



Chicago Title Insurance Company

942-5645

SURVIVORSHIP AFFIDAVIT

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STATE OF Indiana } S. S.
COUNTY OF Lake }

On this April 14, 1993 before me personally appeared George M. Stupar
(insert date)

93027956

to me personally known, who being duly sworn on oath did say that:

- Affiant resides at the address given below affiant's signature;
- Affiant is owner
(state interest of affiant in the above premises as "owner," "son of owner," etc.)
- Said premises were formerly owned as joint tenants or as tenants by the entireties by George M. Stupar and Judith A. Stupar

4. Said Judith A. Stupar
(fill in name of co-tenant who died)

died on September 12, 1990

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

5. The legal description of the premises in question is Key # 17

Part of the North 1/2 of the Northeast 1/4 of the Southwest 1/4 of the Southwest 1/4 of Sect. 32, Township 36 North, R 7 West of the 2nd P.M., in the City of Hobart, Lake County, Indiana, described as follows: Beginning at a point 55 feet North and 174 feet West of the Southeast corner thereof; thence West parallel to the South line thereof, to the East line of Water Street; thence North 70 feet; thence East to a point due North of the point of beginning; thence South 70 feet to the point of beginning.

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:
_____)

8. Affiant's relationship to the deceased was husband

Signature: George M. Stupar

Address: 803 WATER ST. HOBART, IND. 46342

Subscribed and sworn to before me by the affiant
this April 14, 1993
(insert date)

Faye Cowser
Notary Public
Faye Cowser - Notary Public
My Commission Expires 9/9/93

FILED

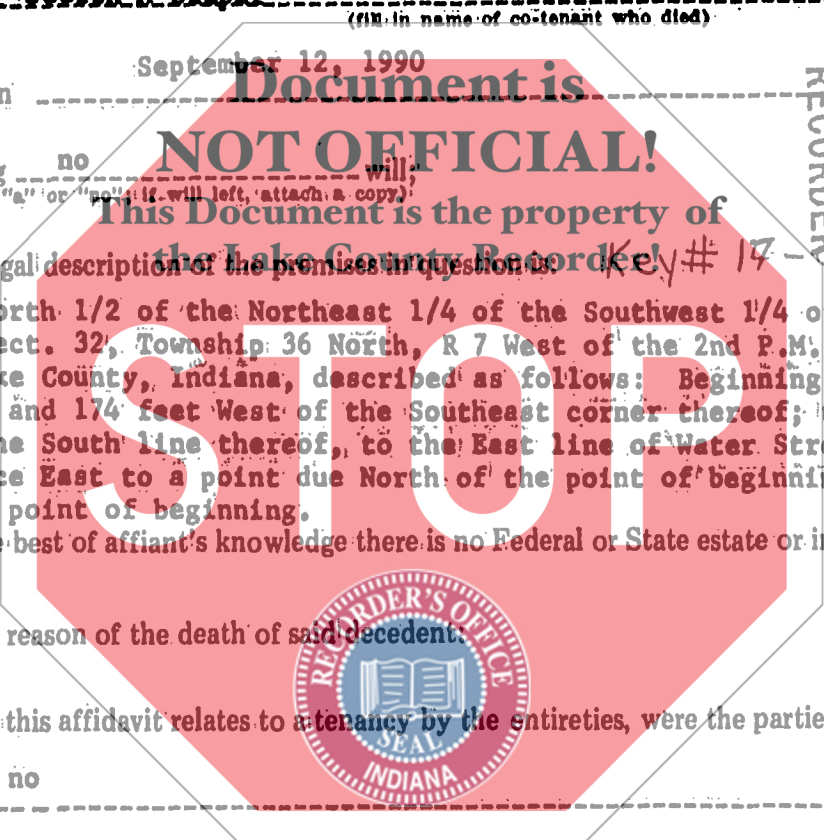
APR 27 1993

Anna M. Anton
AUDITOR LAKE COUNTY

This instrument prepared by George M Stupar

Handwritten signature/initials

Chicago Title Insurance Company



STATE OF INDIANA, S.S. NO. LAKE COUNTY FILED FOR RECORD
MAY 3 1 22 PM '93
SAMUEL O. KIRK
RECORDER

1922-90
19229 90
Local No: 2339-96

INDIANA STATE BOARD OF HEALTH
CERTIFICATE OF DEATH
State No:

Key # 17-28-17
Pt. N 1/2 NE 1/4 SW 1/4
SW 1/4 S. 32 T. 36 R. 7
10cc's
100AC.

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) Judith Ann Stupar		2. SEX Female	3a. TIME OF DEATH 9:00 P.M.	3b. DATE OF DEATH (Month, Day, Year) September 12, 1990	
4. SOCIAL SECURITY NUMBER 307-52-4130	5a. AGE—Last Birthday (Year) 42	5b. UNDER 1 YEAR Months: Days: Hours: Minutes:	6. DATE OF BIRTH (Mo., Day, Yr) April 23, 1948	7. BIRTHPLACE (City and State or Foreign Country) Gary, Indiana	
8a. WAS DECEDENT A US VETERAN? No	8b. YEAR LAST SERVED IN US ARMED FORCES? N/A	9a. PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input 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) St. Mary Medical Center		9c. CITY, TOWN OR LOCATION OF DEATH Hobart	9d. COUNTY OF DEATH Lake		
10. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) George Stupar	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Teachers Aid	12b. KIND OF BUSINESS/INDUSTRY Hobart Middle School		
13a. RESIDENCE—STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN OR LOCATION Hobart	13d. STREET AND NUMBER 803 Water Street		
13e. ZIP CODE 46342	14. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 13g. ON A FARM? <input type="checkbox"/> No <input type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? USA	15. WAS DECEDENT OF HISPANIC ORIGIN? <input 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) Elementary; Secondary (10-12); College (1-4 or 5+) 12'
18. FATHER'S NAME (First, Middle, Last) John Patrick		19. MOTHER'S NAME (First, Middle, Maiden Surname) Louise Bogoslawski			
20a. INFORMANT'S NAME (Type/Print) George Stupar		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 803 Water Street, Hobart, Indiana 46342	20c. Relationship Husband		
21a. METHOD OF DISPOSITION <input type="checkbox"/> Entombment <input checked="" type="checkbox"/> Burial <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) September 15, 1990 Calumet Park Cemetery		21c. LOCATION—City or Town, State Merrillville, Indiana	
22a. EMBALMER'S NAME James W. Gholston		22b. EMBALMER'S LICENSE NO. FD01004194	23. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
24a. SIGNATURE OF FUNERAL DIRECTOR <i>James J. Krause</i>		24b. LICENSE NUMBER (of Licensee) FD01006463	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME REES FUNERAL HOME FH83003069 600 W. Old Ridge Rd., Hobart, IN46342		
26. PART I. Enter the immediate cause of death. Do not enter nonspecific terms, such as cardiac or respiratory disease, injury, or complications that caused the death. List only one cause on each line. COMPLETE COPY OF THIS CERTIFICATE TO BE FILED IN THE COUNTY OF LAKE WITH THE CLERK OF COURTS AS A CONSEQUENCE OF THE DEATH. IMMEDIATE CAUSE OF DEATH Occlusive coronary atherosclerosis		26. PART II. Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last. DUE TO (OR AS A CONSEQUENCE OF)		Approximate Interval Between Onset and Death Unknown	
PART II. Other significant conditions - Conditions contributing to death but not previously listed (e.g., ...)		27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) No		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) No	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) Yes
29a. CERTIFIER? (Check only one) <input type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input 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 checked="" 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.		29b. SIGNATURE AND TITLE OF CERTIFIER Daniel D. Thomas, M.D.		29c. MEDICAL LICENSE NO. 16120	29d. DATE SIGNED (Month, Day, Year) November 16, 1990
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): Daniel D. Thomas, M.D., Coroner, 2293 North Main Street, Crown Point, Indiana 46307					
31. HEALTH OFFICER'S SIGNATURE <i>Daniel D. Thomas</i> DATE FILED (Month, Day, Year) November 16, 1990					
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
		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) September 12, 1990		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) - If yes, specify driver, passenger, pedestrian, etc. 01218			

