

SURVIVORSHIP AFFIDAVIT

Comes now your Affiant, JANET M. MIKA, who being first sworn upon her oath, alleges and says as

follows:

- Affiant resides at 8110 – 5th Street, Highland, Lake County, Indiana.
 - Affiant is the surviving daughter of Norma J. Mika, now deceased, which said death certificate is attached hereto, made a part hereof, and marked as Exhibit A.
 - Your Affiant and the decedent owned property located at 8110 – 5th Street, Highland, Indiana, which is also known as *Lot Three (3) in Homestead Gardens Second Addition to the Town of Highland, a per plat thereof, recorded in Plat Book 31, page 30, in the Office of the Recorder of Lake County, Indiana.* Parcel ID: 45-07-21-203-016.000-026.
 - Said premises was formerly owned as Janet M. Mika and Norma J. Mika Reserves a Life Estate.
 - Said Norma J. Mika died on May 8, 2023. A copy of the death certificate is attached hereto, made a part hereof and marked as Exhibit A.
 - Your Affiant represents and warrants to the best of her knowledge there is no estate or inheritance tax liability by reason of the death of the decedent.
 - Affiant states that she is the survivor of Norma J. Mika.
- Further Affiant sayeth not.

FILED

FEB 28 2024

Janet M. Mika

JANET M. MIKA
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public, in and for said County and State, this 27th day of February, 2024, personally appeared JANET M. MIKA, and acknowledged the execution of the foregoing Survivorship Affidavit.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my official seal.

Karen Craig, Notary Public

My Commission Expires: November 4, 2030
My 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."
PREPARED BY: *Thompson*

NOTARY PUBLIC - STATE OF INDIANA
SEAL
KAREN CRAIG
COMMISSION NUMBER 659346
MY COMMISSION EXPIRES NOVEMBER 04, 2030

25-12697
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NOT AN OFFICIAL DOCUMENT

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Document No. 365347

Local No 001663

EDR No 000011547225

State No 2023-023590

1. Decedent's Legal Name (First, Middle, Last) Norma Jane Mika		1a. Maiden Name (if female) Cabeen		2. Gender Female	3. Time of Death 09:16 PM	4. Date of Death (Month/Day/Year) 05/08/2023	
5. Social Security Number 91	6a. Age - Yrs 91	6b. Under 1 Year Months	6c. Under 1 Month Days	6d. Under 1 Day Hours	6e. Under 1 Hour Minutes	7. Date of Birth (Month/Day/Year) 08/30/1931	
8. Birthplace (City and State or Foreign Country) Hammond, 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 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 checked="" 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) 8110 5th Street							
12. City or Town, State, and Zip Code Highland, Indiana 46322				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 type="checkbox"/> Never Married <input type="checkbox"/> Unknown	
15. Surviving Spouse's Name			15a. Last Name Before First Marriage		16. Decedent's Usual Occupation Homemaker		17. Kind of Business/Industry Own Home
18. Residence - State IN		18a. County Lake		18b. City or Town Highland			
18c. Street And Number 8110 5th Street		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 Spanish/Hispanic/Latino		21. Decedent's Race White			
22. Parent's Name (First, Middle, Last) Joseph E Cabeen			23. Parent's Name (First, Middle, Last) Frances Louise Cabeen			23a. Parent's Last Name Before First Marriage Reynolds	
24. Informant's Name Janet M. Mika		24a. Relationship To Decedent Daughter		24b. Mailing Address (Street And Number, City, State, Zip Code) 8110 5th Street, Highland, IN, 46322			
25. Place of Disposition							
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input 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) Calumet Park Cemetery		25c. Location - City, Town, And State Merrillville, IN			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Fagen-Miller Funeral Gardens, Inc.-Highland 2828 Highway Avenue, Highland, Indiana, 46322				27a. Funeral Home License Number: FH83003035	
27b. Signature of Indiana Funeral Service Licensee: <i>Richard Alan Miller</i>				Electronically Signed		27c. License Number (Of Licensee): FD20400030	
28. Part 1. 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. Senile degeneration of brain Date to Death or Approximate Date 05/08/2023							
B. Vascular dementia Date to Death or Approximate Date 05/08/2023							
C. _____ Date to Death or Approximate Date _____							
D. _____ Date to Death or Approximate Date _____							
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.							
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 Finding 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 checked="" 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"/> Not Pregnant, But Pregnant 43 Days To 1 year Before Death <input type="checkbox"/> Unknown If Pregnant Within 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"/> 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				40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input checked="" type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other			
41. Signature, Of Person Certifying Cause Of Death: <i>Jose Luis Agusti</i>				42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer			
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: Jose Luis Agusti 4900 E. 107th Court, Winfield, IN 46307				44. I License Number 01061624A		45. Date Certified 05/10/2023	
46. Additional Funeral Service Provider: <i>Chandana Virivada</i>				47. "Atas": <i>[Signature]</i>		48. For Registrar Only - Date Filed (Month/Day/Year): 05/10/2023	
49. Signature of Local Health Officer: <i>Chandana Virivada</i>							
Electronically Signed							
APPLICABLE TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)							

THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT

Electronically Signed

MAY 11 2023

RAISED SEAL AFFIXED