

176852

Surv-H.O.

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

IN THE LAKE SUPERIOR COURT
PROBATE DIVISION
SITTING IN HAMMOND, INDIANA

FILED IN RE: **93040422**
THE ESTATE OF EDWARD
PRAMUK, DECEASED

CAUSE NO. 45D05-9301-ES-03

JUN. 18 1993

SURVIVORSHIP AFFIDAVIT

Anna N. Antos
AUDITOR LAKE COUNTY

now Philip J. Pramuk, being first duly sworn upon his oath, deposes and states as follows:

1. That Jean Pramuk a/k/a Jean F. Pramuk, died on November 27, 1987 in Hammond, Lake County, Indiana.

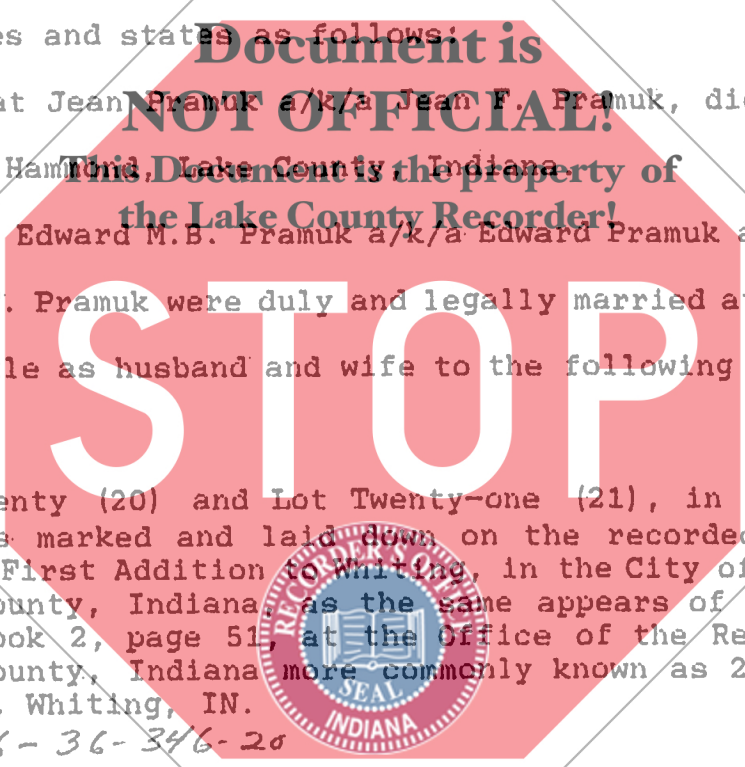
2. That Edward M.B. Pramuk a/k/a Edward Pramuk and Jean Pramuk a/k/a Jean F. Pramuk were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

Lot Twenty (20) and Lot Twenty-one (21), in Block No (2), as marked and laid down on the recorded plat of Wilcox First Addition to Whiting, in the City of Hammond, Lake County, Indiana, as the same appears of record in Plat Book 2, page 51, at the Office of the Recorder, Lake County, Indiana more commonly known as 2746 Birch Avenue, Whiting, IN.
K# 26-36-346-20

3. That the martial relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of her death.

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

5. That all the assets of said decedent which would be included for federal estate tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient



JUN 23 11 33 AM '93
SANDY J. STREIB
RECORDER

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

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6-8-93

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to necessitate payment of federal estate tax.

6. That attached hereto and made a part hereof and incorporated for all intents and purposes are certified copies of the Indiana State Board of Health Certificate of Death of Jean Pramuk a/k/a Jean F. Pramuk and Edward M.B. Pramuk a/k/a Edward Pramuk.

FURTHER AFFIANT SAYETH NOT.

Document is
NOT OFFICIAL!

Philip J. Pramuk

PHILIP J. PRAMUK

STATE OF INDIANA
COUNTY OF LAKE

This Document is the property of
the Lake County Recorder!

I affirm under the penalties of perjury that the foregoing representations are true.

STOP

Philip J. Pramuk

PHILIP J. PRAMUK

Subscribed and sworn to before me this 2nd day of June, 1993.

NOTARY PUBLIC
MY COMMISSION EXPIRES:
01-26-95



Nels Kompier

NOTARY PUBLIC, RESIDENT OF LAKE
COUNTY, INDIANA
Nels Kompier

Prepared By Nels Kompier

TYPE OR PRINT
PLAINLY WITH
UNFADING INK
THIS IS A
PERMANENT
RECORD

Below for State Office Use

THIS CERTIFIES THE ABOVE IS A TRUE AND
COMPLETE COPY OF THE CERTIFICATE OF DEATH
ON FILE WITH THE HAMMOND HEALTH DEPT.

DEC 02 1987

Date filed

EMBALMER'S NAME: Martin J. Gabor

LICENSE No. FDE1010744

FUNERAL DIRECTOR'S

SIGNATURE: Martin J. Gabor

LICENSE No. FDE1010744

FUNERAL DIRECTOR'S

FUNERAL HOME
No. FDH3007267

176852

USUAL RESIDENCE
WHERE DECEASED
LIVED IF DEATH
OCCURRED IN
INSTITUTION, GIVE
RESIDENCE BEFORE
ADMISSION

M.D.
OR
D.O.

CAUSE

CONDITIONS
IF ANY
WHICH GAVE
RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LAST

DECEASED

TYPE
OR PRINT
IN
PERMANENT
INK
FOR
INSTRUCTIONS
SEE
HANDBOOK

Local No. 919

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State
No. _____

DECEASED—NAME FIRST MIDDLE LAST Jean F. Pramuk			SEX Female	DATE OF DEATH (MONTH DAY YEAR) 11-26-87	
RACE—(is White, Black, American Indian, or 1/2 each) White	AGE—Last Birthday (Year) 75	UNDER 1 YEAR MO. DAYS	UNDER 1 DAY HOURS MINS	DATE OF BIRTH (Mo. Day, Yr.) 09/15/1912	COUNTY OF DEATH Lake
CITY, TOWN OR LOCATION OF DEATH Hammond		HOSPITAL OR OTHER INSTITUTION—(Name if not in other place street and number) St. Margaret Hospital		IF HOSP OR INST indicate DOA, OP (Enter in Impatient) (Specify) Inpatient	
STATE OF BIRTH (If not in U.S.A. name country) New York	CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED—NEVER MARRIED WIDOWED DIVORCED (Specify) Married	SURVIVING SPOUSE (in wife give maiden name) Edward M.B. Pramuk, Sr.		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) No
SOCIAL SECURITY NUMBER 314-26-6152	USUAL OCCUPATION (Give kind of work done during most of working life begin at 15-yr old) Registered Nurse	OF BUSINESS OR INDUSTRY (retired)			
RESIDENCE—STATE Indiana	COUNTY Lake	CITY, TOWN OR LOCATION Hammond (Whiting P.O.)		14b Youngstown Sheet & Tube	
STREET AND NUMBER 2746 Birch Avenue		IS RESIDENCE ON A FARM? 15a YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INSIDE CITY LIMITS (Specify Yes or No) Yes	
19 IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC.					
19a YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
FATHER—NAME FIRST MIDDLE LAST Paul Toth		MOTHER—MAIDEN NAME Barbara Majores			
INFORMANT—NAME (If type or grade) Edward M.B. Pramuk, Sr.		RELATIONSHIP Husband	MAILING ADDRESS 2746 Birch Avenue, Whiting, Indiana	CITY OR TOWN STATE ZIP 46394	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		CEMETERY OR CREMATORY—FUNERAL HOME St. John Cemetery		LOCATION CITY OR TOWN STATE Hammond, Indiana	
DATE (MONTH DAY YEAR) November 30, 1987		FUNERAL HOME—NAME AND ADDRESS Baran & Son, Inc., 1235-119th St., Whiting, Ind.		STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP 46394	
21a Signature <i>W. Garvin, D.O.</i>		DATE SIGNED (Mo. Day, Yr.) 11-30-87	HOUR OF DEATH 7:25 p.m.		
21d NAME OF ATTENDING PHYSICIAN (Type or Print) W. Garvin, D.O.					
21e MAILING ADDRESS—PHYSICIAN 1021 E. Sibley Blvd., Dolton, Illinois 60419					
22a HEALTH OFFICER—SIGNATURE <i>Franklin J. Prumuda M.D.</i>		DATE RECEIVED BY LOCAL HEALTH OFFICER DEC 02 1987			
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c))		Interval between onset and death			
PART I (a) Bacterial endocarditis					
DUE TO OR AS A CONSEQUENCE OF		Interval between onset and death			
(b) Cerebral vascular accident					
DUE TO OR AS A CONSEQUENCE OF		Interval between onset and death			
(c) Heart failure					
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a), (b) and (c) Prosthetic mitral valve		AUTOPSY (Specify Yes or No) NO			

SBH 08-003 State Form 35430
REV. 10/77

FILED

JUN 18 1993

Anna N. Astors
AUDITOR LAKE COUNTY

TICOR TITLE INSURANCE
Crown Point, Indiana

576-A

INDIANA STATE BOARD OF HEALTH
CERTIFICATE OF DEATH

THIS CERTIFICATE THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.

Local No. 935

Oct 27, 1992 Date Issued
Gerald D. Pelino M.D. Hammond Health Commissioner

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

176852

PARENTS

INFORMANT

DISPOSITION

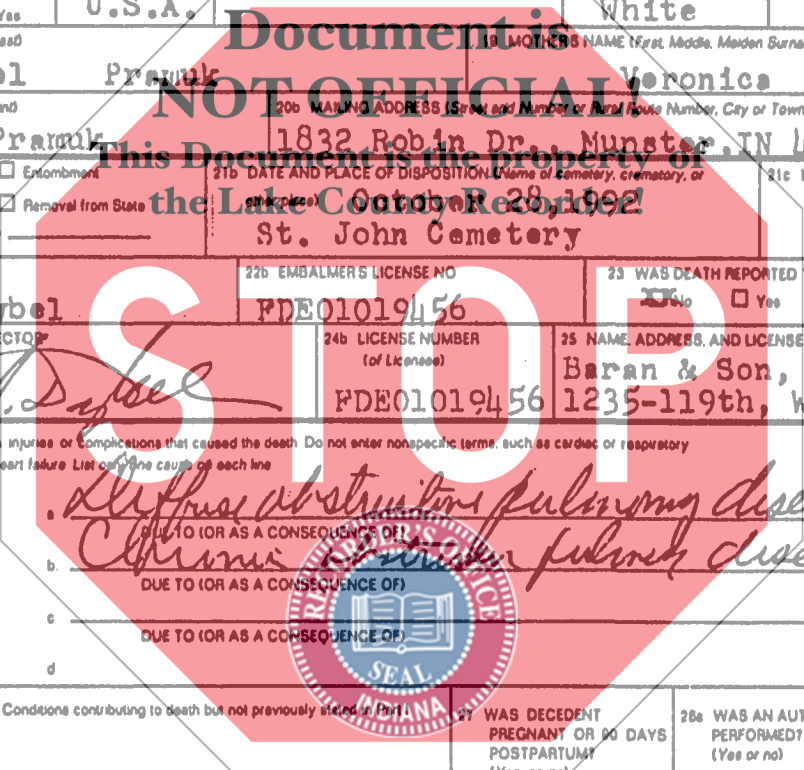
CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

CORONER USE ONLY

1 DECEASED—NAME (First Middle Last) Edward M B Pramuk Sr.		2 SEX Male	3a TIME OF DEATH 12:36 AM	3b DATE OF DEATH (Month Day Yr) October 22, 1992
4 SOCIAL SECURITY NUMBER 309-09-1882A	5a AGE—Last Birthday (Years) 80	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo Day Yr) Sept. 21, 1912
7 BIRTHPLACE (City and State or Foreign Country) Whiting, Indiana	8a WAS DECEDENT A US VETERAN? No			
8b YEAR LAST SERVED IN US ARMED FORCES? n/a		8c 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		
9a FACILITY NAME (If not institution, give street and number) St. Margaret Mercy Healthcare Center		9c CITY, TOWN, OR LOCATION OF DEATH Hammond	9d COUNTY OF DEATH Lake	
10 MARITAL STATUS (Specify) Widowed	11 SURVIVING SPOUSE (If wife give maiden name) none	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life Do not use retired) Chemical Research Tech.		12b KIND OF BUSINESS/INDUSTRY Amoco Oil Co.
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY, TOWN, OR LOCATION Hammond (Whiting, P.O.)	13d STREET AND NUMBER 2746 Birch Avenue	
13e ZIP CODE 46394	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? U.S.A.	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) Elementary/Secondary (0-12) College (11-4 or 5+) 1		18 FATHER'S NAME (First Middle Last) Michael Pramuk		
19 MOTHER'S NAME (First Middle Maiden Surname) Veronica Miklosy		20a INFORMANT'S NAME (Type/Print) Mr. Philip Pramuk		
20b MAIN HOME ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1832 Robin Dr., Munster, IN 46321		20c Relationship Son		
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) Oct 28, 1992 St. John Cemetery		21c LOCATION—City or Town, State Hammond, IN
22a EMBALMER'S NAME Martin A. Dybel		22b EMBALMER'S LICENSE NO FDE01019456		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
24a SIGNATURE OF FUNERAL DIRECTOR <i>Martin A. Dybel</i>		24b LICENSE NUMBER (of Licensee) FDE01019456		25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Baran & Son, Inc., PDM8300667 1235-119th, Whiting, IN 46394
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. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. <i>Chronic obstructive pulmonary disease</i> b. <i>Chronic obstructive pulmonary disease</i> c. <i>Chronic obstructive pulmonary disease</i> d. <i>Chronic obstructive pulmonary disease</i>				
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) 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) n/a
29a CERTIFIER (Check only one) <input checked="" 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 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 <i>Gerald M. Pelino M.D.</i>			29c MEDICAL LICENSE NO 221-E	29d DATE SIGNED (Month, Day, Year) October 26, 1992
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Dr. D G Pelino 1021 E. Sibley Blvd. Dolton, IL 60410				
31. HEALTH OFFICER'S SIGNATURE <i>Gerald M. Pelino M.D.</i>				32. DATE FILED (Month, Day, Year) October 27, 1992
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <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 JUN 18 1991
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) <i>Dolan N. Dolton</i> MUNSTER COUNTY	
34g DATE PRONOUNCED DEAD (Month, Day, Year)		34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, driver's license number, etc.		



TICKET # 63914
INSURANCE
Agency
Inter-Indiana
Death

FILED