

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA } S. S.
COUNTY OF LAKE }

STATE OF INDIANA'S S. NO.
LAKE COUNTY
FILED FOR RECORD
AUG 12 10 15 AM '93
SABUELL CALICH
RECORDER

93052727 On this: July 21, 1993 before me personally appeared

Gertrude Pietranczyk

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 4647 Sheffield, Hammond, IN
3. Said premises were formerly owned as joint tenants or as tenants by the entireties by a/k/a John A. Pietranczyk John (Jan) Pietranczyk and Gertrude Pietranczyk;
4. Said John (Jan) Pietranczyk (in name of co-tenant who died)

died on 1-2-1971 leaving No Will; (Insert "a" or "no will" if will left, attach a copy)

5. The legal description of the premises in question is: LOTS 11 AND 12, BLOCK 10, SUBDIVISION OF THE EAST PART OF THE NORTH SIDE ADDITION TO THE CITY OF HAMMOND, AS SHOWN IN PLAT BOOK 1, PAGE 97, IN LAKE COUNTY, INDIANA.

- 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 Wife

Signature: Gertrude Pietranczyk
Address: 4647 Sheffield Ave

Subscribed and sworn to before me by the affiant

this July 21, 1993 (insert date)
Notary Public
My Commission Expires 11/29/94

FILED

JUL 30 1993

Auditor N. Anton
AUDITOR LAKE COUNTY

This instrument prepared by Gertrude D. Pietranczyk 1085 800 ct

TYPE OR PRINT
PLAINLY WITH
UNFADING INK

THIS IS A
PERMANENT
RECORD

Below for State Office Use

Indiana Title Insurance Company

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No.

Local No. 54

PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS		DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
		1. JOHN		(Jan)	PIETRANCZYK	2. MALE	3. JANUARY 21, 1971		
RACE		AGE—LAST BIRTHDAY (YEARS)		UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH		COUNTY OF DEATH	
4. White		5a. 49		MOS. 2	DAYS 22	6. 10-29-1921		7a. Lake	
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)					
7b. Hammond		7c. Yes		7d. St. Margaret Hospital					
STATE OF BIRTH (IF NOT IN U.S.A.)		CITIZEN OF WHAT COUNTRY		MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)			
8. Indiana		9. USA		10. Gertrude Tosseng					
USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.		SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY			
		12. 316-03-7336		13a. Pipefitter		13b. Steel Foundry			
RESIDENCE—STATE		COUNTY		CITY, TOWN OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)		TOWNSHIP	
14a. Indiana		14b. Lake		14c. Hammond		14d. Yes		14e. North	
STREET AND NUMBER		CITY, TOWN OR LOCATION		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. IS RESIDENCE ON A FARM?			
14f. 4647 Sheffield		The Lake County Recorder!		15. No		16. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
FATHER—NAME		MOTHER—MAIDEN NAME		INFORMANT—NAME		RELATIONSHIP			
15. Ignacy Pietranczyk		16. Mary Darmofalski		17a. Gertrude Pietranczyk		17b. Wife			
Mailing Address (Street or R.F.D. No., City or Town, State, Zip)		17c. 4647 Sheffield Ave. Hammond, Ind. 46327							
PART I. DEATH WAS CAUSED BY:		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).]							
18. IMMEDIATE CAUSE		(a) <i>Coronary Failure</i> DUE TO, OR AS A CONSEQUENCE OF: (b) <i>Pulmonary Embolus</i> DUE TO, OR AS A CONSEQUENCE OF: (c) <i>Brain cell necrosis</i>							
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A) <i>N. Anton</i>							
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		JUL 30 1993							
AUTOPSY PERMITTED BY FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH		19a. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 19b. YES <input type="checkbox"/> NO <input type="checkbox"/>							
DATE & TIME OF DEATH		MONTH		DAY		YEAR		DATE SIGNED	
20. 1 21 1971 11:40P		21a. 1		21b. 22		21c. 71		21d. 71	
PHYSICIAN'S NAME (TYPE OR PRINT)		LAST IN ATTENDANCE		SIGNATURE OF PHYSICIAN		(DEGREE OR TITLE)			
22a. B.M.F. Palmer M.D.		22b. <i>B.M.F. Palmer</i>		22c. M.D.					
MAILING ADDRESS—PHYSICIAN		STREET OR R.F.D. NO		CITY OR TOWN		STATE		ZIP	
23. 6134 Columbia Ave.		Hammond,		Ind.		46320			
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY, CREMATORY, FUNERAL HOME		LOCATION		CITY OR TOWN STATE			
24a. Burial		24b. St. John Cemetery		24c. Hammond, Indiana					
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS		(STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)					
24d. Jan. 25, 1971		25a. Bernard A. Dziedowicz		4404 Cameron Ave, Hammond, Indiana					
HEALTH OFFICER—SIGNATURE		DATE RECEIVED BY LOCAL HEALTH OFFICE							
25b. <i>C. E. Jonkouski M.D.</i>		26b. JAN 22 1971							

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPT. JAN 27 1971

HAMMOND HEALTH COMMISSIONER

EMBALMER'S NAME Bernard A. Dziedowicz

FUNERAL DIRECTOR'S SIGNATURE Bernard A. Dziedowicz

LICENSE No. 7

FUNERAL DIRECTOR'S LICENSE No. 18

FUNERAL HOME No. 283

Disposition Permit Issued Provisional Certificate Yes No



KEY# 35-154-12413
E. P. U. Sick Add
11-12-88 REV. 1086