrar Only - Date Filed (Month/Day/Year)	

THIS IS A TRUE COPY OF
 THE RECORD ON FILE WITH THE
 LAKE COUNTY HEALTH DEPARTMENT
 ELECTRONICALLY SIGNED
 APR 08 2021
 AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)
 LAKE COUNTY HEALTH OFFICER

State Form 5339e ATTENTION ESTATE: The Social Security if is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and there will be no penalty for refusal.

RAISED SEAL AFFIXED