

92001420 SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA

COUNTY OF LAKE

s. s.

On this December 19, 1991 before me personally appeared (insert date)

LORRAINE A. DUDA

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 Wife and co-owner (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 Leonard J. Duda a/k/a Leonard Joseph Duda and Lorraine A. Duda;

4. Said Leonard J. Duda, a/k/a Leonard Joseph Duda (fill in name of co-tenant who died)

died on August 5, 1991

leaving No will; (insert "a" or "no" if will left, attach a copy)

5. The legal description of the premises in question is:

Lot 31 in Northgate First Addition to Town of Dyer, as per plat thereof, Plat Book 39, Page 41, Office of Recorder, Lake County, Indiana; commonly known as 708-211th Place, Dyer, Indiana 46311; Real Estate Tax Key No. 14-0115-0031

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:

N/A

8. Affiant's relationship to the deceased was Wife/Surviving Spouse

Signature: Lorraine A. Duda
LORRAINE A. DUDA
708-211th Place
Dyer, IN 46311

Subscribed and sworn to before me by the affiant

this December 19, 1991 (insert date)

Notary Public Kenneth A. Manning

My Commission Expires 12/12/94

Resident of Lake County Kenneth A. Manning, Attorney at Law
This instrument prepared by 200 Monticello Drive, Dyer, IN 46311



STATE OF INDIANA, S.M.O.
LAKE COUNTY
FILED FOR RECORD
JAN 8 1992
ROBERT LEONARD REBEL
RECORDER

800

92001420 INDIANA STATE BOARD OF HEALTH

Kenneth A. Manning

Local No. ... 593-91

CERTIFICATE OF DEATH

State No.

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

CORONER USE ONLY

1 DECEASED—NAME (First, Middle, Last) LEONARD JOSEPH DUDA				2 SEX MALE	3a TIME OF DEATH 10:19 A.	3b DATE OF DEATH (Month, Day, Year) AUGUST 5, 1991
4 SOCIAL SECURITY NUMBER 348-16-1688		5a AGE—Last Birthday (Years) 66	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr) OCTOBER 23, 1924	
7 BIRTHPLACE (City and State or Foreign Country) CHICAGO, ILLINOIS		8a WAS DECEDENT A U.S. VETERAN? YES				
8b YEAR LAST SERVED IN U.S. ARMED FORCES? 1951		9a PLACE OF DEATH (Check only one. See instructions) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence				
9b FACILITY NAME (If not institution, give street and number) OUR LADY OF MERCY HOSPITAL			9c CITY, TOWN OR LOCATION OF DEATH DYER		9d COUNTY OF DEATH LAKE	
10 MARITAL STATUS (Specify) MARRIED		11 SURVIVING SPOUSE (If alive, give relation and name) LORRAINE A. KREROWICZ		12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of year being reported) DRIVER		12b KIND OF BUSINESS/INDUSTRY RETAIL
13a RESIDENCE—STATE INDIANA		13b COUNTY LAKE		13c CITY, TOWN OR LOCATION DYER		13d STREET AND NUMBER 708 211th PLACE
13e ZIP CODE 46311		13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14 CITIZEN OF WHAT COUNTRY? USA		15 WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)
16 RACE—American Indian, Black, White, etc. (Specify) WHITE		17 DECEDENT'S EDUCATION (Specify only highest grade completed) 8		18 FATHER'S NAME (First, Middle, Last) CHARLES PETER DUDA		
19 MOTHER'S NAME (First, Middle, Maiden Surname) HELEN KUTA		20a INFORMANT'S NAME (Type, Print) LORRAINE DUDA				
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 708 211th PLACE, DYER, INDIANA 46311				20c Relationship WIFE		
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) AUGUST 8, 1991		21c LOCATION—City or Town, State SCHERERVILLE, INDIANA		
22a EMBALMER'S NAME EDWARD F. MULLANEY		22b EMBALMER'S LICENSE NO. FD01007176		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a SIGNATURE OF FUNERAL DIRECTOR <i>Edward F. Mullaney</i>		24b LICENSE NUMBER (of licensee) FD01006015		25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME FAGEN-MILLER FUNERAL GARDENS, INC., 1920 HART ST., DYER, IN 46311 FH83001504		
26 PART I Enter the disease, injuries or complications that caused the death. Do not enter nonspecific terms such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Brainstem Herniation Anoxic Encephalopathy Cardiomyopathy Acute Myocardial Infarction						Approximate Interval Between Onset and Death Hours Minutes Minutes Hours
26 PART II Other contributory conditions - Conditions contributing to death but not previously stated in Part I. AUG 08 1991						
27a CERTIFIER (Check only one) <input checked="" type="checkbox"/> 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) as stated. <input type="checkbox"/> COUNTY HEALTH COMMISSIONER <input type="checkbox"/> CORONER 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.						
28a SIGNATURE AND TITLE OF CERTIFIER <i>Michael A. Nicholas</i> DR. MICHAEL A. NICHOLAS		28c MEDICAL LICENSE NO. 02000901		28d DATE SIGNED (Month, Day, Year) 8/6/91		
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type, Print) Michael A. Nicholas, 20, 24 Joliet St., Dyer, IN 46311						
31 HEALTH OFFICER'S SIGNATURE <i>Alexander S. Williams</i> ALEXANDER S. WILLIAMS MD						32 DATE FILED (Month, Day, Year) August 6, 1991
33 MANNER OF DEATH <input 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 00231		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)				
34g DATE PRONOUNCED DEAD (Month, Day, Year)		34h MOTOR VEHICLE ACCIDENT? (Yes or no). If yes, specify driver, passenger, pedestrian, etc. 600				



#14-115-31
Northgate 187 Add to Spec. 12-31