

SURVIVORSHIP AFFIDAVIT

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95 JAN -9 AM 8:56

STATE OF INDIANA)
COUNTY OF LAKE) SS:

AMASA G. COLBY
CHIEF DEP. RECORDER

On this 29th day of December, 1994, before me personally appeared CORINNE M. KUZOS, 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 the co-tenant by entireties.
3. Said premises were formerly owned as joint tenants or as tenants by the entireties by Raymond R. Kuzos and Corinne M. Kuzos.
4. Said Raymond R. Kuzos died on November 20, 1994, leaving no will.
5. The legal description of the premises in question is:

Lot Forty Six (46) and Forty Seven (47) in Block Six (6), in the Resubdivision of parts of Jackson Terrace, Hammond, as per plat thereof, as recorded in Plat Book 18, page 4, in the Office of the Recorder of Lake County, Indiana, also known as 7115 Harrison Avenue, Hammond, Indiana, Key No. 34-191-32f

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;

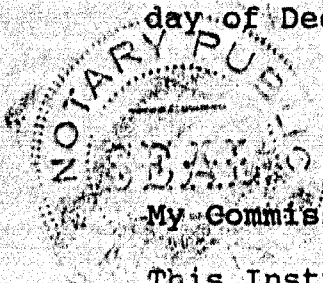
7. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced? No

8. Affiant's relationship to the deceased was surviving spouse/wife.



Corinne M. Kuzos
 CORINNE M. KUZOS
 3151 Columbia Street
 Dyer, Indiana 46311

Subscribed and sworn to before me by the affiant this 29th day of December, 1994.



Raquel Monterrubio
 Notary Public Raquel Monterrubio

My Commission Expires: 9-23-96 Resident of Lake County, IN.

This Instrument prepared by: Richard F. James, Attorney at Law
200 Monticello Drive, Dyer, IN. 46311

FILED

JAN 6 1995

[Handwritten signature]

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ATTENTION ESTATE: Disclosure of the SS# we need to pursue our responsibilities is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Local No. 2774-94

State No.

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-10-3

TYPE/PRINT IN PERMANENT BLACK INK

1 DECEASED-NAME (First Middle Last) Raymond R. Kuzos; 2 SEX Female; 3a TIME OF DEATH 5:08 AM; 3b DATE OF DEATH (Month Day Yr) November 20, 1994; 4 SOCIAL SECURITY NUMBER 306-34-6863; 5a AGE-Last Birthday (Years) 60; 5b UNDER 1 YEAR; 5c UNDER 1 DAY; 6 DATE OF BIRTH (Mo Day Yr) Dec. 18, 1933; 7 BIRTHPLACE (City and State or Foreign Country) Coal Center, Pennsylvania

DECEDENT

8a WAS DECEDENT A U.S. VETERAN? No; 8b YEAR LAST SERVED IN U.S. ARMED FORCES? N/A; 8c PLACE OF DEATH (Check only one See instructions) HOSPITAL; 9a FACILITY NAME (If not institution give street and number) 8151 Columbia St; 9b CITY TOWN OR LOCATION OF DEATH Dyer; 9c COUNTY OF DEATH Lake; 10 MARITAL STATUS (Specify) Married; 11 SURVIVING SPOUSE (If wife give maiden name) Corinne M. Basich; 12a DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life Do not use retired) Electrician; 12b KIND OF BUSINESS/INDUSTRY Electrical Co; 13a RESIDENCE-STATE Indiana; 13b COUN. Lake; 13c CITY TOWN OR LOCATION Dyer; 13d STREET AND NUMBER 8151 Columbia St

PARENTS

13e ZIP CODE 46311; 13f INSIDE CITY LIMITS; 14 CITIZEN OF WHAT COUNTRY? USA; 15 WAS DECEDENT OF HISPANIC ORIGIN? No; 16 RACE-American Indian, Black, White, etc. White; 17 DECEASED'S EDUCATION (Specify and highest grade completed) Elementary/Secondary (0-12) 12, College (14 or 5+) 3

INFORMANT

18 FATHER'S NAME (First Middle Last) Ignatius Kuzos; 19 MOTHER'S NAME (First Middle Maiden Surname) Mary Burish

20a INFORMANT'S NAME (Type/Print) Corinne M. Kuzos; 20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 8151 Columbia St, Dyer, Indiana 46311; 20c Relationship Wife

DISPOSITION

21a METHOD OF DISPOSITION: Entombment, Burial, Cremation, Removal from State, Donation, Other; 21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) November 23, 1994, St John Cemetery; 21c LOCATION-City or Town, State Hammond, Indiana

22a EMBALMER'S NAME Edward F. Mullaney; 22b EMBALMER'S LICENSE NO. FDO 1007176; 23 WAS DEATH REPORTED TO CORONER? No

24a SIGNATURE OF FUNERAL DIRECTOR Edward F. Mullaney; 24b LICENSE NUMBER (of Licensee) FDO 1007176; 25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Fagen-Miller Funeral Gardens Inc, 1920 Hart St Dyer, Indiana 46311, FH83001504

CAUSE OF DEATH

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 OF DEATH: Multiple Myeloma; UNDERLYING CAUSE OF DEATH: Pancreatic Cancer; CAUSE OF DEATH: Coronary Artery Disease; Approximate Interval Between Onset and Death: 3 years, 8 months, 3 months, 16 months

PART II: Other significant conditions, conditions contributing to death but not previously listed in Part I; 27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? No; 28a WAS AN AUTOPSY PERFORMED? No; 28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)

CERTIFIER

29a CERTIFIER (Check only one): CERTIFYING PHYSICIAN, HEALTH OFFICER, CORONER; 29b SIGNATURE AND TITLE OF CERTIFIER; 29c MEDICAL LICENSE NO. 01041301; 29d DATE SIGNED (Month Day Year) 11/21/94

HEALTH OFFICER

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Type/Print) DOCTOR CHERYL MORGAN-THREGE, 805 S. IRLINE AVENUE, HIGHLAND INDIANA 46322; 31 HEALTH OFFICER'S SIGNATURE Alexander D. Williams, M.D.; 32 DATE FILED (Month Day Year) November 21, 1994

33 MANNER OF DEATH: Natural, Accident, Suicide, Homicide, Pending Investigation, Could not be Determined; 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.