

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)



SURVIVOR'S AFFIDAVIT

IZYDOR L. KWASNIEWSKI, also known as IZYDOR KWASNIEWSKI,
of the County of Lake, State of Indiana, being duly sworn upon
his oath, alleges and says that MARGARET KWASNIEWSKI died, intestate
a resident of Lake County, Indiana, on the 24th day of October, 1987;
that she was his wife and he lived with her to the day of her death
as husband and wife; that to the best of affiant's knowledge, there
is no Federal Estate Tax or Indiana State Inheritance Tax due and
owing due to her death.

LILLIAN A. BLASTICK
RECORDER, LAKE COUNTY
CROWN POINT, INDIANA
FILED FOR RECORD
MAR 10 1 58 PM '88
15307

The following described real estate was owned as husband and
wife by the entirety at the death of the decedent (Death Certificate
attached), and this affidavit is given for purposes of clearing
title to said real estate:

FILED
MAR 9 1988

Lot 8 in Willow Tree Farms Block 2, to the City of Crown Point,
as per plat thereof, recorded in Plat Book 42, page 75, in the
Office of the Recorder of Lake County, Indiana. (Key No. 23-126-8)

Matthew P. Dogan
NOTARY LAKE COUNTY

Further affiant sayeth not.

Izydor L. Kwasniewski
Izydor L. Kwasniewski

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Subscribed and sworn to before me, a Notary Public, in the
County of Lake, State of Indiana, this 8th day of March,
1988.

Matthew P. Dogan
Matthew P. Dogan, Notary Public
Resident of Lake County

My Commission expires:
January 2, 1990

This instrument prepared by MATTHEW P. DOGAN, ATTORNEY.

525

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

Re: L. 8 in Willow Tree Farms Bl. 2, City of Crown Point, Pl. Bk. 42, p. 75,
Lake County, Indiana (Key No. 23-126-8)

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. 545

Local No. 2025-87

Below for State Office Use

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FILED
FDE 10104C
MAR 9 1988
FUND. HOME
FDH 300781

EMBALMER'S NAME Anthony S. Rendina Jr.

FUNERAL DIRECTOR'S SIGNATURE *Anthony S. Rendina Jr.*

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED'S USUAL RESIDENCE WHEN DECEASED OR IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION

PARENTS

DISPOSITION

M.D. OR D.O.

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST

CAUSE

DECEASED—NAME 1 Margaret Kwasniewski, Female		SEX		DATE OF DEATH (MONTH DAY YEAR) Oct. 24, 1987	
RACE—(e.g. White, Black, American Indian or Alaskan) 4 Cau	AGE—Last Birthday (Year) 5a 61	UNDER 1 YEAR 5b	UNDER 1 DAY 5c	DATE OF BIRTH (Month Day Year) 6 Sept. 22, 1926	COUNTY OF DEATH Lake
CITY, TOWN OR LOCATION OF DEATH 7b Merrillville		HOSPITAL OR OTHER INSTITUTION 7c Methodist Southlake Campus		IF HOSP. OR INST. Indicate DOA (Specify Room, Apt., Institution) (Specify) 7d Emer. Rm.	
STATE OF BIRTH (If not in U.S.A. Name Country) 8 Romania	CITIZEN OF WHAT COUNTRY 9 U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10 Married	SURVIVING SPOUSE (If wife give maiden name) 11 Izydor Kwasniewski		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) 12 No
SOCIAL SECURITY NUMBER 13 303-48-3237		USUAL OCCUPATION (If no kind of work done during most of working life, name it) 14a Housewife		KIND OF BUSINESS OR INDUSTRY 14b	
RESIDENCE—STATE 15a Ind.	COUNTY 15b Lake	CITY, TOWN OR LOCATION 15c Crown Point		IS RESIDENCE ON A FARM? 15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
STREET AND NUMBER 15d 9836 McKinley Court		IS RESIDENCE ON A FARM? 15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INSIDE CITY LIMITS (Specify Yes or No) 15f Yes	
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 15g YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
FATHER—NAME FIRST MIDDLE LAST 16 Unknown			MOTHER—MAIDEN NAME FIRST MIDDLE LAST 17 Unknown		
INFORMANT—NAME (Type or Print) 18a Izydor Kwasniewski - Husband		RELATIONSHIP 18b Husband	MAILING ADDRESS 18c 9836 McKinley Ct. Crown Point, In 46307	CITY OR TOWN STATE ZIP	
BURIAL, CREMATION, OTHER (Specify) 19a Burial		CEMETERY OR CREMATORY—FUNERAL HOME 19b Calumet Park Cemetery		LOCATION CITY OR TOWN STATE 19c Merrillville, Ind.	
DATE (MONTH DAY YEAR) 20a Oct. 28, 1987		FUNERAL HOME—NAME AND ADDRESS (If Street or R.F.D. No. City or Town State, ZIP) 20b Rendina F. Home 5100 Cleveland St. Gary, In 46408			
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. 21a <i>Michael Kovacich MD</i>		DATE SIGNED (Mo. Day Yr.) 21b 10-26-87	HOUR OF DEATH 21c		
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d Michael Kovacich, M. D.		MAILING ADDRESS—PHYSICIAN 21e 200 E. 86th Place Merrillville, IN 46410			
HEALTH OFFICER—SIGNATURE 22a <i>Paul...</i>				DATE RECEIVED BY LOCAL HEALTH OFFICER 22b 10-27-87	
PART I		IMMEDIATE CAUSE 23. (a) Cardiorespiratory arrest		Interval between onset and death minutes	
		(b) Probable myocardial infarction		Interval between onset and death minutes	
		(c) Arteriosclerotic heart disease		Interval between onset and death Years	
PART II		OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a), (b), or (c) 24			