

91015876

FILED

STATE OF INDIANA)

SS:

COUNTY OF LAKE)

APR 4 1991

AFFIDAVIT

Anna N. Anton
AUDITOR LAKE COUNTY

Mary Ciereszewski, being first duly sworn upon her oath, states:

1. That she resides at the Lake County Nurisng Home, 2900 West 93rd, Crown Point, Lake, Indiana.

2. That she is the surviving widow of Frank Ciereszewski, who died a resident of East Chicago, Lake County, Indiana on January 15, 1979.

3. That she is the surviving and exclusive owner of the following real property, which is located at 5128 Walsh Avenue, East Chicago, Lake County, Indiana, and legally described as:

The North Half of Lot 47 and Lot 48 in Block 20 in a Subdivision of that part of the East 4/7 of the Southwest Quarter of Section 29, lying south of Chicago Avenue, except the East 201 feet thereof, Township 37 North, Range 9 West of the Second Principal Meridian in Lake County, Indiana as shown by the recorded plat of said subdivision in the Recorder's Office of Lake County, Indiana, as the same appears of record in Plat Book 2, Page 15

4. That Exhibit "A", attached hereto, is a true, correct and authentic copy of the death certificate of the aforesaid Frank Ciereszewski.



Mary Ciereszewski

SUBSCRIBED and SWORN to before me, a Notary Public, this 19th day of March, 1991.

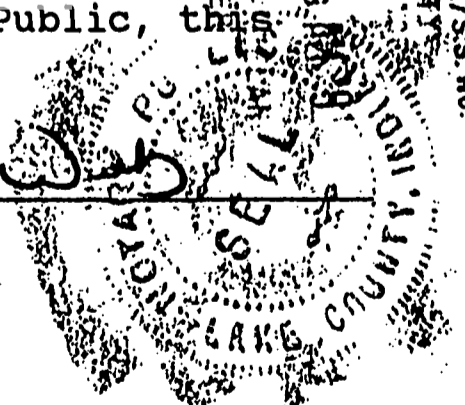
My Commission Expires: February 5, 1995
County of Residence : Lake

This Document Prepared By: Kenneth M. Wilk, Attorney at Law, 3235 - 45th Street, Highland, IN

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STATE OF INDIANA/S.S. NO.
LAKE COUNTY
FILED FOR RECORD
APR 5 10 05 AM '91
ROBERT W. JOSE
RECORDER



500

TYPE OR PRINT
PLAINLY WITH
READING INK
THIS IS A
PERMANENT
RECORD
for State Office Use

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State
No.

Local No.

FUNERAL HOME
No. 160

FUNERAL DIRECTOR'S
LICENSE No. 600

3530
LICENSE No.

EMBALMER'S NAME
Benj. J. Jesniak Sr.

FUNERAL DIRECTOR'S
SIGNATURE
Benj. J. Jesniak Sr.

TYPE
OR PRINT
IN
PERMANENT
INK
FOR
INSTRUCTIONS
SEE
HANDBOOK

DECEASED

USUAL RESIDENCE
WHERE DECEASED
LIVED - IF DEATH
OCCURRED IN
INSTITUTION, GIVE
RESIDENCE BEFORE
ADMISSION

PARENTS

DISPOSITION

M.D.
FOR
I.D.O.

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

CAUSE

1 DECEASED NAME Frank Joseph Ciereszowski		SEX Male		DATE OF DEATH MONTH DAY YEAR January 15, 1979	
2 RACE White		AGE UNDER 1 YEAR 85		DATE OF BIRTH MONTH DAY YEAR September 12, 1893	
3 CITY, TOWN OR LOCATION OF DEATH East Chicago		HOSPITAL OR OTHER INSTITUTION Home 4835 Baring Ave.		COUNTY OF DEATH Lake	
4 STATE OF BIRTH Illinois		COUNTRY OF BIRTH U.S.A.		MARRIED, NEVER MARRIED MARRIED	
5 VITAL STATISTICS NUMBER 316-03-6398		JUDGE OR PATRIARCH (to be filled at death during trial of probate proceedings)		SURVIVING SPOUSE (if any, give maiden name) Mary Kasprzyk	
6 RESIDENT STATE Indiana		COUNTY Lake		CITY, TOWN OR LOCATION East Chicago	
7 STREET AND NUMBER 4835 Baring Avenue		8 RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		9 INSIDE CITY LIMITS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
10 IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
11 FATHER - NAME Peter Ciereszowski		MOTHER - MAIDEN NAME Katherine Templin			
12 INFORMANT - NAME (Type or print) Mary Ciereszowski		MAILING ADDRESS 4835 Baring Ave., East Chicago, Ind. 46312			
13 BURIAL, CREMATION, INHUMATION, OTHER (Specify) Burial		CEMETERY OR CREMATORY # FUNERAL HOME Holy Cross Cemetery		LOCATION Galumet City, Ill.	
14 DATE (MONTH DAY YEAR) January 18, 1979		FUNERAL HOME - NAME AND ADDRESS Jesniak 4918 Magoun Ave., East Chicago, Ind. 46312		CITY OR TOWN, STATE, ZIP East Chicago, Ind. 46312	
15 NAME OF ATTENDING PHYSICIAN (Type or print) A. J. Dranko, M.D.		DATE SIGNED (MONTH DAY YEAR) 16 Jan 79		HOUR OF DEATH 4:00 A.M.	
16 MAILING ADDRESS - PHYSICIAN 915 W. Chicago Avenue, East Chicago, Indiana		17 SIGNATURE OF PHYSICIAN <i>A. J. Dranko</i>			
18 HEALTH OFFICER - SIGNATURE C. A. Campagna, M.D.		DATE RECEIVED BY LOCAL HEALTH OFFICER 1-19-79			
19 PART I (a) Immediate Cause Cerebral hemorrhage		INTERVAL BETWEEN ONSET AND DEATH Sudden			
19 PART I (b) Underlying Cause Cerebral hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 1 year			
20 PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a) or (b) None		INTERVAL BETWEEN ONSET AND DEATH None			

SBI 08-0031
REV 10/77

APR 4 1991
Auditor Lake County

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APR 4 1991
Aud. N. Anton

Disposition Permit
Issued / /
Provisional
Certificate
 Yes No

521015