

096248

Singleton, Levy + Crist
7945 Cal. Ave
Munster 46321

SURVIVORSHIP AFFIDAVIT

The undersigned, IRENE G. TARNOWSKI, being duly sworn upon her oath, states that to the best of her knowledge and belief, the following facts are true:

1. That the surviving heirs at law of Edward T. Tarnowski are as follows:

- Irene G. Tarnowski - Wife
- Sharon I. Shimel - Daughter
- Ronald E. Tarnowski - Son
- Debra Ann Dillingham - Daughter
- Theron A. Tarnowski - Son
- Paul T. Tarnowski - Son
- Peter Lawrence Tarnowski - Son
- David E. Tarnowski - Son
- Lori E. Bolles - Daughter
- Mark O. Tarnowski - Son

STATE OF INDIANA/S.S. NO.
LAKE COUNTY
FILED RECORD
APR 20 10 20 AM '90
ROBERT H. BOGGS, RECORDER

2. That the sons and daughters enumerated above were the only children of Edward T. and Irene G. Tarnowski.

3. That the above-mentioned heirs at law are the record title owners of the following described real estate:

Conry Deep River - 2nd Sub. All L.13
(Key #14-19-0129-0013)

4. That said property had been held by Edward T. Tarnowski in his name alone and Edward T. Tarnowski died intestate on August 12, 1989. (A certified copy of the death certificate is attached hereto and referred to as Exhibit "A".)

5. Therefore, pursuant to the Indiana law of intestate succession, interest in the above-described property passed at the time of the death of Edward T. Tarnowski to his heirs at law and the heirs at law are identified as follows:

- Irene G. Tarnowski - one-half (1/2) interest
- Sharon I. Shimel - one-eighteenth (1/18) interest
- Ronald E. Tarnowski - one-eighteenth (1/18) interest
- Debra A. Dillingham - one-eighteenth (1/18) interest
- Theron A. Tarnowski - one-eighteenth (1/18) interest
- Paul T. Tarnowski - one-eighteenth (1/18) interest
- Peter L. Tarnowski - one-eighteenth (1/18) interest
- David E. Tarnowski - one-eighteenth (1/18) interest
- Lori E. Bolles - one-eighteenth (1/18) interest
- Mark O. Tarnowski - one-eighteenth (1/18) interest

6. That to the best of the Affiant's knowledge, Edward T. Tarnowski died intestate and there are no estate or inheritance tax liability by reason of his death.

DULY ENTERED FOR TAXATION SUBJECT TO
FINAL ACCEPTANCE FOR TRANSFER.

APR 17 1990

Anna M. Antos
AUDITOR LAKE COUNTY

7 00
OK

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7. That to the best of the Affiant's knowledge, there are no outstanding expenses of the last illness and death of Edward T. Tarnowski.

Irene Tarnowski
IRENE T. TARNOWSKI

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

this 4 day of April, 1990.

Debra Lynn Dubovich
Notary Public

My Commission Expires:

June 21, 1990

County of Residence:

Lake

Document is

NOT OFFICIAL!

This Document is the property of
the Lake County Recorder!

STOP



3939-89
8 cc.

INDIANA STATE BOARD OF HEALTH
CERTIFICATE OF DEATH

Local No. 3939-89

State No.

TYPE/PRINT
IN
PERMANENT
BLACK INK

1. DECEDENT—NAME FIRST MIDDLE LAST EDWARD T. TARNOWSKI	2. SEX MALE	3. DATE OF DEATH (Mon. Day, Yr) AUGUST 12, 1989
4. SOCIAL SECURITY NUMBER 306-09-4294	5a. AGE—Last Birthday (Year) 75	5b. UNDER 1 YEAR Months Days Hours Minutes
6. YEAR LAST SERVED IN U.S. ARMED FORCES 1945	7. DATE OF BIRTH (Mon. Day, Yr) NOV. 9, 1913	8. BIRTHPLACE (City and State or Foreign Country) GARY, INDIANA
9. FACILITY NAME (If not institution, give street and number) ST. ANTHONY MEDICAL CENTER	10. CITY, TOWN OR LOCATION OF DEATH CROWN POINT	11. COUNTY OF DEATH LAKE
12a. MARITAL STATUS—Married Never Married Widowed Divorced (Specify) MARRIED	12b. SURVIVING SPOUSE (If not, give maiden name) IRENE BRAUN	12c. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) RETIRED
12d. KIND OF BUSINESS/INDUSTRY U.S. STEEL	13a. RESIDENCE—STATE INDIANA	13b. COUNTY LAKE
13c. CITY, TOWN OR LOCATION LAKE STATION	13d. STREET AND NUMBER 3485 OLD HOBART ROAD	13e. ZIP CODE 46405
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) NO	15. RACE—American Indian, Black, White, etc. (Specify) WHITE	16. DECEDENT'S EDUCATION (Specify any highest grade completed) 12
17. FATHER'S NAME (First, Middle, Last) PETER TARNOWSKI (dec.)	18. MOTHER'S NAME (First, Middle, Last) HELEN RUZNICKI (dec.)	19. INFORMANT'S NAME (First, Middle, Last) IRENE TARNOWSKI WIFE
20a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Partial Interment <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)	20b. DATE AND PLACE OF DISPOSITION (City, State, or Country) AUGUST 14, 1989 CALVARY CEMETERY	20c. LOCATION—City or Town, State PORTAGE, INDIANA
21a. SIGNATURE OF FUNERAL DIRECTOR <i>Daniel A. Linert</i>	21b. LICENSE NUMBER FD01019294	21c. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME REES FUNERAL HOME, OLSON CHAPEL 5341 CENTRAL AVENUE PORTAGE, INDIANA 46368 FH 83005613
22a. LICENSE NUMBER 35134	22b. DATE SIGNED 12 Aug 89	23. DATE OF DEATH 12 Aug 89
24. TIME OF DEATH 11:40 pm	25. DATE PRONOUNCED DEAD (Mon. Day, Year) 12 Aug 89	26. WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER (Yes or no) NO
27. PART I State the immediate, proximate, or contributing cause of death. Do not enter the cause of injury, such as cirrhosis or respiratory distress, stroke, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) • Coronary Arteriosclerosis • Renal Failure • Cerebral Vascular Accident • Diabetes Mellitus CAUSE (Change of injury that preceded events resulting in death) LAST	28. THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH FILED WITH THE LAKE COUNTY HEALTH DEPT.	29. WERE AUTOPTIC PHOTOS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) NO
30. CERTIFIER (Check only one) <input type="checkbox"/> CERTIFYING PHYSICIAN (Physician certifying cause of death when another physician has pronounced death and completed item 23. To the best of my knowledge, death occurred due to the causes) and manner as stated. <input checked="" type="checkbox"/> PRONOUNCING AND CERTIFYING PHYSICIAN (Physician both pronouncing death and certifying cause of death. To the best of my knowledge, death occurred at the time, date, and place, and due to the causes) and manner as stated. <input type="checkbox"/> MEDICAL EXAMINER <input type="checkbox"/> CORONER <input type="checkbox"/> HEALTH OFFICER (On the basis of complete medical investigation, at my option, death occurred at the time, date, and place, and due to the causes) and manner as stated.	31. SIGNATURE AND TITLE OF CERTIFIER <i>Daniel P. Linert, M.D.</i>	32. LICENSE NUMBER 35134
33. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 27) (First, Middle, Last) DANIEL P. LINERT, M.D. 8909 BROADWAY, MERRILLVILLE, INDIANA 46410	34. DATE SIGNED (Mon. Day, Year) 12 Aug 89	35. HEALTH OFFICER'S SIGNATURE <i>Paul Johnson</i>
36. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accidental <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be Determined	37a. DATE OF INJURY (Mon. Day, Year)	37b. TIME OF INJURY
37c. INJURY AT WORK? (Yes or no)	37d. DESCRIBE HOW INJURED	38. PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)
39. LOCATION (Street and Number or Rural Route Number, City or Town, State)	40. DATE FILED (Mon. Day, Year) AUG-14-89	41. HEALTH OFFICER'S SIGNATURE <i>Paul Johnson</i>



DECEDENT

PARENTS
INFORMANT

DISPOSITION

PRONOUNCING
PHYSICIAN ONLY

ITEMS 24-26 MUST
BE COMPLETED BY
PERSON WHO
PRONOUNCES DEATH

SEE INSTRUCTIONS:

CAUSE OF
DEATH:

SEE
INSTRUCTIONS

CERTIFIER

HEALTH
OFFICER

CORONER OR
MEDICAL
EXAMINER USE
ONLY