

718533

2

STATE OF INDIANA )  
                          )  
COUNTY OF LAKE    )

AFFIDAVIT OF SURVIVORSHIP

Comes now Evelyn V. Blaszkiewicz, being duly sworn upon her oath and states as follows:

1. That Evelyn V. Blaszkiewicz, is the owner in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

*Key # 18-17-2*

HOBART HEIGHTS SUBDIV. L.2 BL.2

2. Evelyn V. Blaszkiewicz and Bernard J. Blaszkiewicz, now deceased, were husband and wife at the time they acquired title, as tenants by the entireties, to said real estate;

3. That the marital relationship which existed between this affiant and Bernard J. Blaszkiewicz, her husband, continued unbroken from the time they so acquired title to said real estate until the death of Bernard J. Blaszkiewicz, her husband, on the 21st day of June, 1983, at which time this affiant acquired title to said real estate as surviving tenant by the entireties;

4. That the gross value of the estate of the decedent, Bernard J. Blaszkiewicz, as determined for the purpose of Federal Estate Taxes, was less than the value required for the filing the decedent's estate.

*Evelyn V. Blaszkiewicz*  
Evelyn V. Blaszkiewicz, Affiant

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

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
JUL 29 12 48 PM '83  
JAMES BIELSKI JR  
RECORDER

*Evelyn V. Blaszkiewicz*  
Evelyn V. Blaszkiewicz

Subscribed and sworn before me this 25th day of July, 1983.

*Robert J. Talian*  
Robert J. Talian, Notary Public  
Resident Lake County

My commission expires:  
1/29/86



Prepared by Patricia A. Rees, Attorney at Law  
600 W. Ridge Rd - Hobart

TYPE OR PRINT  
PLAINLY WITH  
UNFADING INK  
THIS IS A  
PERMANENT  
RECORD

Below for State Office Use

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

State  
No.

Local No. 1031-83

A  
B  
C  
D  
E  
F  
G  
H  
I  
J  
K  
L  
M  
N  
O  
P  
Q  
R  
S  
T  
U  
V  
W  
X  
Y  
Z

THIS IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF DEATH. THIS COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT. Hobart Heights Key # 18-17-2

FUNERAL HOME No. 306  
LICENSE No. 1204  
FUNERAL DIRECTOR'S LICENSE No. 2012  
EMBALMER'S NAME David Meyer  
FUNERAL DIRECTOR'S SIGNATURE [Signature]

DECEASED  
USUAL RESIDENCE WHERE DECEASED LIVED - IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.  
LAKE COUNTY HEALTH COMMISSIONERS  
DISPOSITION  
M.D. OR D.O.  
CAUSE

1. DECEASED NAME Bernard J. Blaszkiewicz		SEX Male	DATE OF DEATH (MONTH, DAY, YEAR) June 21, 1983
2. RACE White	AGE—Last Birthday (Yrs.) 68	UNDER 1 YEAR MONTHS DAYS	UNDER 1 DAY HOURS MINUTES
3. CITY, TOWN OR LOCATION OF DEATH Hobart		4. HOSPITAL OR OTHER INSTITUTION—Name (If not in either give street and number) 536 Brandt Street	5. DATE OF BIRTH (Mo., Day, Yr.) July 7, 1914
6. STATE OF BIRTH Wisconsin		7. COUNTY OF DEATH Lake	8. SURVIVING SPOUSE (If wife give maiden name) B. Vernetta Stark
9. SOCIAL SECURITY NUMBER 325-10-5061		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	11. WAS DECEDENT EVER IN U.S. ARMED FORCES? No
12. RESIDENCE—STATE Indiana		13. USUAL OCCUPATION (Give kind of work done during period of working life, even if retired) Bricklayer	14. KIND OF BUSINESS OR INDUSTRY Local No. 6
15. COUNTY Lake		16. CITY, TOWN OR LOCATION Hobart	17. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
18. STREET AND NUMBER 536 Brandt Street		19. INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes	
20. IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21. FATHER—NAME Stanley Blaszkiewicz		22. MOTHER—MAIDEN NAME Virginia Foley	
23. INFORMANT—NAME (Type or print) E. Vernetta Blaszkiewicz-wife		24. MAILING ADDRESS—STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP 536 Brandt Street, Hobart, Indiana 46342	
25. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		26. CEMETERY OR CREMATORY—FUNERAL HOME LOCATION CITY OR TOWN STATE Calumet Park Cemetery Merrillville, Indiana	
27. DATE (MONTH, DAY, YEAR) June 24, 1983		28. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO. CITY OR TOWN, STATE, ZIP) Rees Funeral Home, Inc., 600 W. Ridge Rd., Hobart, IN	
29. To the best of my knowledge, death occurred at the time, date and place and due to the causes stated. Signature: [Signature]		30. DATE SIGNED (Mo., Day, Yr.) 6-24-83	31. HOUR OF DEATH 4:00 PM
32. NAME OF ATTENDING PHYSICIAN (Type or Print) JOHN REED M.D.		33. MAILING ADDRESS—PHYSICIAN 10 N MICHIGAN AVE HOBART IND 46342	
34. HEALTH OFFICER—SIGNATURE [Signature]		35. DATE RECEIVED BY LOCAL HEALTH OFFICER 6-29-83	
36. PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) (a) CARDIAC ARREST (b) CORONARY ARTERY DISEASE (c) ARTERIO SCLEROSIS			
37. PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) CARDIO-VALVULAR DISEASE WITH AORTIC PROSTHESIS CIRRHOSIS OF LIVER			

FILED

JUL 28 1983

AUDITOR [Signature]