


NOT AN OFFICIAL DOCUMENT

6. That the marital relationship that existed between Alan J. Gordon and Judith L. Gordon continued unbroken from the time they so acquired title to said real estate until the death of Alan J. Gordon on August 30, 2016, at which time Judith L. Gordon as surviving spouse, acquired title to the above-described real estate as surviving tenants by entireties.

FURTHER AFFIANT SAYETH NOT.

I affirm under the penalties for perjury that the foregoing representations are true.

Dated this 13th day of Sept, 2024.



Julie M. Cohen

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, the undersigned Notary Public in and for said County and State do hereby certify that Julie M. Cohen personally appeared and executed the above document as her voluntary act and deed, for the uses and purposes therein stated.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal this 13th day of Sept, 2024.

2/15/2031
My Commission Expires:


Notary Public - Kim A. Diaz
Resident of Lake County, Indiana



This instrument prepared by: Stuart J. Friedman, Attorney at Law, O'Neill McFadden & Willett LLP, 833 W. Lincoln Highway, Suite 410W Schererville, Indiana 46375, Telephone: (219) 864-6066

(00432533.doc)

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.

Name Kim A. Diaz
Kim A Diaz

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INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 400518



Local No 001402

EDR No 000011707367

State No 2024-020166

1. Decedent's Legal Name (First, Middle, Last) Judith Lynn Gordon		1a. Maiden Name (if female) Chip		2. Gender Female	3. Time Of Death 09:30 PM	4. Date Of Death (Month/Day/Year) 04/11/2024	
5. Social Security Number [REDACTED]	6a. Age - Yrs 61	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) 12/04/1942	
8. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		9. 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 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 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 Munster			
19c. Street And Number 8724 Schreiber Drive		19d. Apt. No.		19e. Zip Code 46321		19f. Inmate 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) Harry Chip			23. Parent's Name (First, Middle, Last) Harriet Chip			23a. Parent's Last Name Before First Marriage Walman	
24. Informant's Name Julie Cohen		24a. Relationship To Decedent Daughter		24b. Mailing Address (Street Address, Number, City, State, Zip Code) 7442 N Maplewood Avenue, Chicago, IL, 60645			
25. Place Of Disposition							
25a. Method Of Disposition <input 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) Kneseth Israel Cemetery		25c. Location - City, Town, And State Hammond, IN			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Kish Funeral Home 10000 Calumet Ave, Munster, Indiana, 46321			27a. Funeral Home License Number FH10700036		
27b. Signature Of Indiana Funeral Service Licensee: Stephan J Chata				27c. License Number (Of Licensee) FD08600458		27d. License Expiration Date	
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. cardiopulmonary failure secondary to cardiac arrhythmia Approximate Interval: 3-4 hours To Death							
B. severe dehydration prior to arrival to hospital Approximate Interval: 4 days To Death							
C. _____ Approximate Interval: _____ To Death							
D. _____ Approximate Interval: _____ To Death							
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							
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, Not Pregnant Within 43 Days Pre Death <input type="checkbox"/> Not Pregnant, Not Pregnant Within 43 Days Pre Death		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		35. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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: Yazan Assaf				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: Yazan Assaf 801 Macarthur Boulevard 402, Munster, IN 46321				44. License Number 0189366A		45. Date Certified 04/18/2024	
46. Additional Funeral Service Provider:				47. *Atax		49. For Registrar Only - Date Filed (Month/Day/Year): 04/18/2024	
48. Signature of Local Health Officer: Chandana Varvada				AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)			

THIS IS A TRUE AND CORRECT COPY OF THE RECORD ON FILE WITH THE
LAKE COUNTY HEALTH DEPARTMENT
IN 46321
APR 19 2024
LAKE COUNTY HEALTH OFFICER

NOT VALID UNLESS

EXHIBIT
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