

607173

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA
COUNTY OF LAKE

} S. S.

On this APRIL 13, 1990 before me personally appeared TED CZERNIAK
(insert date)

to me personally known, who being duly sworn on oath did say that:

- 1. Affiant resides at the address given below affiant's signature;
- 2. Affiant is AN OWNER (WITH HIS WIFE DOLORES) OF THE PREMISES;
(state interest of affiant in the above premises as "owner," "son of owner," etc.)
- 3. Said premises were formerly owned as joint tenants or as tenants by the entireties by TED CZERNIAK AND HIS WIFE DOLORES CZERNIAK and MARIE CZERNIAK;

4. Said MARIE CZERNIAK
(fill in name of co-tenant who died)

died on MARCH 30, 1983

leaving NO will;
(insert "a" or "no"; if will left, attach a copy)

5. The legal description of the premises in question is:

LOT 45 AND THE SOUTHEASTERLY 5 FEET OF LOT 44, CEDAR POINT PARK, IN THE TOWN OF CEDAR LAKE, AS SHOWN IN PLAT BOOK 15, PAGE 5, IN LAKE COUNTY INDIANA #25-25-42

6. To the best of affiant's knowledge there is no Federal or State estate or inheritance tax liability by reason of the death of said decedent.

7. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced?

N/A

(If answer is "Yes," identify the divorce proceedings:

Ann N. Anton
LAKE COUNTY

8. Affiant's relationship to the deceased was son

Signature: Ted Czerniak
TED CZERNIAK

Address: 711 WESTMERE RD.
DES PLAINES, IL 60016

Subscribed and sworn to before me by the affiant

this 13TH day of APRIL, 1990
(insert date)

James R. Bielefeld
Notary Public
JAMES R. BIELEFELD

My Commission Expires 4-13-91

This instrument prepared by JAMES R. BIELEFELD, ATTORNEY

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STATE OF INDIANA'S DIVISION OF RECORDS
FILED
APR 23 11 02 AM '90
LAKE COUNTY, INDIANA
RECORDER'S OFFICE

1129-A

STATE OF ILLINOIS 2538 STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO 16.0		REGISTERED NUMBER		DECEASED-NAME		SEX	DATE OF DEATH	
MARIE KATHRINE CZERNIAK		2 FEMALE		3. MARCH 30 1983				
FACE-WHITE, AC. AMERICAN INDIAN, ETC. (SPECIFY)		ORIGIN OR DESCENT	AGE - LAST BIRTHDAY (YRS)	UNDECEASED YEAR MO. DAY	UNDECEASED DAY HOUR, MIN.	DATE OF BIRTH (MO., DAY, YEAR)		COUNTY OF DEATH
WHITE		POLISH	80			6. NOV 5 1902		7a. COOK
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)				IF HOSP. OR INST. INDICATE OR FEMER. RM. INPATIENT (SPECIFY)		
7b. ARLINGTON HEIGHTS		7c. NORTHWEST COMMUNITY HOSPITAL				7d. INPATIENT		
STATE OF BIRTH (IF NOT IN U.S.A. NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)		
8. ILLINOIS		9. USA		10. WIDOWED		11. None		
SOCIAL SECURITY NUMBER		USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY		WAS DECEASED EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO)		13d. -
12. 332-40-0184		13a. OWNER		13b. BAKERY		13c. NO		
RESIDENCE STREET AND NUMBER		CITY, TOWN, TWP. OR ROAD DISTRICT NO. (INSIDE CITY YES/NO)		COUNTY		STATE		
14a. 711 WESTMERE ROAD		14b. DES PLAINES		14c. YES		14d. COOK		14e. ILLINOIS
FATHER-NAME		MOTHER-NAME		MOTHER-MAIDEN NAME				
15. PETER WALERYSZAK		Kathryn		Unknown				
INFORMANT NAME (TYPE OR PRINT)		RELATIONSHIP		MAILING ADDRESS (STREET AND NO. OR R. F. D., CITY OR TOWN, STATE, ZIP)				
17a. BETTY ANDERSON		17b. MED RECS		17c. 800 WEST CENTRAL ROAD ARLINGTON HEIGHTS ILLINOIS 60005				
DEATH WAS CAUSED BY:		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]						
PART I								
19a. Intestinal Obstruction & Dehydration - deep								
19b. Sarcemia and malnutrition								
19c. Carcinoma of Colon metastases								
PART II. OTHER SIGNIFICANT CONDITIONS		CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THOSE GIVEN IN PART I (a) (b) (c) OPSPY (S/NO)						
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION					19b. YES <input type="checkbox"/> NO <input type="checkbox"/>	
20a.		20b.					20c. YES <input type="checkbox"/> NO <input type="checkbox"/>	
1 (a) (b) (DID NOT) ATTEND THE DECEASED AND LAST SAW WHEN ALIVE ON		(MONTH, DAY, YEAR)		WAS CORNER OR MEDICAL EXAMINER NOTIFIED (SPECIFY YES OR NO)		HOUR OF DEATH		
21a.		3/30/83		YES		11:45 a.m.		
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, PLACE AND UNDER THE CAUSE(S) STATED.		DATE SIGNED (MO., DAY, YR.)						
22a. SIGNATURE		22b. 3/31/83						
NAME AND ADDRESS OF CERTIFIER		ILLINOIS LICENSE NUMBER						
22a. Donald T. Rhein M.D. 321 W. Prospective Mt. Prospect, Ill. 60056		22b. 36-3820						
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORNER OR MEDICAL EXAMINER MUST BE NOTIFIED.						
23.								
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY-NAME		LOCATION		DATE (MONTH, DAY, YEAR)		
24a. Burial		24b. Resurrection Cem.		24c. Justice Illinois		24d. April 4 1983		
FUNERAL HOME		NAME		STREET AND NUMBER OR R. F. D.		CITY OR TOWN STATE ZIP		
25a. Kolssak of Wheeling F.H. 189 S. Milwaukee Av Wheeling Ill. 60090		FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER				
25b. Louis G. Kolssak II		25c. 6213						
LOCAL REGISTRAR'S SIGNATURE		DATE REC'D BY LOCAL REGISTRAR (MONTH, DAY, YEAR)						
26a. [Signature]		26b. 4/1/83						

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STOP

RECORDER'S OFFICE

APR 1 1983

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named in item 1 and that this record was established and filed in my office in accordance with the provisions of the Illinois statutes relating to the registration of births, stillbirths and deaths.

25-256-256-256
Cedar Point Pk. St. 45 Se by 51 St 44

Date APR 4 1983
Signed [Signature]
At Cook County Department of Public Health
1500 S. Washington Drive
Official Title Chief Deputy Registrar