

## FILED

Oct 25 2024 BDD  
PEGGY HOLINGA-KATONA  
LAKE COUNTY AUDITOR

### SURVIVORSHIP AFFIDAVIT

Comes now Dawn M. Orel a/k/a Dawn Orel ("Affiant"), who being first duly sworn, deposes and states as follows:

1. Affiant is the surviving spouse to Richard E. Orel a/k/a Richard Eugene Orel ("Decedent") and is qualified to make this Affidavit.
2. Decedent died a resident of Lake County, Indiana on February 20, 2021. A redacted copy of Decedent's death certificate is attached hereto.
3. At the time of his death, Decedent had an interest in real estate legally described as follows ("Real Estate"):

Unit No. 2A in Building No. 11 in White Oak Woods Condominiums, a Horizontal Property Regime, established under the Declaration of Condominium recorded as Document No. 2001 084318, also filed in Plat Book 90 page 96, and as Document No. 2001 084319 under the date of October 18, 2001, as amended by the First Amendment to the Declaration recorded January 30, 2002 as Document No. 2002 010349, as amended by Second Amendment to the Declaration recorded August 20, 2002 as Document No. 2002 074431, as amended by the Third Amendment to the Declaration recorded October 16, 2002 as Document No. 2002 093056, in the Office of the Recorder of Lake County, Indiana, together with an undivided interest in the common elements appertaining thereto.

Commonly known as: 1641 White Oak Circle, Unit 2A, Munster, Indiana 46321  
Parcel No. 45-07-32-352-125.000-027  
Mail Tax Bills To: 1641 White Oak Circle, Unit 2A, Munster, Indiana 46321

4. At the time of Decedent's death, Decedent and Dawn M. Orel a/k/a Dawn Orel owned the Real Estate as husband and wife, having received title to the Real Estate by deed dated March 28, 2003, which deed was recorded in the Office of the Recorder of Lake County, Indiana, on April 2, 2003.
5. At the time of his death, Decedent and Dawn M. Orel a/k/a Dawn Orel were not divorced and were living together as husband and wife.





## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No 000518

EDR No 000011069513

State No 2021-008055

1. Decedent's Legal Name (First, Middle, Last) <b>Richard Eugene Orel</b>			1a. Maiden Name (if female)		2. Gender <b>Male</b>		3. Time of Death <b>05:12 PM</b>		4. Date of Death (Month/Day/Year) <b>02/20/2021</b>		
5. Social Security Number <b>72</b>		6a. Age - Yrs <b>72</b>		6b. Under 1 Year <b>Months</b>		6c. Under 1 Month <b>Days</b>		6d. Under 1 Day <b>Hours</b>		7. Date of Birth (Month/Day/Year) <b>02/17/1949</b>	
8. Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		9a. If Death Occurred In A Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department/Outpatient <input type="checkbox"/> Dead on Arrival		9b. If Death Occurred Nonspecific 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)		5. Birthplace (City and State or Foreign Country) <b>Chicago Heights, Illinois</b>					
11. Facility Name (if Not Institution, Give Street and Number) <b>1641 White Oak Circle 2A</b>											
12. City or Town, State, and Zip Code <b>Monster, Indiana, 46321</b>					13. County of Death <b>Lake</b>		14. Marital Status At Time Of Death <input checked="" 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 <b>Dawn Orel</b>				15a. Last Name Before First Marriage <b>Goverit</b>		16. Decedent's Usual Occupation <b>Director of Operations</b>			17. Kind Of Business/Industry <b>Railroad</b>		
18. Residence - State <b>IN</b>		18a. County <b>Lake</b>		18b. City Or Town <b>Monster</b>		18d. Apt. No. <b>2A</b>		18e. Zip Code <b>46321</b>		18f. Inmate City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19c. Street And Number <b>1641 White Oak Circle</b>		19. Decedent's Education <b>Associate's degree (e.g. AA, AS)</b>		20. Decedent Of Hispanic Origin <input type="checkbox"/> Not Spanish/Hispanic/Latino		21. Decedent's Race <b>White</b>		22. Parent's Name (First, Middle, Last) <b>Doris Orel</b>		23a. Parent's Last Name Before First Marriage <b>Popovic</b>	
24. Informant's Name <b>Dawn Orel</b>		24a. Relationship To Decedent <b>Wife</b>		24b. Mailing Address (Street And Number, Day, State, Zip Code) <b>1041 White Oak Circle 2A, Munster, IN, 46321</b>							
25. Place Of Disposition											
25a. Method Of Disposition <input checked="" 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) <b>Cedar Lake Community Cremations</b>			25c. Location - City, Town, And State <b>Cedar Lake, IN</b>					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>Burdan Funeral Home Inc 12901 Wicker Avenue, Cedar Lake, Indiana, 46303</b>				27a. Funeral Home License Number <b>FH83002461</b>		27b. Signature Of Indiana Funeral Service Licensee <b>Kenneth John Thust</b>		27c. License Number (Of Licensee) <b>FD21600024</b>	
Cause Of Death (See Instructions And Examples)											
28. Part 1. Enter The Chain Of Events - Disease, 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.											
28a. Immediate Cause (Final Disease Or Condition Resulting In Death)											
28b. 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.											
A. <b>SMALL CELL LUNG CANCER METASTATIC TO LIVER, BONE, AND</b> <span style="float: right;"><b>2 YEARS</b></span>											
B. <b>BRAIN WITH RELATED PAIN</b> <span style="float: right;"><b>2 YEARS</b></span>											
C. _____											
D. _____											
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)					
36. Location Of Injury - State		36a. City Or Town		36b. Street & Number		36c. Apt. No.		36d. Zip Code			
35. Time Of Injury											
37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
38. Describe How Injury Occurred											
45. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)											
41. Signature, Of Person Certifying Cause Of Death: <b>Lyle R Munn</b>						42. Certifier (Check Only One): <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Other			43. Address And Zip Code Of Person Certifying Cause Of Death: <b>Lyle R Munn 600 Superior Avenue, Munster, IN 46342</b>		
NOT VALID UNLESS											
46. Additional Funeral Service Provider: <b>Lyle County Health Department</b>						44. License Number: <b>01031582A</b>		45. Date Certified: <b>02/22/2021</b>			
48. Signature of Local Health Officer: <b>Chondrea Pevola</b>						48. For Registrar Only - (Not Filled)			47. Date: <b>02/22/2021</b>		
CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)											