92024450

FILED

APR 22 1992

[signature]
AUDITOR LAKE COUNTY

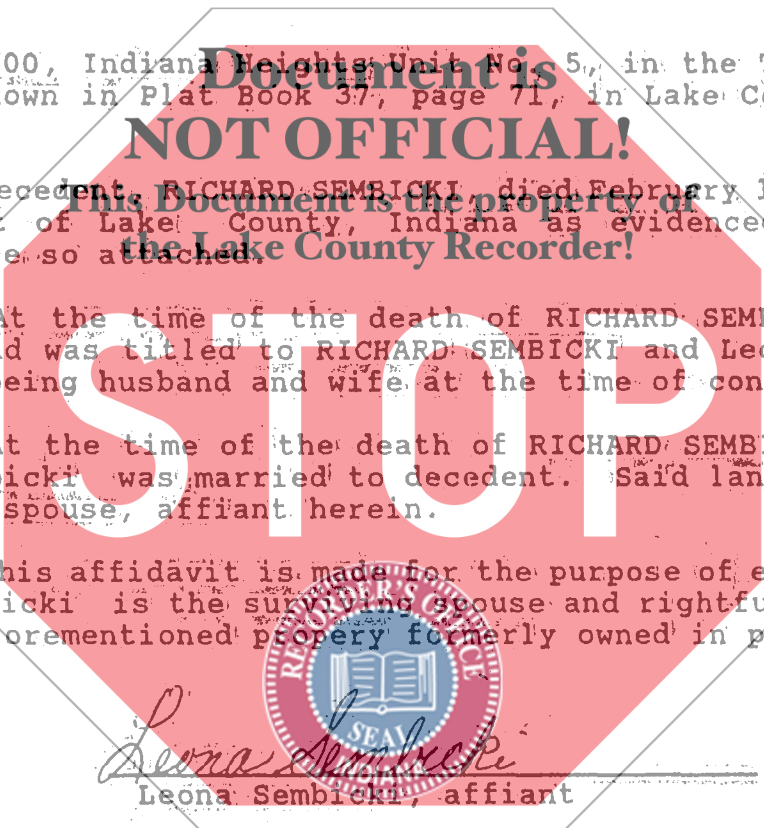
STATE OF INDIANA)
COUNTY OF LAKE)

IN RE RICHARD SEMBICKI, Deceased

SURVIVING SPOUSE AFFIDAVIT

Comes now Leona Sembicki, being duly sworn, states that she resides in Lake County, Indiana, is surviving spouse of deceased RICHARD SEMBICKI, and is acquainted with the facts so that she can furnish an affidavit concerning the property hereinafter described.

Lot 100, Indiana Heights Unit No. 5, in the Town of Lowell, as shown in Plat Book 37, page 71, in Lake County, Indiana.



1. Decedent, RICHARD SEMBICKI, died February 14, 1992, while a resident of Lake County, Indiana as evidenced by the death certificate so attached.

2. At the time of the death of RICHARD SEMBICKI the above stated land was titled to RICHARD SEMBICKI and Leona Sembicki the same being husband and wife at the time of conveyance.

3. At the time of the death of RICHARD SEMBICKI affiant Leona Sembicki was married to decedent. Said land now passes to surviving spouse, affiant herein.

4. This affidavit is made for the purpose of estabolising that Leona Sembicki is the surviving spouse and rightful sole owner of all the aforementioned propery formerly owned in part by deceased spouse.

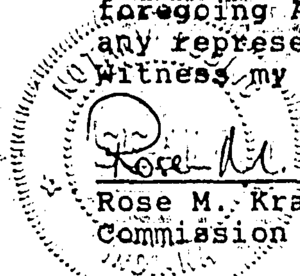
STATE OF INDIANA/S.S.NO. LAKE COUNTY FILED FOR RECORD

APR 22 12 46 PM '92

ROBERT ... FREELAND RECORDER

Leona Sembicki
Leona Sembicki, affiant

Before me, the undersigned, a Notary Public of Lake County Indiana, appeared Leona Sembicki who acknowledged the execution of the foregoing AFFIDAVIT, and who having been duly sworn, stated that any representations therein contained are true.
Witness my hand and official seal.



Rose M. Krause Notary Public April 16, 1992
Rose M. Krause,
Commission expires March 11, 1995.

Instrument prepared by Patricia L. Engels, Ill. #312-5044, Ind.#7906-45, 112 Washington St., Lowell, In. 46356 219/696-1000

01381

8.00

8

Local No. 0323-92

INDIANA STATE BOARD OF HEALTH
CERTIFICATE OF DEATH

State No. ....

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED—NAME (First, Middle, Last): Richard E. Sembicki
2. SEX: M
3a. TIME OF DEATH: 3:15 pm
3b. DATE OF DEATH (Month Day Yr): Feb 14, 1992
4. SOCIAL SECURITY NUMBER: 322-05-8416
5a. AGE—Last Birthday (Years): 75
5b. UNDER 1 YEAR (Months, Days)
5c. UNDER 1 DAY (Hours, Minutes)
6. DATE OF BIRTH (Mo, Day, Yr): Apr 3, 1916
7. BIRTHPLACE (City and State or Foreign Country): Chicago, il
8a. WAS DECEDENT A U.S. VETERAN? NO
8b. YEAR LAST SERVED IN U.S. ARMED FORCES?
9a. PLACE OF DEATH (Check only one. See instructions): HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☐ Other (Specify) ☑ Residence
9b. FACILITY NAME (If not institution, give street and number): 209 Cherokee
9c. CITY, TOWN, OR LOCATION OF DEATH: Lowell
9d. COUNTY OF DEATH: Lake
10. MARITAL STATUS: Married
11. SURVIVING SPOUSE (If wife, give maiden name): Leona David
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Mail Carrier
12b. KIND OF BUSINESS/INDUSTRY: Post Office
13a. RESIDENCE—STATE: In
13b. COUNTY: Lake
13c. CITY, TOWN, OR LOCATION: Lowell
13d. STREET AND NUMBER: 209 Cherokee
13e. ZIP CODE: 46356
13f. INSIDE CITY LIMITS? ☐ No ☐ Yes
13g. ON A FARM? ☐ No ☐ Yes
14. CITIZEN OF WHAT COUNTRY? Usa
15. WAS DECEDENT OF HISPANIC ORIGIN? ☑ No ☐ 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): Elementary/Secondary (0-12): 12; College (1-4 or 5+)

PARENTS

18. FATHER'S NAME (First, Middle, Last): Stanley Sembicki
19. MOTHER'S NAME (First, Middle, Maiden Surname): Veronica Wvezbicki

INFORMANT

20a. INFORMANT'S NAME (Type/Print): Leona Sembicki
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 209 Cherokee Lowell, In
20c. Relationship: Spouse

DISPOSITION

21a. METHOD OF DISPOSITION: ☑ Burial ☐ Cremation ☐ Donation ☐ Other (Specify) ☐ Entombment ☐ Removal from State
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Feb 17, 1992 Roselawn Cemetery
21c. LOCATION—City or Town, State: Roselawn, IN
22a. EMBALMER'S NAME: Kenneth P. Sheets
22b. EMBALMER'S LICENSE NO.: FD08900045
23. WAS DEATH REPORTED TO CORONER? ☒ No ☐ Yes
24a. SIGNATURE OF FUNERAL DIRECTOR: [signature]
24b. LICENSE NUMBER (of Licensee): FD0890045
25. NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME: Sheets Funeral Home 604 E. Commercial Lowell In. FD8300427

FILED APR 22 1992 — [signature] AUDITOR LAKE COUNTY

CAUSE OF DEATH

26. PART I. Enter the diseases, 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. — Approximate Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death)
a. Metastatic Prostate
DUE TO (OR AS A CONSEQUENCE OF)
b. disseminated intravascular
DUE TO (OR AS A CONSEQUENCE OF)
c.
DUE TO (OR AS A CONSEQUENCE OF)
d.

Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last.

THIS CERTIFIES ... DEATH ... HEALTH OFFICER ... LAKE COUNTY — FEB 18 1992

PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no)
28a. WAS AN AUTOPSY PERFORMED? (Yes or no)
28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)

CERTIFIER

29a. CERTIFIER (Check only one)
☒ CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated.
☐ 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.
☐ 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.
29b. SIGNATURE AND TITLE OF CERTIFIER: [signature]
29c. MEDICAL LICENSE NO.: 5000-252
29d. DATE SIGNED (Month, Day, Year): 2/17/92
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): Randall Hile MD 1020 E. Commercial Ave.

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE: Alexander A. Williams, MD
32. DATE FILED (Month, Day, Year): Feb 18, 1992

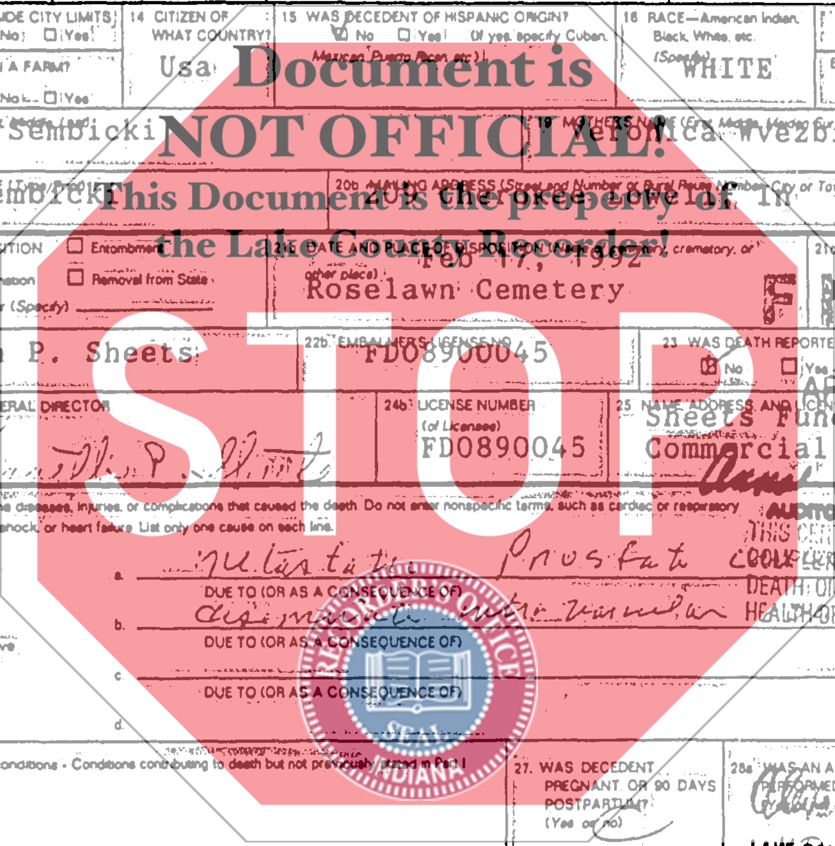
CORONER USE ONLY

33. MANNER OF DEATH: ☐ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be Determined
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 or Town, State)
34g. DATE PRONOUNCED DEAD (Month, Day, Year)
34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.

01382

Ind. Vita #5- Re 100 #4-163-17

SBH06-0041 State Form 10110 (R2/3-89) DEA CERT PD 1



8

Local No. 0323-92

INDIANA STATE BOARD OF HEALTH
CERTIFICATE OF DEATH

State No. ....

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED—NAME (First, Middle, Last): Richard E. Sembicki
2. SEX: M
3a. TIME OF DEATH: 3:15 pm
3b. DATE OF DEATH (Month Day, Yr): Feb. 14, 1992
4. SOCIAL SECURITY NUMBER: 322-05-8416
5a. AGE—Last Birthday (Years): 75
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Mo, Day, Yr): Apr 3, 1916
7. BIRTHPLACE (City and State or Foreign Country): Chicago, il
8a. WAS DECEDENT A U.S. VETERAN?: NO
8b. YEAR LAST SERVED IN U.S. ARMED FORCES?:
9a. PLACE OF DEATH (Check only one. See instructions): HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER: ☐ Nursing Home ☐ Other (Specify) ☑ Residence
9b. FACILITY NAME (If not institution, give street and number): 209 Cherokee
9c. CITY, TOWN, OR LOCATION OF DEATH: Lowell
9d. COUNTY OF DEATH: Lake
10. MARITAL STATUS (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Leona David
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Mail Carrier
12b. KIND OF BUSINESS/INDUSTRY: Post Office
13a. RESIDENCE—STATE: In
13b. COUNTY: Lake
13c. CITY, TOWN, OR LOCATION: Lowell
13d. STREET AND NUMBER: 209 Cherokee
13e. ZIP CODE: 46356
13f. INSIDE CITY LIMITS: ☐ No ☐ Yes
13g. ON A FARM?: ☐ No ☐ Yes
14. CITIZEN OF WHAT COUNTRY?: Usa
15. WAS DECEDENT OF HISPANIC ORIGIN?: ☐ No ☐ 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): Elementary/Secondary (0-12): 12; College (1-4 or 5+):

PARENTS

18. FATHER'S NAME (First, Middle, Last): Stanley Sembicki
19. MOTHER'S NAME (First, Middle, Maiden Surname): Veronica Wvezbicki

INFORMANT

20a. INFORMANT'S NAME (Type/Print): Leona Sembicki
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 209 Cherokee Lowell, IN
20c. Relationship: Spouse

DISPOSITION

21a. METHOD OF DISPOSITION: ☑ Burial ☐ Cremation ☐ Entombment ☐ Removal from State ☐ Donation ☐ Other (Specify)
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Feb 17, 1992 Roselawn Cemetery
21c. LOCATION—City or Town, State: Roselawn, IN
22a. EMBALMER'S NAME: Kenneth P. Sheets
22b. EMBALMER'S LICENSE NO.: FD08900045
23. WAS DEATH REPORTED TO CORONER?: ☑ No ☐ Yes
24a. SIGNATURE OF FUNERAL DIRECTOR: [signature]
24b. LICENSE NUMBER (of Licensee): FD0890045
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: Sheets Funeral Home 604 E. Commercial Lowell In. FD830042

FILED APR 22 1992 [signature] AUDITOR LAKE COUNTY

THIS CERTIFIES THAT THIS IS A TRUE COPY OF THE DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT.

CAUSE OF DEATH

26. PART I. Enter the diseases, 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. — Approximate Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death)
a. Metastatic Prostate [illegible]
DUE TO (OR AS A CONSEQUENCE OF):
b. disseminated intra vascular [illegible]
DUE TO (OR AS A CONSEQUENCE OF):
c.
DUE TO (OR AS A CONSEQUENCE OF):
d.

Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last

FEB 18 1992

PART II. Other significant conditions - Conditions contributing to death but not resulting in the underlying cause given in Part I
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no): no
28a. WAS AN AUTOPSY PERFORMED?: no
28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no): no

LAKE COUNTY HEALTH

CERTIFIER

29a. CERTIFIER (Check only one):
☑ CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated.
☐ 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.
☐ 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.
29b. SIGNATURE AND TITLE OF CERTIFIER: [signature]
29c. MEDICAL LICENSE NO.: 5000-2521
29d. DATE SIGNED (Month, Day, Year): 2/17/92
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): Randall Hile MD 1020 E. Commercial Ave.

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE: Alexander S. Williams, MD
32. DATE FILED (Month, Day, Year): F-6-18-1992

CORONER USE ONLY

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 or Town, State):
34g. DATE PRONOUNCED DEAD (Month, Day, Year):
34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.

01382

Ind. Nite #5 Re 100 #44-163-17