

58472
Ontega

91023915

AFFIDAVIT

TICOR TITLE INSURANCE
Highland, Indiana

STATE OF INDIANA }
COUNTY OF LAKE } SS:

CASIMIR LESNIEWSKI, being first duly sworn upon oath, deposes and says:

1. That Affiant's spouse, LUCILLE F. LESNIEWSKI died (without leaving a will) (~~XXXXXXXXXX~~) on March 14, 1988 at Columbia City, Whitley County, Indiana.

2. That they were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

LOT 10 IN THE RESUBDIVISION OF LOTS 1 TO 18, INCLUSIVE AND LOTS 25 TO 42, INCLUSIVE, IN BLOCK 2, IN WINSLOW'S ADDITION TO HAMMOND, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 9, PAGE 7, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

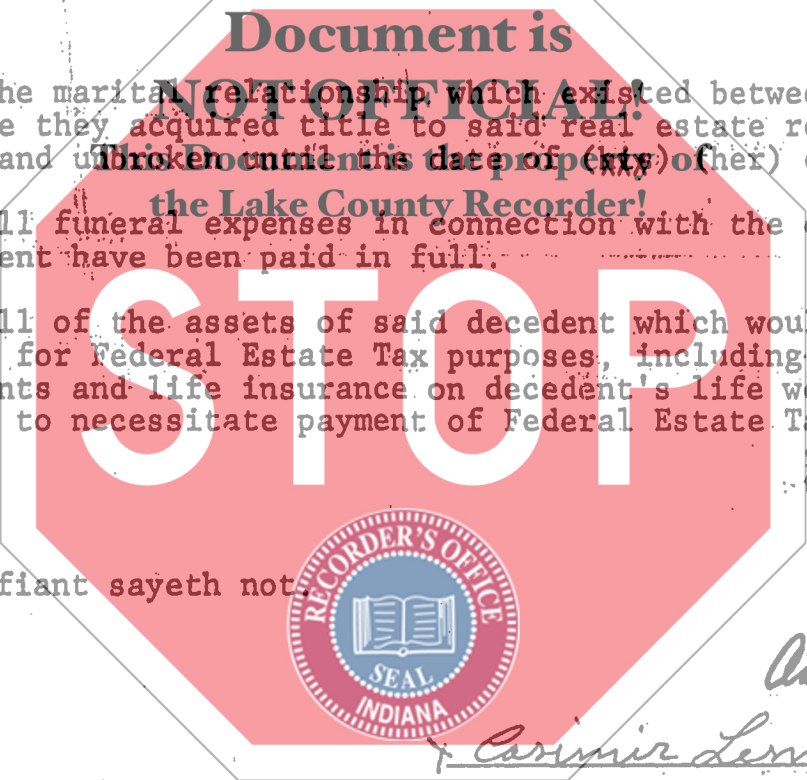
36-360-10

COMMON STREET ADDRESS: 4125 TOWLE AVENUE, HAMMOND, INDIANA

3. That the marital relationship, which existed between the at the time they acquired title to said real estate remained in effect and unbroken until the death of (his) (her) death.

4. That all funeral expenses in connection with the death of said decedent have been paid in full.

5. That all of the assets of said decedent which would be includable for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.



STATE OF INDIANA/S.S. NO. _____
LAKE COUNTY
FILED FOR RECORD
MAY 20 10 07 AM '91
RECORDER
F. FREELAND

FILED

MAY 16 1991

Further affiant sayeth not.

Anna M. Anton
AUDITOR LAKE COUNTY

Casimir Lesniewski
Casimir Lesniewski

Subscribed and sworn to before me, a Notary Public, this 6th day of May, 1991.

Jean Henderson
Jean Henderson Notary Public

My Commission expires:

12-03-93

County of Residence: Lake

This Instrument prepared by Richard J. Garcia, 10400 S. Ewing, Chicago, IL 60617

800
00630
M

WHITLEY COUNTY HEALTH DEPARTMENT

Local No. 48 CERTIFICATE OF DEATH State No.

TYPE/PRINT IN PERMANENT BLACK INK

1. DECEASED—NAME FIRST MIDDLE LAST LUCILLE F. LESNIEWSKI 2 SEX Female 3 DATE OF DEATH (Mo. Day, Yr.) March 14, 1988 4 SOCIAL SECURITY NUMBER 310-22-6758 5a AGE—Last Birthday (Years) 60 5b UNDER 1 YEAR Months Days 5c UNDER 1 DAY Hours Minutes 6. DATE OF BIRTH (Month, Day, Year) 8-19, 1927 7 BIRTHPLACE (City and State or Foreign Country) Hammond, IN 8 YEAR LAST SERVED IN US ARMED FORCES? 1956 9a PLACE OF DEATH (Check only one See instructions) HOSPITAL: Inpatient ER/Outpatient DOA OTHER: Nursing Home Residence Other (Specify) 9b FACILITY NAME (If not institution, give street and number) Whitley County Memorial Hospital 9c. CITY, TOWN, OR LOCATION OF DEATH Columbia City, 9d. COUNTY OF DEATH Whitley Co., 10. MARITAL STATUS—Married Never Married, Widowed, Divorced (Specify) Married 11 SURVIVING SPOUSE (If wife, give maiden name) Casimir 12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life Do not use retired) House Wife 12b. KIND OF BUSINESS/INDUSTRY Own Home 13a RESIDENCE—STATE Indiana 13b COUNTY Whitley Co. 13c CITY, TOWN, OR LOCATION Columbia City, 13d STREET AND NUMBER R.R.7 300E 13e INSIDE CITY LIMITS? (Yes or no) NO 13f. FARM YES 13g ZIP CODE 46725 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 only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 2 17. FATHER'S NAME (First, Middle, Last) Joseph Kosiba 18 MOTHER'S NAME (First, Middle, Maiden Surname) Mary Motkowicz 19a INFORMANT'S NAME (Type/Print) Casimir Lesniewski, 19b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) R.R.7, Columbia City, IN 46725 19c Relationship Husband 20a METHOD OF DISPOSITION Burial Cremation Removal from State Donation Other (Specify) 20b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Chapel Lawn Memorial Garden 3-18, 1988 20c. LOCATION—City or Town, State Schererville, IN 21a SIGNATURE OF FUNERAL DIRECTOR Randy L. Grimes 21b LICENSE NUMBER FDE1009568 22. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Money-Grimes Countryside Park Funeral Home, PO Box 328, Columbia City, IN 46725 23a To the best of my knowledge, death occurred at the time, date, and place stated. Signature and Title < [Signature] 23b LICENSE NUMBER 23c DATE SIGNED (Month, Day, Year) 24 TIME OF DEATH 8:29p. 25. DATE PRONOUNCED DEAD (Month, Day, Year) 3/14/88 26. WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? (Yes or no) NO 27. PART I Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. PULMONARY EMBOLISM DUE TO (OR AS A CONSEQUENCE OF) b. c. d. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I CORONARY ARTERY DISEASE, CHF. 28a. WAS AN AUTOPSY PERFORMED? (Yes or no) No 28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) No 29a CERTIFIER (Check only one) 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 cause(s) and manner as stated. 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 cause(s) and manner as stated. MEDICAL EXAMINER CORONER HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER [Signature] MD. 29c LICENSE NUMBER AD 9144 255 29d DATE SIGNED (Month, Day, Year) 3/16/88 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type/Print) Richard Dickmeyer, M.D., 518 Garland Avenue, Columbia City, Indiana 46725 31. HEALTH OFFICER'S SIGNATURE John S. Wilson, M.D. 32. DATE FILED (Month, Day, Year) March 17, 1988 33. MANNER OF DEATH Natural Pending Investigation Accident Suicide Could not be Determined Homicide 34a DATE OF INJURY (Month, Day, Year) 34b. TIME OF INJURY 34c INJURY AT WORK? (Yes or no) 34d. DESCRIBE HOW INJURY OCCURRED 34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 34f. LOCATION (Street and Number or Rural Route Number, City, Town, State) 00631

DECEDENT

PARENTS

INFORMANT

DISPOSITION

PRONOUNCING PHYSICIAN OR

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

#36-360-10 Revub. Hts 1 to 28 + 25 to 42 6e2 Wendrows Add Lt 10



FILED MAY 16 1991