

2

STATE OF INDIANA) Mailing address: 8810 Schreiber Dr., Munster, IN 46321
)SS:
COUNTY OF LAKE)

AFFIDAVIT OF SURVIVORSHIP

Comes now Julie A. Rebac, and upon being duly sworn does attest and say:

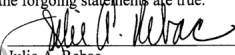
1. That the affiant is the spouse of Brian M. Rebac deceased.
2. That Julie A. Rebac and Brian M. Rebac, acquired the following property as Husband and Wife during the term of their marriage

LOT 24, IN MONALDI-CHAYES MANOR 2ND ADDITION, TO THE TOWN OF MUNSTER, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK36 PAGE 84, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.


Commonly known as: 8810 Schreiber Dr., Munster, IN 46321
Parcel Number: 45-07-19-454-023.000-027


3. That Julie A. Rebac and Brian M. Rebac remained married until the death of Brian M. Rebac on the 13th day of February, 2022.
4. That Julie A. Rebac became the fee simple owner of the property at the death of Brian M. Rebac.

I affirm under the penalties for perjury that the forgoing statements are true.


Julie A. Rebac

EXECUTED AND DELIVERED IN MY PRESENCE:

 Witness Signature

 Witness Printed

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

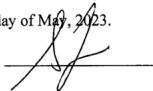
FILED

MAY 16 2023

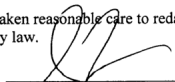
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

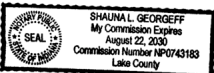
Before me, a notary public in fore said county and state this 2 day of May, 2023, **Julie A. Rebac** acknowledged the execution of the foregoing or attached Affidavit of Survivorship as her voluntary act for the purposes stated therein.

Witness my hand and Notarial Seal this 2 day of May, 2023.



I affirm, under the penalties of perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.


Shauna M. Lange



This Instrument prepared by:
Shauna M. Lange, ESQ
LANGE LEGAL GROUP, P.C.
17 Main Street, Hobart, IN 46342
(219) 947-1692

25-
1838
RM

E

NOT AN OFFICIAL DEATH RECORD DOCUMENT

COOK COUNTY CLERK VITAL RECORDS
CHICAGO, ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2022 0020003

DATE ISSUED 2/22/2022

DECEDENT'S LEGAL NAME BRIAN M REBAC		SEX MALE	DATE OF DEATH FEBRUARY 13, 2022	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 53 YEARS	DATE OF BIRTH MAY 14, 1968		
CITY OR TOWN CHICAGO		HOSPITAL OR OTHER INSTITUTION NAME UNIVERSITY OF CHICAGO MEDICAL CENTER		
PLACE OF DEATH INPATIENT				
BIRTHPLACE HAMMOND, IN	SOCIAL SECURITY NUMBER [REDACTED]	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME JULIE VITELLO	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 8810 SCHREIBER DRIVE		APT. NO.	CITY OR TOWN MUNSTER	INSIDE CITY LIMITS? YES
COUNTY LAKE	STATE IN	ZIP CODE 46321	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION VIKTOR REBAC	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION MICHAELNE HLUSKA
INFORMANT'S NAME BRIAN REBAC		RELATIONSHIP WIFE	MAILING ADDRESS 8810 SCHREIBER DRIVE, MUNSTER, IN 46321	
METHOD OF DISPOSITION CREMATION		PLACE OF DISPOSITION REGIONAL CREMATION SERVICES	LOCATION - CITY OR TOWN AND STATE MUNSTER, IN	DATE OF DISPOSITION
FUNERAL HOME PANOZZO BROS FUNERAL HOME, 530 WEST LINCOLN HIGHWAY, CHICAGO HEIGHTS, IL 60411				
FUNERAL DIRECTOR'S NAME ALAN PANOZZO			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034015877	
LOCAL REGISTRAR'S NAME KAREN A YARBROUGH			DATE FILED WITH LOCAL REGISTRAR FEBRUARY 22, 2022	
CAUSE OF DEATH PART I SEVERE SLEEP APNEA LEADING TO SEVERE HYPOXIA				
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a		MINUTES HOURS
b MORBID OBESITY		Due to (or as a consequence of):		
c RECENT ROBOTIC SLEEVE GASTRECTOMY		Due to (or as a consequence of):		
PART II: Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I				
WAS AN AUTOPSY PERFORMED? NO			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
FEMALE PREGNANCY STATUS NOT APPLICABLE				
MANNER OF DEATH NATURAL				
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY	INJURY AT WORK?	
LOCATION OF INJURY				
DESCRIBE HOW INJURY OCCURRED:			IF TRANSPORTATION INJURY, SPECIFY:	
ATTEND THE DECEASED? YES	DATE LAST SEEN ALIVE FEBRUARY 13, 2002	WAS MEDICAL EXAMINER OR CORONER CONTACTED? YES	DATE PRONOUNCED	TIME OF DEATH 11:48 AM
CERTIFIER PHYSICIAN			DATE CERTIFIED FEBRUARY 13, 2022	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH TREVOR SYMALIA, 5841 S MARYLAND, CHICAGO, ILLINOIS, 60637			PHYSICIAN'S LICENSE NUMBER 036-146742	

2097273

This is to certify that this is a true and correct copy from the official death record filed with the Illinois Department of Public Health.

Karen A. Yarbrough
Karen A. Yarbrough
Cook County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: EMBOSSED STATE AND COUNTY SEALS AT BOTTOM