NOT AN OFFICIAL DOCUMENT

2024-62023
06/21/2024 02:48PM
TOTAL FEES: 25.00
BY: SP
PG #: 3
RECORDED AS PRESENTED

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
GINA PIMENTEL
RECORDER

FILED
Jun 21 2024 BDD
PEGGY HOLINGA-KATONA
LAKE COUNTY AUDITOR

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

AFFIDAVIT OF SURVIVORSHIP

Property of Lake County Recorder

I, Carolyn S. Cenko (also known as Carolyn Cenko), being duly sworn, state as follows:

1. I am over the age of eighteen (18) and suffer from no disability which would render my testimony incompetent.

2. Michael L. Cenko and Carolyn S. Cenko (also known as Carolyn Cenko) are the owners in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

Lot 18, Block 3, Knickerbocker Manor 6th Addition, to the Town of Munster, as per plat thereof, recorded in Plat Book 31, page 101, in the Office of the Recorder of Lake County, Indiana.

Commonly Known As: 8710 Hohman Avenue, Munster, IN 46321

Affiant's Address: 8710 Hohman Avenue, Munster, IN 46321

Tax ID #45-06-24-327-032.000-027

3. Michael L. Cenko and Carolyn S. Cenko (also known as Carolyn Cenko) acquired title to said real estate as Husband and Wife as tenants by entireties by Warranty Deed on the 11th day of June, 1976, and recorded in the Office of the Lake County Recorder on the 18th day of August, 1976 as Document No. 365497.

4. Michael L. Cenko died on December 30, 2022. See attached Death Certificate for Michael L. Cenko.

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5. The gross value of the estate of the decedent as determined for the purpose of Federal Estate Taxes was less than the value required for the filing of a Federal Estate Tax Return; therefore, the decedent's estate was not subject to Federal Estate Tax.

Carolyn S. Cenko (also known as Carolyn Cenko), Affiant

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public in and for said County and State, this 12th day of June, 2024 Personally appeared: Carolyn S. Cenko (also known as Carolyn Cenko) and acknowledged the execution of the foregoing deed. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

Garett W. Bonk, Notary Public
My commission expires 1/25/2027
Resident of Lake County

GARETT W. BONK
Lake County
NOTARY PUBLIC
Commission Number
NP0214953
NOTARY SEAL
My Commission Expires
JANUARY 25, 2027
STATE OF INDIANA

Property of Lake County Recorder

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), (219) 864-7800
900 Parker Place, Suite A, Schererville, Indiana 46375

NOT AN OFFICIAL DOCUMENT

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Track Out No. 35-1420

Local No 005310 **EDR No** 000011485261 **State No** 2022-074267

1. Decedent's Legal Name (First, Middle, Last)	1a. Maiden Name (If Female)	2. Gender	3. Time Of Death	4. Date Of Death (Month/Day/Year)
Michael L Cenko		Male	04:47 PM	12/30/2022

5. Social Security Number	6a. Age - Yrs	6b. Under 1 Year	6c. Under 1 Month	6d. Under 1 Day	6e. Under 1 Hour	7. Date of Birth (Month/Day/Year)	8. Birthplace (City and State or Foreign Country)
	76	Months	Days	Hours	Minutes	04/24/1946	Gary, Indiana

9. Ever in U.S. Armed Forces? ☒ Yes ☐ No ☐ Unknown

10. Ill Death Occurred In A Hospital: ☒ Inpatient ☐ Emergency Department Outpatient ☐ Dead on Arrival

10a. If Death Occurred Somewhere Other Than A Hospital: ☐ Hospice Facility ☐ Decedent's Home ☐ Nursing Home/Long-term Care Facility ☐ Other (Specify)

11. Facility Name (If Not Institution, Give Street and Number) Franciscan Health Munster

12. City Or Town, State, And Zip Code	13. County Of Death	14. Marital Status At Time Of Death
Munster, Indiana	Lake	☒ Married ☐ Married, But Separated ☐ Divorced ☐ Widowed ☐ Never Married ☐ Unknown

15. Surviving Spouse's Name	15a. Last Name Before First Marriage	16. Decedent's Usual Occupation	17. Kind Of Business/Industry
Carolyn Cenko	Gerlach	Diesel Mechanic	Altorn

18. Residence - State	18a. County	18b. City Or Town	18c. Street And Number	18d. Apt. No.	18e. Zip Code	18f. Inside City Limits?
IN	Lake	Munster	8710 Hohman Avenue		46321	☒ Yes ☐ No

19. Decedent's Education	20. Decedent Of Hispanic Origin	21. Decedent's Race
High School graduate or GED completed	Not Spanish/Hispanic/Latino	White

22. Parent's Name (First, Middle, Last)	23. Parent's Name (First, Middle, Last)	23a. Parent's Last Name Before First Marriage
Michael Cenko	Dorothy Cenko	Miller

24. Informant's Name	24a. Relationship To Decedent	24b. Mailing Address (Street And Number, City, State, Zip Code)
Carolyn Cenko	Wife	8710 Hohman Avenue, Munster, IN, 46321

25. Place Of Disposition

25a. Method Of Disposition	25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place)	25c. Location - City, Town, And State
☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal From State ☐ Other (Specify):	Regional Cremation Services	Munster, IN

26. Was Coroner Contacted?	27. Name And Complete Address Of Funeral Facility	27a. Funeral Home License Number:
☐ Yes ☒ No	Kish Funeral Home 10000 Calumet Ave, Munster, Indiana, 46321	FH10700038

27b. Signature Of Indiana Funeral Service Licensee:	27c. License Number (Of Licensee):
Kevin W Kish Electronically Signed	FD01021590

Cause Of Death (See Instructions And Examples)

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.

Approximate Interval: Onset To Death

Immediate Cause (Final Disease Or Condition Resulting In Death) A. small cell lung cancer — weeks

Due to (Or As A Consequence Of):

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. acute hypoxic respiratory failure — days

Due to (Or As A Consequence Of):

C.

Due to (Or As A Consequence Of):

D.

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? ☐ Yes ☒ No

30. Were Autopsy Findings Available To Complete The Cause Of Death? ☐ Yes ☐ No

31. Did Tobacco Use Contribute To Death? ☐ Yes ☐ Probably ☒ No ☐ Unknown

32. If Female: ☐ Not Pregnant Within Past Year ☐ Pregnant At Time Of Death ☐ Not Pregnant, But Pregnant Within 42 Days Of Death ☐ Not Pregnant, But Pregnant 43 Days To 1 year Before Death ☐ Unknown If Pregnant Within The Past Year

33. Manner Of Death: ☒ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ 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? ☐ Yes ☐ 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: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other/Unknown

41. Signature, Of Person Certifying Cause Of Death: George Habachi Bechir

42. Certifier (Check Only One): ☐ Certifying Physician ☐ Coroner ☒ Health Officer

43. Name, Address And Zip Code Of Person Certifying Cause Of Death: George Habachi Bechir 5454 Hohman Ave, Hammond, IN 46320

44. License Number: 01078747A

45. Date Certified: 01/04/2023

46. Additional Funeral Service Provider:

47. Date: 01/05/2023

48. Signature of Local Health Officer: Chandana Vavilala

49. For Registrar Only - Date Filed (Month/Day/Year): 01/05/2023

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

JAN 06 2023

Electronically Signed

AMENDMENT TO CERTIFICATE OF DEATH ENTERED ON ORIGINAL
LAKE COUNTY HEALTH DEPARTMENT

NOT VALID UNLESS RAISED SEAL AFFIXED

State Form 53395 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary.

Property of Lake County Recorder