

FILED

Sep 27 2023 BDD
PEGGY HOLINGA-KATONA
LAKE COUNTY AUDITOR

STATE OF INDIANA)
) SS:
COUNT OF LAKE)

SURVIVORSHIP AFFIDAVIT

I, RICHARD J. GARCIA, this 25 day of September, 2023, being first duly sworn upon oath, states as follows:

1. That I am the surviving joint owner of real estate described herein.
2. That I owned the following property as joint tenants with rights of survivorship with JANIS CAROL PANKAU AKA JANIS C. PANKAU:

LOT 22 IN BLOCK 1 IN HIGHLAND GARDENS, IN THE TOWN OF HIGHLAND, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 32, PAGE 76 IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Commonly known as: 2723 North Drive, Highland, IN 46322

Key No.: 45-07-16-378-008.000-026

3. That JANIS CAROL PANKAU AKA JANIS C. PANKAU, passed away on the December 17, 2015. (Copy of Death Certificate attached hereto.)
4. That the joint ownership which existed between JANIS CAROL PANKAU AKA JANIS C. PANKAU and myself at the time JANIS CAROL PANKAU AKA JANIS C. PANKAU acquired an interest in said real estate remained in effect and unbroken until the date of JANIS CAROL PANKAU AKA JANIS C. PANKAU death.
5. That all funeral expenses in connection with the death of JANIS CAROL PANKAU AKA JANIS C. PANKAU have been paid in full; and
6. That no Indiana Inheritance Tax is due as a result of the death of JANIS CAROL PANKAU AKA JANIS C. PANKAU.
7. That the estate of JANIS CAROL PANKAU AKA JANIS C. PANKAU did not necessitate the filing of a Federal Estate Tax Return.

FURTHER AFFIANT SAYETH NOT.


RICHARD J. GARCIA, AFFIANT

NOT AN OFFICIAL DOCUMENT

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 73772



Local No 004151

EDR No 000000484822

State No 059321

1. Decedent's Legal Name (First, Middle, Last) JANIS C PANKAU			2. Maiden Name (If female) PANKAU			3. Sex FEMALE		4. Date of Death (Month/Day/Year) 01-15 AM 12/17/2015			
5. Social Security Number			6a. Age - Yrs 68		6b. Under 1 Year Months		6c. Under 1 Month Days		6d. Under 1 Day hours		
7. 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 type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival			11a. If Death Occurred Somewhere Other Than A Hospital <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Nursing Home/Long-term Care Facility		11b. If Death Occurred Somewhere Other Than A Hospital <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Nursing Home/Long-term Care Facility		11c. If Death Occurred Somewhere Other Than A Hospital <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Nursing Home/Long-term Care Facility	
11. Facility Name (If not Institution, Give Street and Number) DYER NURSING AND REHABILITATION CENTER											
12. City or Town, State and Zip Code DYER, IN, 46311					13. County of Death LAKE			14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Unknown			
15. Surviving Spouse's Name					15a. (If Wife/Give Maiden Last Name)			15. Decedent's Usual Occupation SALESWOMEN		17. Kind Of Business/Industry FURNITURE STORE	
18. Residence - State INDIANA			18a. County LAKE			18b. City or Town HIGHLAND			18c. Street and Number 2723 NORTH DRIVE		
18d. Apt. No.			18e. Zip Code 46322			18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED					20. Decedent Of Hispanic Origin NOT HISPANIC			21. Decedent's Race White			
22. Father's Name (First, Middle, Last) TONY PANKAU					23. Mother's Name (First, Middle, Last) LUCILLE PANKAU			23a. Mother's Maiden Last Name SEAVERT			
24. Informant's Name RICHARD J GARCIA SR			24a. Relationship To Decedent BROTHER			24b. Mailing Address (Street And Number, City, State, Zip Code) 3035 FARMER DRIVE, HIGHLAND, IN 46322					
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) ELMWOOD CHAPEL CREMATORY			25c. Location - City, Town, And State CEDAR LAKE, IN					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			27. Name And Complete Address Of Funeral Facility ELMWOOD CHAPEL LTD, 11300 W 93TH LN, SAINT JOHN IN 46373					27a. Funeral Home License Number FH19900052			
27b. Signature Of Indiana Funeral Service Licensee JAMES F BETKOWSKI, BY ELECTRONIC SIGNATURE					27c. License Number (Of Licensee) FD09200077						
28. Part I. Enter The Chain Of Events - Diseases, Injuries Or Complications - That Directly Caused The Death (See Instructions And Examples) - Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventilator/Fertilization 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. METASTATIC CARCINOMA OF PANCREAS											
B. _____											
C. _____											
D. _____											
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 type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown			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 After The 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"/> Chills Not Determined		34. Date Of Injury (Month/Day/Year)			
34. Date Of Injury (Month/Day/Year)			35. Time Of Injury			36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Mailed 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			38e. Street & Number			38f. Apt. No.			38g. Zip Code		
39. Describe How Injury Occurred											
40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify):											
41. Signature Of Person Certifying Cause Of Death FRED ADLER, BY ELECTRONIC SIGNATURE											
42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician 1 <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer											
43. Name, Address And Zip Code Of Person Certifying Cause Of Death FRED ADLER, 800 MAC ARTHUR BLVD STE 2, MUNSTER, IN 46321											
44. License Number 01019251A											
45. Date Certified 12/18/2015											
46. Additional Funeral Service Provider											
48. Signature of Local Health Officer SUSAN W. BEST, VIA ELECTRONIC SIGNATURE											
49. For Registrar Only - Date Filed (Month/Day/Year) DEC 18 2015											
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)											