



21023160 SURVIVORSHIP AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF COOK

S. S.

On this April 26, 1991 before me personally appeared
(insert date)

RAMONA M. CZAJA

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 owner of property conveyed
(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
Peter J. Czaja and Ramona M. Czaja;

4. Said Peter J. Czaja AKA PETER JOHN CZAJA
(fill in name of co-tenant who died)

died on MAY 27, 1985

leaving no will
(insert "a" or "no" or "will" as appropriate)

5. The legal description of the premises in question is:
Lot 1, Block 2, Highland Estates, as shown in Book 27, Page 84, in Lake County, Indiana Commonly known as: 8136 Kennedy; Highland, IN

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?
no

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

Alex N. Anton
JUDGE LAKE COUNTY

8. Affiant's relationship to the deceased was wife

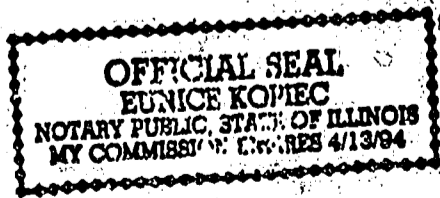
Signature: Ramona M. Czaja
10123-4th Place
Address: Highland, IN 46322

Subscribed and sworn to before me by the affiant

this 26th day of April, 1991
(insert date)

Eunice Kopiec
Notary Public

My Commission Expires April 13, 1994



This instrument prepared by THOMAS A. APPEL, Attorney; 18607 Torrence Ave - 2A; Lansing, IL 60438

00213

CHICAGO TITLE INSURANCE COMPANY
INDIANA DIVISION



STATE OF INDIANA/S.S. NO.
LAKE COUNTY
FILED FOR RECORD
MAY 15 1 16 PM '91
ROBERT HOSCHER, FREELAND
RECORDER

STATE OF SOUTH CAROLINA
DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL
CERTIFICATE OF DEATH

5000 *appel + appel*
45250820
STATE FILE NUMBER

TYPE PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF DECEASE ITEMS.

PARENTS

DISPOSITION

CERTIFIER

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

CAUSE OF DEATH

STATE BIRTH NUMBER		MIDDLE		LAST		SEX	DATE OF DEATH (Mo., Day, Yr.)
1. Peter		John		CZAJA		2. Male	3. May 27, 1985
RACE (White, Neg., American Indian, etc.) (Specify)	AGE—Last Birth-day (Yrs.)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (Mo., Day, Yr.)		COUNTY OF DEATH	
4. White	5a. 47	5b. MOS.	5c. DAYS	6. Oct. 13, 1937		7a. Oconee	
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—Name (If not in either, give street and number)				IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm., Inpatient (Specify)	
7b. Seneca		7c. Lake Keowee; New Hope Community; Route 1				7d.	
STATE OF BIRTH (If not in U.S.A., name country)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		SURVIVING SPOUSE (If wife, give maiden name)		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)	
8. Indiana	9. USA	10. Married		11. Ramona Trucksa		12. Yes	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			KIND OF BUSINESS OR INDUSTRY		
13. 303-36-3601		14a. Dentist			14b. Dentistry		
RESIDENCE—STATE	COUNTY	CITY, TOWN OR LOCATION		STREET AND NUMBER		INSIDE CITY LIMITS (Specify Yes or No)	
15a. Indiana	15b. Lake	15c. Highland		15d. 10123 Fourth Place		15e. Yes	
FATHER—NAME FIRST MIDDLE LAST			MOTHER—MAIDEN NAME FIRST MIDDLE LAST				
16. Joseph (nmn) Czaja			17. Lottie (nmn) Michnal				
INFORMANT—NAME (Type or Print)			MAILING ADDRESS		STREET OR R.F.D. NO. CITY OR TOWN STATE Zip		
18a. Mrs. Ramona T. Czaja			18b. 10123 Fourth Place; Highland, Indiana		43622		
BURIAL, CREMATION, REMOVAL, Other (Specify)	CEMETERY OR CREMATORY—NAME			LOCATION CITY OR TOWN STATE			
19a. Burial	19b. Calumet Park Cemetery			19c. Merrillville, Ind.			
FUNERAL DIRECTOR OR PERSON ACTING AS SUCH		LIC. NO.	EMBALMER'S SIGNATURE		LIC. NO.		
20a. [Signature]		20b. 924	20c. [Signature]		20d. 1476		
NAME OF FACILITY		LIC. NO.	ADDRESS OF FACILITY				
20e. Brown's Funeral Home		20f. 309	20g. 101 N. Second St.; Seneca, S.C. 29678				
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.				21b. As the result of examination and/or investigation, in my opinion, death occurred at the time, date and place and due to the cause(s) stated.			
DATE SIGNED (Mo., Day, Yr.)				HOUR OF DEATH		DATE SIGNED (Mo., Day, Yr.)	
21c. 5/29/85				21d. 1:45 P M		21e. [Signature]	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				PRONOUNCED DEAD (Mo., Day, Yr.)		PRONOUNCED DEAD (How)	
21f. NONE				21g. ON		21h. AT	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print)				LIC. NO.		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	
21i. JAMES R. PRUITT, M.D. Pathologist Seneca, S.C.				21j. 4472		21k. May 31, 1985	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		INTERVAL BETWEEN ONSET AND DEATH			
22a. [Signature]		22b. May 31, 1985		Interval between onset and death			
IMMEDIATE CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH		INTERVAL BETWEEN ONSET AND DEATH			
23. MULTIPLE EXTREME TRAUMATIC INJURY		Interval between onset and death		Interval between onset and death			
(b) AIRCRAFT ACCIDENT		Interval between onset and death		Interval between onset and death			
(c)		Interval between onset and death		Interval between onset and death			
PART OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)				AUTOPSY (Specify Yes or No)		WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER (Specify Yes or No)	
24. NONE				25. Yes		26. [Signature]	
ACC., SUICIDE, HOJA., UNDET. OR PENDING INVEST. (Specify)	DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED			
27a. PENDING INV.	27b. 5/27/85	27c. 1:45 P M		27d. FRIENDS ON LAKE KEOWEE LAKE WENTERS AIRCRAFT STRUCK			
INJURY AT WORK (Specify Yes or No)	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	LOCATION		STREET OR R.F.D. NO. CITY OR TOWN STATE			
28a. NO	28b. LAKE KEOWEE	28c. NEW HOPE COMMUNITY ROUTE 1, SENECA, S.C.		28d.			



Highland St.
Lt 1 Bl 2
27-191-1

I HEREBY CERTIFY THIS IS A TRUE COPY OF THE RECORD ON FILE IN THE OCONEE COUNTY HEALTH DEPARTMENT

JUN 12 1985

[Signature] County Registrar

00214