

STATE OF INDIANA)
) SS: IN THE MIAMI SUPERIOR COURT
COUNTY OF MIAMI)
) CALENDAR TERM 1993
) CAUSE NO. 52D01-9307-EU-16

94027686

IN THE MATTER OF THE UNSUPERVISED)
ESTATE OF EUGENE DZIADOSZ,)
DECEASED.)

DULY ENTERED FOR TAXATION SUBJECT
FINAL ACCEPTANCE FOR TRANSFER.

APR 12 1994

Anne M. Antone
AUDITOR
LAKE COUNTY

LAWYERS TITLE INS. CORP.
ONE PROFESSIONAL CENTER
SUITE 215
CROWN POINT, IN 46307

ORDER PROBATING WILL, AUTHORIZING
ISSUANCE OF LETTERS TESTAMENTARY
AND UNSUPERVISED ADMINISTRATION

Comes now Kenneth Dziadosz Sr., having filed his verified
Petition for the Probate of Decedent's Will, Issuance of Letters,
and for Unsupervised Administration of said decedent's estate,
which petition is in the words and figures following, to-wit:

(H. I.)

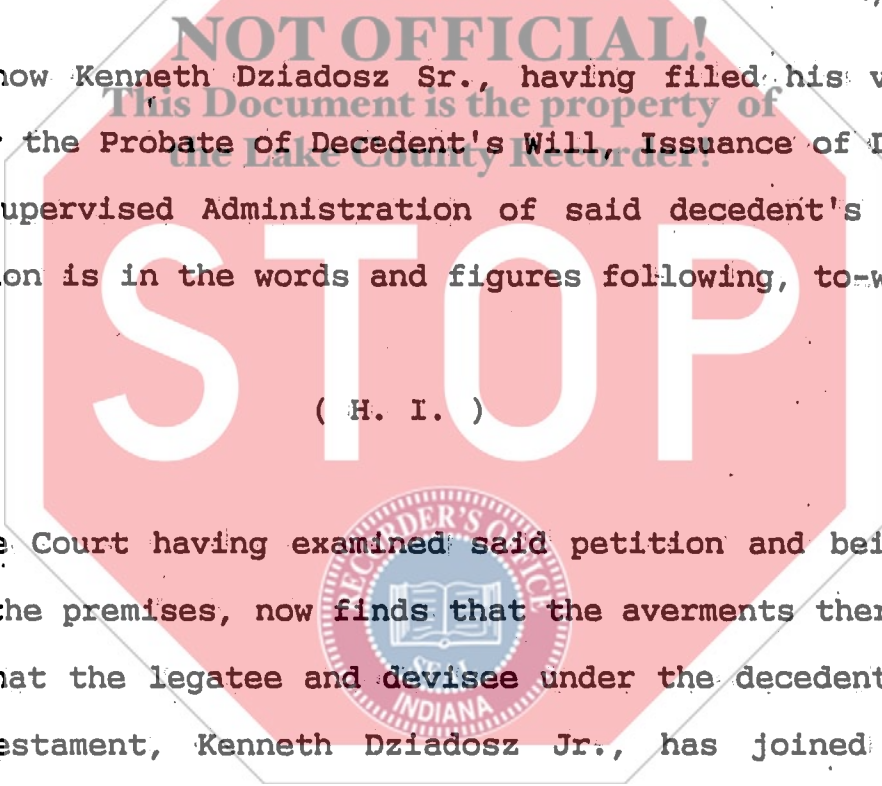
And the Court having examined said petition and being duly
advised in the premises, now finds that the averments thereof are
true, and that the legatee and devisee under the decedent's Last
Will and Testament, Kenneth Dziadosz Jr., has joined in the
petition and request that Kenneth Dziadosz Sr. be appointed
executor of the estate of Eugene Dziadosz, and administer the
estate under Unsupervised Administration.

That there is now produced in open Court and submitted to the
Court an instrument in writing purporting to be the Last Will and
Testament of Eugene Dziadosz, deceased, and a Petition for Probate
thereof and for Issuance of Letters. That on the 16th day of

00630

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

APR 13 1 06 PM '94
SAID
RECORDER



1800
4

December 1985, decedent and the witnesses to his purported will, self-proved said will by executing an acknowledgement and verification of said will and that said acknowledgement and verification were executed in all respects according to law. That said Last Will and Testament, petition, testimony, acknowledgement, and verification are now submitted to the Court and the Court having examined the same, having heard evidence thereon, and being duly advised now finds:

1. That such decedent died on or about the 24th day of June, 1993, and at the time of such death was domiciled in Miami County, Indiana.
2. That such written instrument purporting to be such decedent's Last Will and Testament was duly executed in all respects according to law, has been duly proved, is the Last Will and Testament of such decedent and is entitled to be admitted to probate in such County.
3. That Letters should be issued as indicated and requested in such petition.
4. That such will, acknowledgement and verification and petition read as follows:

(H. I.)

IT IS THEREFORE ORDERED, ADJUDGED AND DECREED by the Court:

1. That such written instrument purporting to be the Last Will and Testament of such decedent be and it is hereby admitted to probate and recorded as such.

2. That said executor shall serve upon taking an oath and posting bond in the amount of Thirteen Thousand and no/00 Dollars (\$13,000.00).

3. That Kenneth Dziadosz Sr. is appointed as executor of the estate of Eugene Dziadosz and may proceed under Unsupervised Administration.

4. That the Clerk be and is hereby directed to issue Letters Testamentary to Kenneth Dziadosz Sr., when he has taken and subscribed before the Clerk an oath as such executor and filed bond in the amount of Thirteen Thousand and no/00 Dollars (\$13,000.00). All of which is ordered this 29th day of July, 1993.


HON. GARRETT PALMER, JUDGE OF
MIAMI SUPERIOR COURT.

Report and Order Confirming Appointment

The undersigned Clerk reports to the Court that Kenneth Dziadosz Sr. has taken and subscribed before the Clerk an oath as executor and filed his bond in the amount of Thirteen Thousand and no/00 Dollars (\$13,000.00), and that letters have been issued this 29th day of July, 1993.


CLERK OF THE MIAMI COUNTY
SUPERIOR COURT.

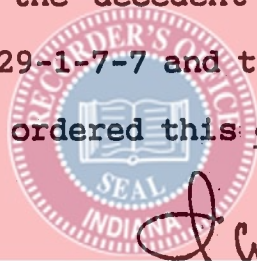
Comes now the Clerk and reports to the Court that said

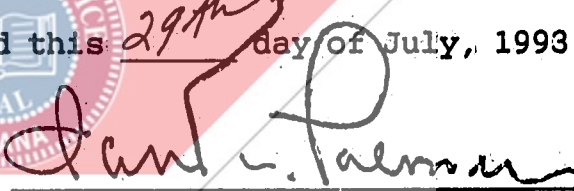
executor has taken and subscribed before the Clerk an oath as executor and filed bond in the amount of Thirteen Thousand Dollars (\$13,000.00) as directed, and that letters have been issued.

That said petition, oath and bond, and Letters read as follows:

(H. I.)

IT IS NOW THEREFORE ORDERED, ADJUDGED AND DECREED by the Court that said petition, oath and bond, issuance of Letters are approved, and that Kenneth Dziadosz Sr. is the duly appointed and qualified executor of the estate of Eugene Dziadosz, deceased, authorized to administer the decedent's estate under the Code governing Unsupervised Administration without court supervision. That the executor is further ordered to notify all reasonably ascertainable creditors of the decedent and to comply with the notice requirements of I.C. 29-1-7-7 and the duties imposed by I.C. 29-1-7-7.5. All of which is ordered this 29th day of July, 1993.




HON. GARRETT PALMER, JUDGE,
OF THE MIAMI SUPERIOR COURT.

The Ohio Casualty Insurance Company

136 North Third Street, Hamilton, Ohio 45025

BOND OF ADMINISTRATOR, EXECUTOR OR GUARDIAN

BOND No 2117546

KNOW ALL MEN BY THESE PRESENTS:

That ~~we~~ I, Kenneth Dziadosz, Sr. of the County of Miami Indiana, as Principal, and THE OHIO CASUALTY INSURANCE COMPANY, a corporation licensed in Indiana as Surety, are held and firmly bound to the State of Indiana, in the penal sum of Thirteen Thousand and no/00***** DOLLARS, for the payment of which sum we jointly and severally bind ourselves, our heirs, executors, administrators or legal representatives.

Signed by us and dated this 26th day of July, 1993

THE CONDITION OF THE ABOVE OBLIGATION IS SUCH, That, if the said Principal as

Executor of the Estate of
(Guardian, Administrator, Executor) (Person - Estate)
Eugene Dziadosz Ward(s) shall:
 Deceased

Faithfully discharge the duties of his trust according to law, then this obligation is void, otherwise it remains in full force and effect.



Kenneth M. Dziadosz
Principal

Principal

THE OHIO CASUALTY INSURANCE COMPANY

BY: [Signature]
Attorney-in-Fact

Approved this day of, 19.....

Attest: Superior Miami
Clerk Court of County

STATE OF INDIANA

I swear that I will faithfully discharge the duties of my trust as executor, administrator, guardian, of the person and estate of Eugene Dziadosz according to law; so help me God.

KD, Kenneth M. Dziadosz
Principal

Subscribed and sworn to before me, the day of, 19.....

Superior Miami
Clerk Court of County

**INDIANA STATE BOARD OF HEALTH
CERTIFICATE OF DEATH**

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

Local No. 63

Jan 24 1992
Date Issued: Hammond Health Commissioner

TYPE/PRINT
IN
PERMANENT
BLACK INK

1. DECEASED—NAME (First, Middle, Last) Sophie M. Dziadosz		2. SEX Female	3a. TIME OF DEATH 6:00 p.m.	3b. DATE OF DEATH (Month, Day, Yr) January 18, 1992	
4. SOCIAL SECURITY NUMBER 304 42 5090	5a. AGE—Last Birthday (Year) 73	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr) Dec 25 1918	
7. BIRTHPLACE (City and State or Foreign Country) Austria	8a. WAS DECEDENT A U.S. VETERAN? No				
8b. YEAR LAST SERVED IN U.S. ARMED FORCES? —		9. 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 Hospital		9c. CITY, TOWN, OR LOCATION OF DEATH Hammond	9d. COUNTY OF DEATH Lake		
10. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Eugene Dziadosz	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Homemaker	12b. KIND OF BUSINESS/INDUSTRY Own Home		
13a. RESIDENCE—STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION Hammond	13d. STREET AND NUMBER 4617 Henry St		
13a. ZIP CODE 46327	13i. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? USA	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) 12 College (1-4 or 5+) —		18. FATHER'S NAME (First, Middle, Last) Stanley Prokocki			
19. MOTHER'S NAME (First, Middle, Maiden Surname) Mary Matasz			20. INFORMANT'S NAME (Type/Print) Eugene Dziadosz		
20a. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 4617 Henry St Hammond In 46327		20b. Relationship Husband			
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) Jan 22 1992 Chapel Lawn Memorial Garden		21c. LOCATION—City or Town, State Schererville In	
22a. EMBALMERS NAME James W. Gholston		22b. EMBALMER'S LICENSE NO. FD01004194	23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a. SIGNATURE OF FUNERAL DIRECTOR <i>John B. Lesniak</i>		24b. LICENSE NUMBER (of Licensee) FD01005491	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: Lesniak FH83001601 4918Magoun E. Chicago In 46312		
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. PNEUMONIA		Approximate Interval Between Onset and Death: DAYS	
b. SEPSIS		DUE TO (OR AS A CONSEQUENCE OF):		DAYS	
c. CORONARY ARTERY DISEASE		DUE TO (OR AS A CONSEQUENCE OF):		YEARS	
d. MULTIPLE CEREBROVASCULAR INFARCTS		DUE TO (OR AS A CONSEQUENCE OF):		DAYS	
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I S/P CABG x 3 WEEKS					
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>Cliff H. Foreit D.O.</i>			29c. MEDICAL LICENSE NO. 161	29d. DATE SIGNED (Month, Day, Year) (January) 22/92	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) C. A. Foreit, D.O. 3831 Hohman Avenue, Hammond, Indiana 46327					
31. HEALTH OFFICER'S SIGNATURE				32. DATE FILED (Month, Day, Year) JANUARY 24 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
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)		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.			

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

CORONER USE ONLY

CERTIFICATE OF DEATH

BOARD OF HEALTH

Bureau of Vital Statistics

LOCAL
RECORD OF DEATH

Document is
NOT OFFICIAL!

This Document is the property of
the Lake County Recorder.

THIS IS TO CERTIFY, that our records show EUGENE DZIADOSZ died

JUNE 24, 1993

Month Day Year

at 11:23 AM

Hour of Death

MILLERS MERRY MANOR PERU, INDIANA

Street, Hospital or Rural

Age at Death 77

Years

Sex M

Color WH

WIDOWED

Write whether married or single

Primary cause of death given was PNEUMONITIS

Signed by: M. D. SIXBEY, MD

Physician or Coroner

PERU, INDIANA

Address

Place of burial or removal CHAPEL LAWN CEMETERY

Name of Cemetery

SCHEREVILLE, INDIANA

Address

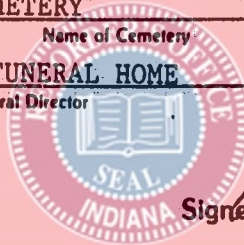
Date of burial: 6-28-1993

LESNIAK FUNERAL HOME

Funeral Director

EAST CHICAGO, INDIANA

Address



Signed [Signature]

Miami County Health Officer

COURTHOUSE

Address

6-28-1993

Date

Recorded locally in Book No. 105 Page No. 31