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FILED

STATE OF INDIANA)

SS:

COUNTY OF LAKE)

APR 4 1991

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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 Nursing Home 2900 West 93rd, Crown Point, Lake, Indiana.

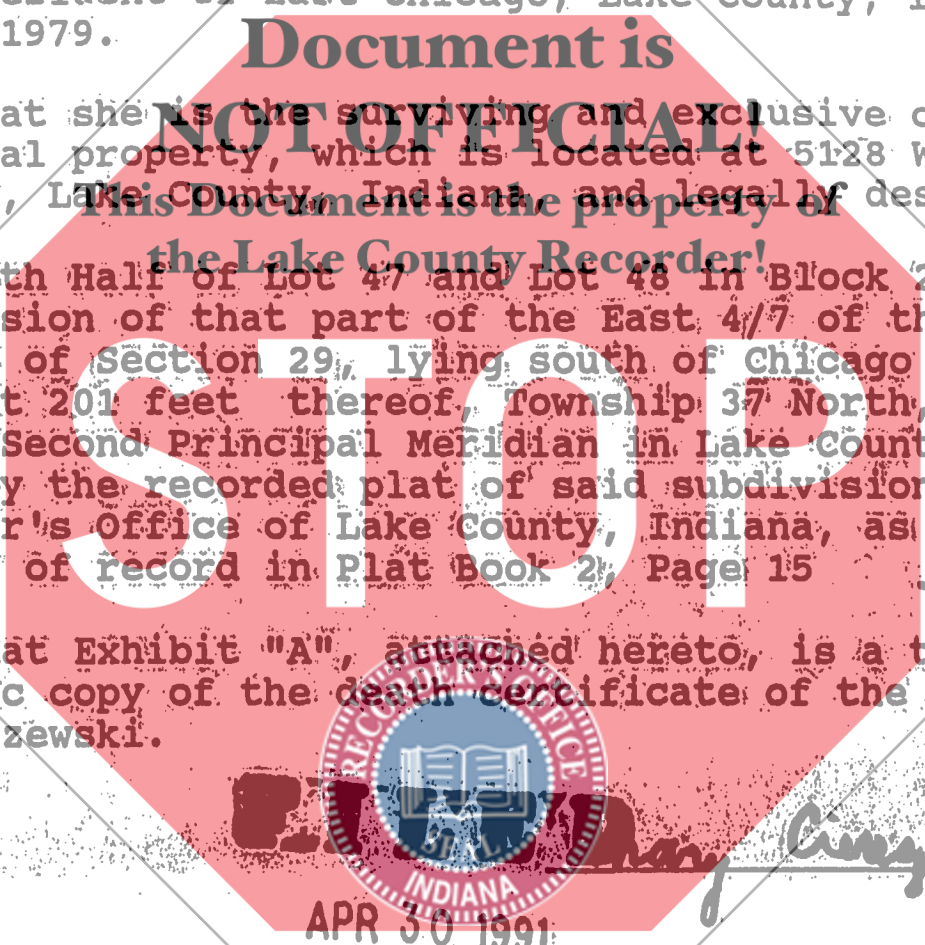
2. That she is the surviving widow of Frank Ciereszewski who died a resident of East Chicago, Lake County, Indiana on January 15, 1979.

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.

THIS DOCUMENT IS BEING RE-RECORDED TO CORRECT THE COMMON STREET ADDRESS TO 4835 Baring Avenue, East Chicago, Lake County, Indiana



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

Anna N. Anton
AUDITOR LAKE COUNTY

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

STATE OF INDIANA/S.S. NO. LAKE COUNTY
FILED
MAY 3 11 06 AM '91
ROBERT W. JOSEPH
RECORDER
LAND

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STATE OF INDIANA/S.S. NO. LAKE COUNTY
FILED FOR RECORD
APR 5 10 09 AM '91
ROBERT W. JOSEPH
RECORDER
LAND

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

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No.

Local No.

by State Office

FUNERAL HOME

No. 160

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.
OR
D.O.

CONTAINS
IF ANY
WHICH HAVE
HIS TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LAST

CAUSE

FUNERAL DIRECTOR'S

FUNERAL DIRECTOR'S

SIGNATURE *Benjamin ...*

EMBALMER'S NAME

0135

Dispositions Permit
Issued, / /
Provisional
Certificate
 Yes No

DECLASED NAME Frank Joseph Ciereszewski		SEX Male	DATE OF DEATH (MONTH, DAY, YEAR) January 15, 1979
RACE White	AGE 85	DATE OF BIRTH (MO., DAY, YEAR) September 12, 1893	COUNTY OF DEATH Lake
CITY, TOWN OR LOCATION OF DEATH East Chicago		HOSPITAL OR OTHER INSTITUTION Home 4835 Baring Ave.	IF HOSP. OR INST. Indicate DOA, DP, I, or Am., Impost, (Specify)
STATE OF BIRTH Illinois	CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED married	SURVIVING SPOUSE (if not, give maiden name) Mary Kasprzyk
MEDICAL SECURITY NUMBER 3.16-03-6398	USUAL OCCUPATION Business	KIND OF BUSINESS OR INDUSTRY Coal Company	
RESIDENCE STATE Indiana	COUNTY Lake	CITY, TOWN OR LOCATION East Chicago	INSIDE CITY LIMITS (Specify Yes or No) Yes
STREET AND NUMBER 4835 Baring Avenue	IS RESIDENCE ON A FARM? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
FATHER-NAME Peter Ciereszewski	MOTHER-MAIDEN NAME Catherine Desplins	INFORMANT- NAME (Type or print) Mary Ciereszewski	
BURIAL, CREMATION, INHUMATION, OTHER (Specify) Burial	CEMETERY OR CREMATORY-FUNERAL HOME Holy Cross Cemetery	CITY OR TOWN Galumet City, Ill.	STATE Ill.
DATE (MONTH, DAY, YEAR) January 18, 1979	FUNERAL HOME-NAME AND ADDRESS Lesniak 4918 Madison Ave.	CITY OR TOWN East Chicago, Ind.	STATE Ind.
NAME OF ATTENDING PHYSICIAN (Type or Print) ALFRED J. DAIWKO M.D.	DATE SIGNED (MO., DAY, YEAR) 16 Jan 79	HOUR OF DEATH 4:00A.M.	
MAILING ADDRESS OF PHYSICIAN 915 W. Chicago Avenue, East Chicago, Indiana	HEALTH OFFICER'S SIGNATURE A. Campagna, M.D.		
HEALTH OFFICER'S SIGNATURE		DATE RECEIVED BY LOCAL HEALTH OFFICER 1-19-79	
PART I (a) Coronary Arteriosclerosis		Interval between onset and death Sudden	
PART I (b) clinical fibrillation		Interval between onset and death 1 yr	
PART II (OTHER SIGNIFICANT CONDITIONS - Conditions contributory to death but not related to cause given in PART I)		AUTOPSY (Specify Yes or No) NO	

SBH 08-003
REV. 10/77

AUDITOR LAKE COUNTY

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This Document is the property of the Lake County Recorder!



FILED

APR 4 1991

Anna N. Anton

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APR 30 1991

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