

93052832

JOHN MAZUR  
4520 PENN ST.  
GARY 46409

FILED

AUG 12 1993

STATE OF INDIANA )  
COUNTY OF LAKE ) SS:

*Anna N. Antosh*  
AUCTIONEER LAKE COUNTY

AFFIDAVIT OF SURVIVORSHIP

Comes now Anna Mazur, being duly sworn upon her oath and states as follows:

That Anna Mazur is the owner in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

Lots 13 and 14 in Block 5 in Broadhurst, in the City of Gary, as per plat thereof recorded in Plat Book 19 page 13 in the Recorder's Office of Lake County, Indiana.

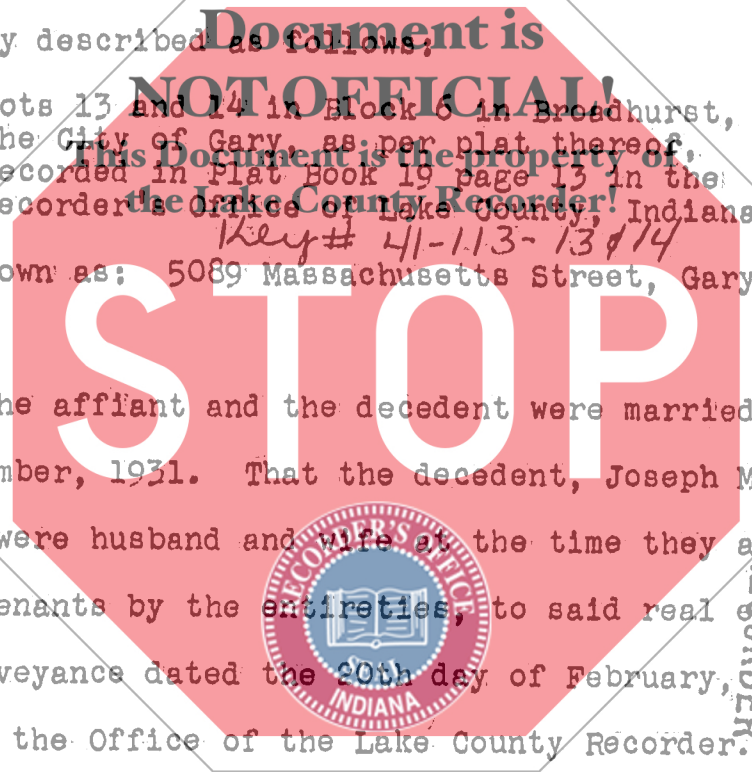
*Key # 41-113-13 & 14*

Commonly known as: 5089 Massachusetts Street, Gary, Indiana. 46409.

That the affiant and the decedent were married on the 22nd day of November, 1931. That the decedent, Joseph Mazur, and Anna Mazur were husband and wife at the time they acquired title, as tenants by the entirety, to said real estate, by deed of conveyance dated the 20th day of February, 1956 and recorded in the Office of the Lake County Recorder.

That the marital relationship which existed between the affiant and Joseph Mazur, her husband, continued unbroken from the time they so acquired title to said real estate until the death of Joseph Mazur, her husband on the 24th day of February, 1993, at which time this affiant acquired title to the real estate as surviving tenant by the entirety.

That the gross value of the estate of the decedent, Joseph Mazur, as determined for the purpose of Federal Estate Taxes, was



STATE OF INDIANA/S.S.NO.  
LAKE COUNTY  
FILED FOR RECORDER  
AUG 12 3 57 PM '93  
S. J. ALIICH  
RECORDER

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less than the value required for the filing and the decedent's estate was not subject to Federal Estate Tax.

That the decedent's estate was not subject to Indiana Inheritance Taxes.

Anna Mazur  
ANNA MAZUR, Affiant

STATE OF INDIANA )  
COUNTY OF LAKE )

SS

**Document is NOT OFFICIAL!**

Subscribed and sworn to before me, a notary public, this

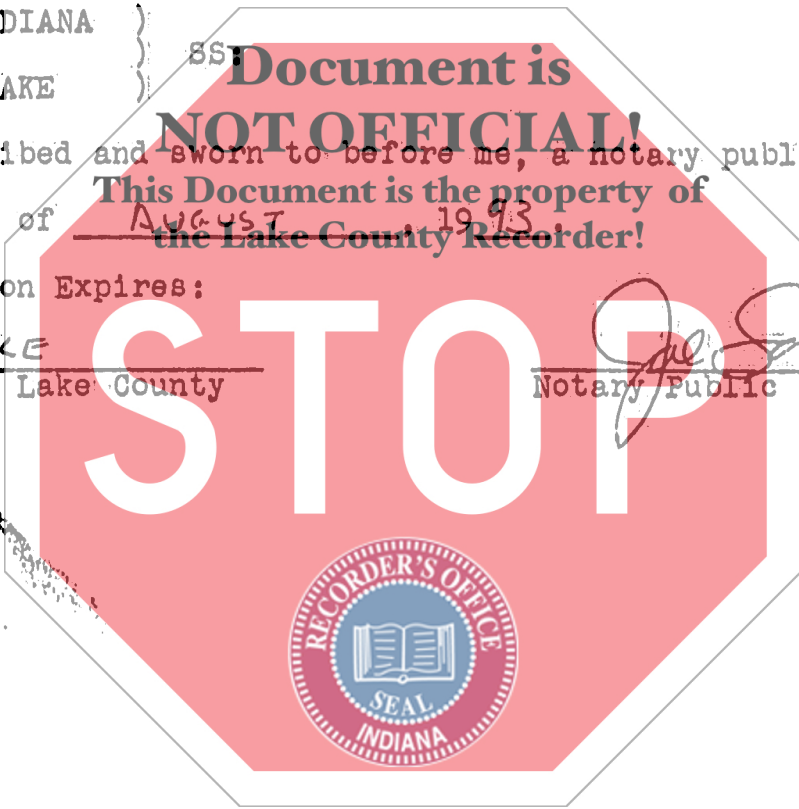
11th day of AUGUST 1993

**This Document is the property of the Lake County Recorder!**

My Commission Expires:

LAKE  
Resident of Lake County

[Signature]  
Notary Public



INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. ....

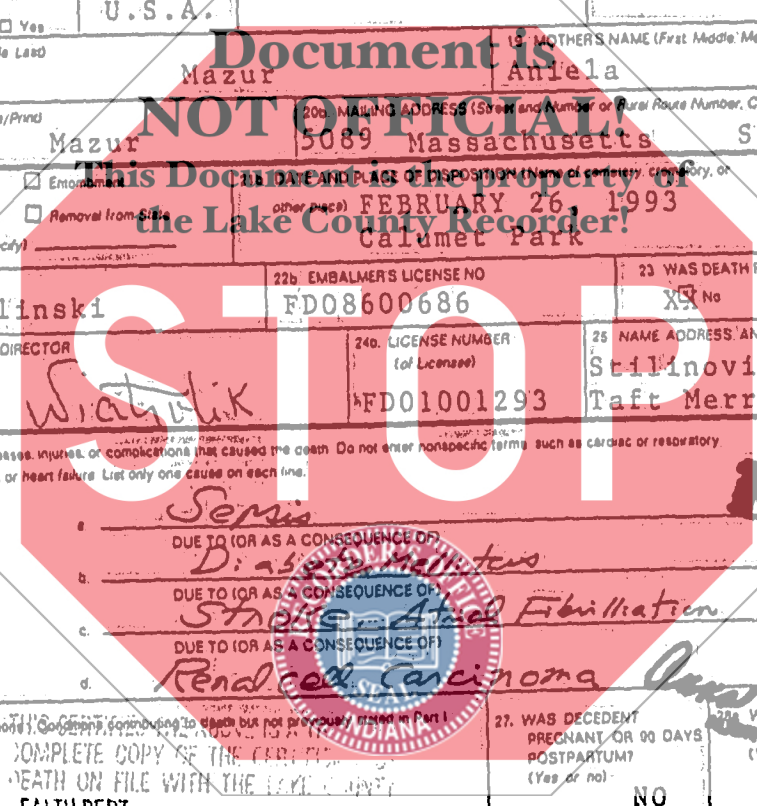
Local No. 0421-93

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT IN PERMANENT BLACK INK

1 DECEASED NAME (First Middle Last) <b>JOSEPH MAZUR</b>		2 SEX <b>MALE</b>	3a TIME OF DEATH <b>2:38A</b>	3b DATE OF DEATH (Month Day Year) <b>February 24, 1993</b>
4 SOCIAL SECURITY NUMBER <b>304-34-3922</b>	5a AGE—Last Birthday (Years) <b>83</b>	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo Day Yr) <b>Jan. 6, 1910</b>
7 BIRTHPLACE (City and State or Foreign Country) <b>Radom, Poland</b>		8a PLACE OF DEATH (Check only one See instructions)		
8a WAS DECEDENT A US VETERAN? <b>NO</b>	8b YEAR LAST SERVED IN US ARMED FORCES? <b>NONE</b>	HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> OOA		
9a FACILITY NAME (If not institution give street and number) <b>Methodist Hospital - Southlake</b>		9b CITY, TOWN OR LOCATION OF DEATH <b>Merrillville</b>	9c COUNTY OF DEATH <b>Lake</b>	
10 MARITAL STATUS (Specify) <b>Married</b>	11 SURVIVING SPOUSE (If wife give maiden name) <b>Anna Tyburski</b>	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life Do not use retired) <b>Steel Worker</b>		12b KIND OF BUSINESS/INDUSTRY <b>Sheet &amp; Tin</b>
13a RESIDENCE—STATE <b>IN.</b>	13b COUNTY <b>Lake</b>	13c CITY, TOWN OR LOCATION <b>Gary</b>	13d STREET AND NUMBER <b>5089 Massachusetts Street</b>	
13e ZIP CODE <b>46409</b>	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	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) <b>White</b>
17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>12</b> College (1-4 or 5+)		18 FATHER'S NAME (First Middle Last) <b>Mihal Mazur</b>		
19 MOTHER'S NAME (First Middle Maiden Surname) <b>Aniela Burnet</b>		20a INFORMANT'S NAME (Type/Print) <b>Anna Mazur</b>		
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>5089 Massachusetts Street</b>		20c Relationship <b>Wife</b>		
21a METHOD OF DISPOSITION <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) <b>FEBRUARY 26, 1993 Calumet Park</b>		21c LOCATION—City or Town, State <b>Merrillville, IN.</b>
22a EMBALMER'S NAME <b>David Sempinski</b>		22b EMBALMER'S LICENSE NO. <b>FD08600686</b>	23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a SIGNATURE OF FUNERAL DIRECTOR <i>Robert Wiatrolik</i>		24b LICENSE NUMBER (of Licensee) <b>FD01001293</b>	25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME <b>Stilnovich &amp; Wiatrolik 7535 Taft Merrillville, IN. 46410</b>	
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. <b>Sepsis</b> <b>Diabetic Mellitus</b> <b>Stroke - Atrial Fibrillation</b> <b>Renal cell carcinoma</b>		27 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
28 PART II: Other significant conditions contributing to death but not previously listed in Part I. <b>COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT.</b>		29a WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <b>NO</b>		
29b 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.		29c DATE SIGNED (Month, Day, Year) <b>Feb 26 93</b>		
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>Dr. Kim 5490 Broadway</b>		31 HEALTH OFFICER'S SIGNATURE <i>Joseph H. Kim</i>		
32 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		33a DATE OF INJURY (Month, Day, Year)	33b TIME OF INJURY	33c INJURY AT WORK? (Yes or no)
34a PLACE OF INJURY—At home, farm, street, factory, office building, etc (Specify)		34b LOCATION (Street and Number or Rural Route Number, City or Town, State)		
35 DATE PRONOUNCED DEAD (Month, Day, Year)		36 MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc		

8/12/93 JY  
41-113-13 & 14, Broadhurst Lots 13 & 14 Block 6



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