

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

93087852

AFFIDAVIT OF SURVIVORSHIP

HARRIET DZIUBA, after being duly sworn upon her oath, states as follows:

1. That on the 18th day of February, 1933 she was duly married to Anthony Dziuba .

2. During their marriage, they together as husband and wife, purchased the following real estate in Lake County, Indiana, more particularly described as:

Lot nine This Document is NOT OFFICIAL!
(4) in Patterson & Stout's first Addition to Gary, together with all improvements and appurtenances thereto belonging.

Commonly known as 436 West 43rd Avenue, Gary, Indiana

3. Anthony Dziuba died testate on the 23rd day of June, 1993. No estate has been opened for Anthony Dziuba nor is one contemplated nor planned to be opened. No state nor federal inheritance or estate taxes are due and owing. A certified copy of Anthony Dziuba's certified death certificate is attached hereto.

4. Harriet D. Dziuba is the sole heir at law entitled to inherit the above described real estate.

Dated this 29th day of November, 1993.

Harriet Dziuba

Harriet Dziuba, Affiant.

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

FILED

Before me, the undersigned, a Notary Public, in and for said County and State, personally appeared *Harriet Dziuba*

AUDITOR LAKE COUNTY

Chicago Title Insurance Company

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

DEC 27 11 23 AM '93
SAMUEL CRLEH
RECORDER

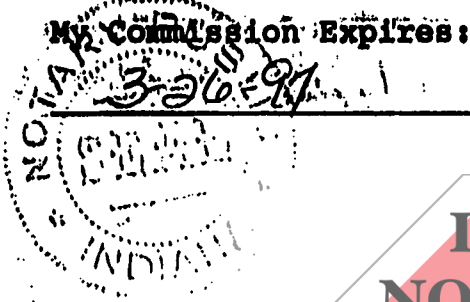
46-346-20

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Affiant and acknowledged the execution of said Affidavit of Survivorship to be her voluntary act and deed for the uses and purposes expressed therein.

WITNESS MY HAND AND SEAL, this 28th day of November, 1993.

My Commission Expires:



Debra L. Volk
Debra L. Volk, Notary Public,
Resident of Porter County, IN



This Instrument Prepared By: Steve H. Tokarski, Attorney at Law, 7803 West 75th Avenue, Suite 1, Schererville, IN 46375, 219/769-7214 or 322-1271

93-0491

INDIANA STATE DEPARTMENT OF HEALTH

Local No.

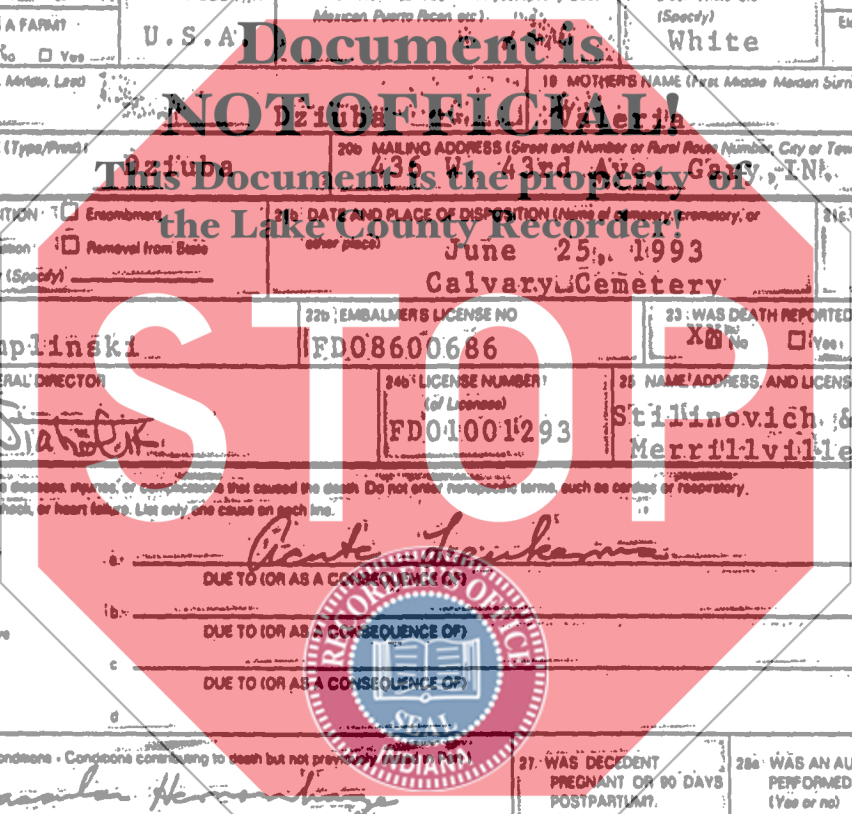
CERTIFICATE OF DEATH

State No.

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) Anthony S. Dziuba		2 SEX Male	3a TIME OF DEATH 4:48A	3b DATE OF DEATH (Month Day Yr) June 23, 1993	
4 SOCIAL SECURITY NUMBER 349-07-7763	5a AGE—Last Birthday (Years) 83	5b UNDER 1 YEAR Months: Days: Hours: Minutes:	6 DATE OF BIRTH (Mo Day Yr) Feb. 13, 1910	7 BIRTHPLACE (City and State or Foreign Country) Scranton, PA.	
8a WAS DECEDENT A US VETERAN? No	8b YEAR LAST SERVED IN US ARMED FORCES? None	9 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 checked="" type="checkbox"/> Residence			
9a FACILITY NAME (If not resident, give street and number) 436 W. 43rd Ave.		9b CITY, TOWN OR LOCATION OF DEATH Gary	9c COUNTY OF DEATH Lake		
10 MARITAL STATUS (Specify) Married	11 SURVIVING SPOUSE (If wife, give maiden name) Harriet Falkowska	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Assistant Fire Chief	12b KIND OF BUSINESS/INDUSTRY Gary Fire-Fighter		
13a RESIDENCE—STATE IN.	13b COUNTY Lake	13c CITY, TOWN OR LOCATION Gary	13d STREET AND NUMBER 436 W. 43rd Ave.		
13e ZIP CODE 46408	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): 2 College (14 or 5+):		18 FATHER'S NAME (First Middle, Last) Anthony Dziuba			
19 MOTHER'S NAME (First Middle, Maiden Surname) Waluska		20 INFORMANT'S NAME (Type/Print) Harriet Dziuba			
20a MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 436 W. 43rd Ave. Gary, IN. 46408		20c Relationship Wife			
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Other (Specify):		21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) June 25, 1993 Calvary Cemetery		21c LOCATION—City or Town, State Portage, IN.	
22a EMBALLER'S NAME David Semplinski		22b EMBALLER'S LICENSE NO. FD08600686		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24 SIGNATURE OF FUNERAL DIRECTOR <i>Robert W. Stahler</i>		24a LICENSE NUMBER (of Licensee) FD01001293		25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Stilnovich & Wiatrolnik 7535 TART MERRILLVILLE, IN. 46410	
26 PART I: IMMEDIATE CAUSE (Final disease or condition resulting in death) <i>Cerebrovascular Hemorrhage</i> a. DUE TO (OR AS A CONSEQUENCE OF) b. DUE TO (OR AS A CONSEQUENCE OF) c. DUE TO (OR AS A CONSEQUENCE OF) d.					
PART II: Other significant conditions - Conditions contributing to death but not proximately related to Part I <i>Cerebrovascular Hemorrhage</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) NO	
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>Richard Buyer</i>		29c MEDICAL LICENSE NO. 01025235		29d DATE SIGNED (Month, Day, Year) June 30, 1993	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 28) Dr. Buyer, 8895 Broadway, Merrillville, IN. 46410, 738-2081					
31 HEALTH OFFICER'S SIGNATURE <i>R. L. Buyer</i>				32 DATE FILED (Month, Day, Year) JUL 2 1993	
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be Determined		34a DATE OF INJURY (Month, Day, Year) June 20, 1993	34b PLACE OF INJURY—At home, farm, school, business, etc. (Specify) Anderson Township, Lake County	34c INJURY AT WORK? (Yes or no)	
34d DESCRIBE HOW INJURY OCCURRED!		34e DATE PRONOUNCED DEAD (Month, Day, Year)			
34f MOTOR VEHICLE ACCIDENT? (Yes or no); if yes, specify driver, passenger, pedestrian, etc.					



FILED

DEC 2-0-1993

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

CORONER USE ONLY