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**AFFIDAVIT OF SURVIVORSHIP**

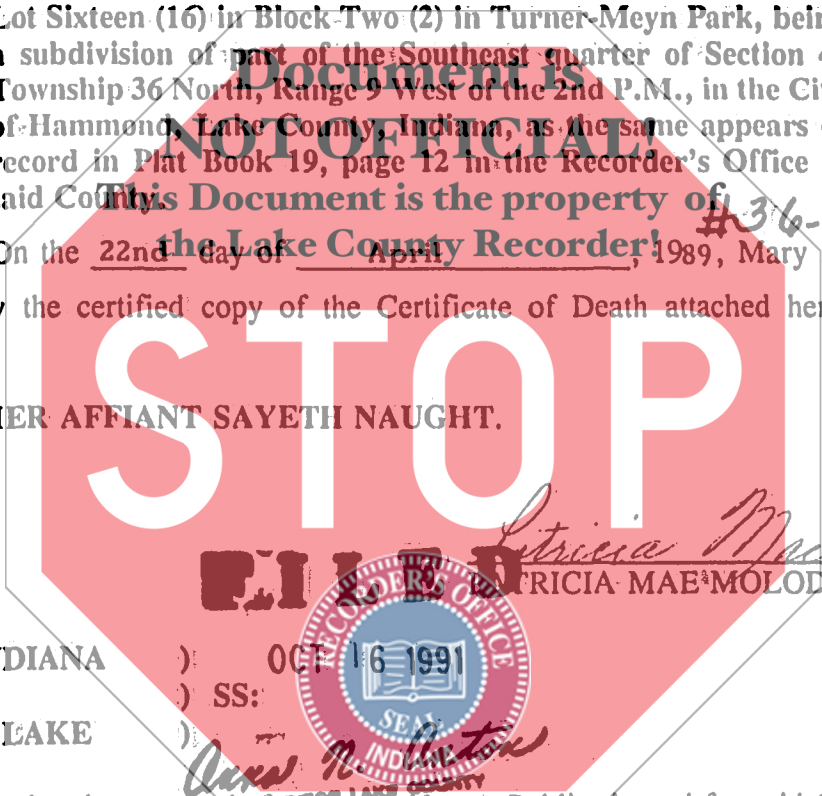
Comes now PATRICIA MAE MOLODET, the Affiant herein, and for her Affidavit of Survivorship, alleges and states that:

1. The Affiant herein resides in Lake County, Indiana.
2. On or about the 17th day of March, 1979, the Affiant was granted a remainder as joint tenants with the right of survivorship to a parcel of real estate located in Lake County, Indiana with Mary Ann Vrabel and Roberta J. Stolarz, the aforesaid parcel of real estate being more particularly described as follows:

Lot Sixteen (16) in Block Two (2) in Turner-Meyn Park, being a subdivision of part of the Southeast quarter of Section 4, Township 36 North, Range 9 West of the 2nd P.M., in the City of Hammond, Lake County, Indiana, as the same appears of record in Plat Book 19, page 12 in the Recorder's Office in said County.

3. On the 22nd day of April, 1989, Mary Ann Vrabel died as indicated by the certified copy of the Certificate of Death attached hereto and marked Exhibit A.

FURTHER AFFIANT SAYETH NAUGHT.



STATE OF INDIANA )  
 ) SS:  
 COUNTY OF LAKE )

OCT 16 1991

*Patricia Mae Molodet*  
 PATRICIA MAE MOLODET, Affiant  
*Robert J. Stolarz*  
 ROBERTA J. STOLARZ  
 OCT 23 12 11 PM '91

Subscribed and sworn to before me, a Notary Public, in and for said County and State this 30th day of September, 1991.

My Commission Expires: 4/21/95  
 My County of Residence is: Lake

*Leslie A. Starr*  
 Notary Public Leslie A. Starr

This instrument was prepared by: Allen & Sarkisian, Attorneys at Law  
 Please return to: Allen & Sarkisian, 5655 Broadway, Merrillville, Indiana 46410

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INDIANA STATE BOARD OF HEALTH

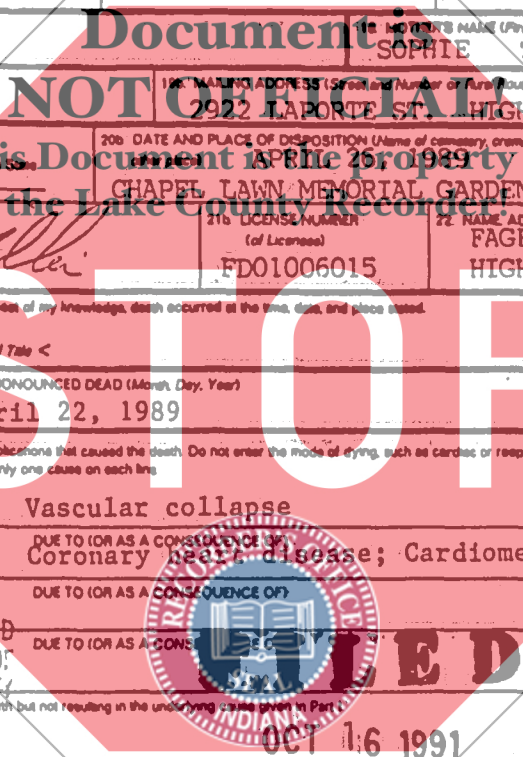
CERTIFICATE OF DEATH

Local No. 903-89

State No. ....

TYPE/PRINT IN PERMANENT BLACK INK

1 DECEASED—NAME FIRST MARY ANN MIDDLE VRABEL LAST			2 SEX FEMALE	3 DATE OF DEATH (Mo Day Yr) APRIL 22, 1989	
4 SOCIAL SECURITY NUMBER 314-26-7779	5a AGE—Last Birthday (Year) 60	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Month Day Year) JULY 30, 1928	
7 BIRTHPLACE (City and State or Foreign Country) EAST CHICAGO, IND.	8 YEAR LAST SERVED IN U.S. ARMED FORCES? NONE				
9a FACILITY NAME (If not institution, give street and number) 2922 LAPORTE ST.					
9b CITY, TOWN OR LOCATION OF DEATH HIGHLAND,					
9c COUNTY OF DEATH LAKE					
10 MARITAL STATUS—Married Never Married Widowed Divorced (Specify) MARRIED	11 SURVIVING SPOUSE (If wife, give maiden name) STEPHEN VRABEL	12a DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life) SECRETARY		12b KIND OF BUSINESS/INDUSTRY STEEL CO.	
13a RESIDENCE—STATE INDIANA	13b COUNTY LAKE	13c CITY, TOWN OR LOCATION HIGHLAND		13d STREET AND NUMBER 2922 LAPORTE ST.	
13e INSIDE CITY LIMITS? (Yes or no) YES	13f FARM NO	13g ZIP CODE 46322	14 WAS DECEASED 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	
17 FATHER'S NAME (First Middle Last) THOMAS KAMINSKY		18 MOTHER'S NAME (First Middle Maiden Surname) SOPHIE ZAVISZA			
19a INFORMANT'S NAME (Type/Print) STEPHEN VRABEL		19b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2922 LAPORTE ST., HIGHLAND, IND. 46322		19c Relationship HUSBAND	
20a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, etc.) CHapel Lawn Memorial Gardens SCHERERVILLE, IND.		20c LOCATION—City or Town, State	
21a SIGNATURE OF FUNERAL DIRECTOR <i>Frederick Miller</i>		21b LICENSE NUMBER (of Licensee) FD01006015	22 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME FAGEN-MILLER FUNERAL GARDENS, INC. HIGHLAND, IND. FH83003035		
23a To the best of my knowledge, death occurred at the time, date, and place stated. Signature and Title <		23b LICENSE NUMBER	23c DATE SIGNED (Month, Day, Year)		
24 TIME OF DEATH 12:04 p.m.		25 DATE PRONOUNCED DEAD (Month, Day, Year) April 22, 1989		26 WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? (Yes or no) Yes	
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) Vascular collapse DUE TO (OR AS A CONSEQUENCE OF) Coronary heart disease; Cardiomegaly Sequelae of hypertension DUE TO (OR AS A CONSEQUENCE OF) DUE TO (OR AS A CONSEQUENCE OF) DUE TO (OR AS A CONSEQUENCE OF)		Approximate Interval Between Onset and Death Unknown			
28a. WAS AN AUTOPSY PERFORMED? (Yes or no) Yes		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) Yes			
29a CERTIFIER (Check one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN (Physician certifying cause of death when another physician is not available and completed item 23) <i>Daniel D. Thomas</i> LAKE COUNTY HEALTH COMMISSIONER		29b. LICENSE NUMBER 16120			
29c. DATE SIGNED (Month, Day, Year) Apr. 24, 1989		29d. SIGNATURE AND TITLE OF CERTIFIER <i>Daniel D. Thomas</i>			
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type/Print) DANIEL D. THOMAS, M.D., CORONER, 2293 N. MAIN ST., CROWN POINT, IN. 46307					
31. HEALTH OFFICER'S SIGNATURE <i>Daniel D. Thomas</i>				31. DATE FILED (Month, Day, Year) April 24, 1989	
33 MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		34a DATE OF INJURY (Month, Day, Year)	34b TIME OF INJURY	34c INJURY AT WORK? (Yes or no)	34d DESCRIBE HOW INJURY OCCURRED 1006015
34e PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)			34f LOCATION (Street and Number or Rural Route Number, City or Town, State)		



THIS CERTIFICATE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT.