

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

IN RE: ROBERT BUCZEK
DECEASED

DULY FILED FOR TAXATION SUBJECT TO
FINAL

FILED

JAN 19 1995
JAN 19 1995

AFFIDAVIT OF SURVIVORSHIP

SAM ORLICH
AUDITOR LAKE COUNTY

Comes now **SOPHIE BUCZEK** being duly sworn upon her oath, and states as follows:

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

Lot Six (6), Block "E", Meadowland Manor Subdivision, Unit No. 1, in the City of Gary, as shown in Plat Book 31, page 91, in Lake County, Indiana.

and commonly known as 613 East 52nd Place, Gary, Indiana.

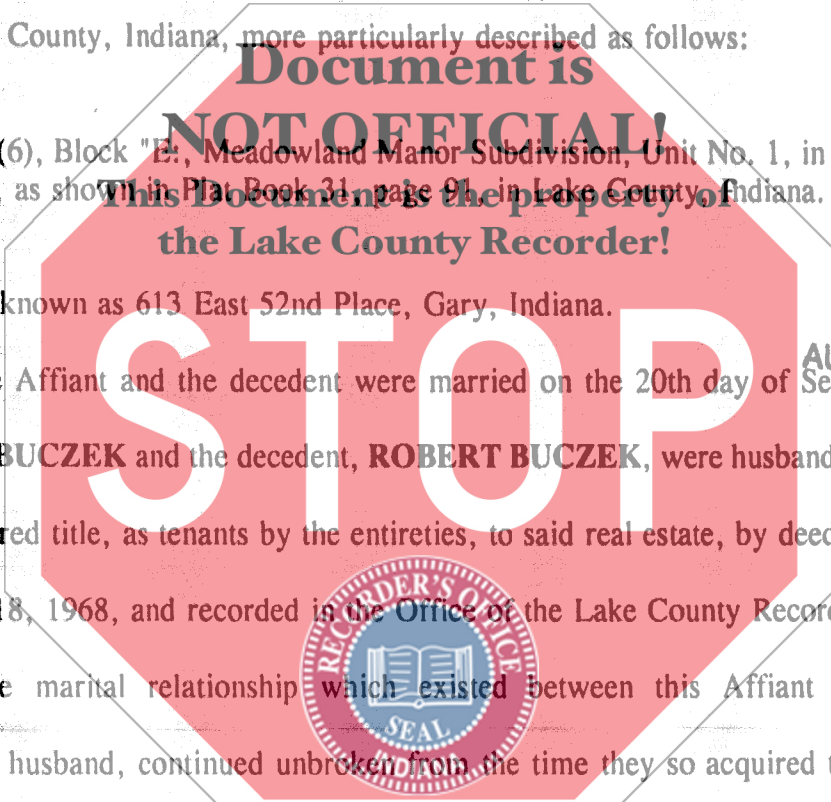
That the Affiant and the decedent were married on the 20th day of September, 1941.

That **SOPHIE BUCZEK** and the decedent, **ROBERT BUCZEK**, were husband and wife at the time they acquired title, as tenants by the entireties, to said real estate, by deed of conveyance dated October 18, 1968, and recorded in the Office of the Lake County Recorder.

That the marital relationship which existed between this Affiant and **ROBERT BUCZEK**, her husband, continued unbroken from the time they so acquired title to said real estate until the death of **ROBERT BUCZEK**, on the 12th day of September, 1994, at which time this Affiant acquired title to the real estate as surviving tenant by the entireties.

That the gross value of the estate of the decedent, **ROBERT BUCZEK**, as determined for the purpose of Federal Estate Taxes, was 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.



FILED

JAN 19 1995

SAM ORLICH
AUDITOR LAKE COUNTY

95003471

95 JAN 19 PM 1:57
AMASA G. COLBY
RECORDER

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

000786

10.00

Sophie Buczek
SOPHIE BUCZEK, AFFIANT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, a Notary Public in and for said County and State personally appeared SOPHIE BUCZEK, who acknowledged the execution of the foregoing Affidavit of Survivorship and acknowledged her execution of it as her voluntary act and deed for the uses and purposes stated in it.

WITNESS my hand and Notarial Seal, this 28 day of October, 1994.

MY COMMISSION EXPIRES:
8-27-97



This Instrument Prepared By:

Alicia Gloyeske
Attorney At Law
725 North 400 East
Valparaiso, IN 46383
Phone: (219) 464-9224



ATTENTION STATE: 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

Local No. 2176-94.....

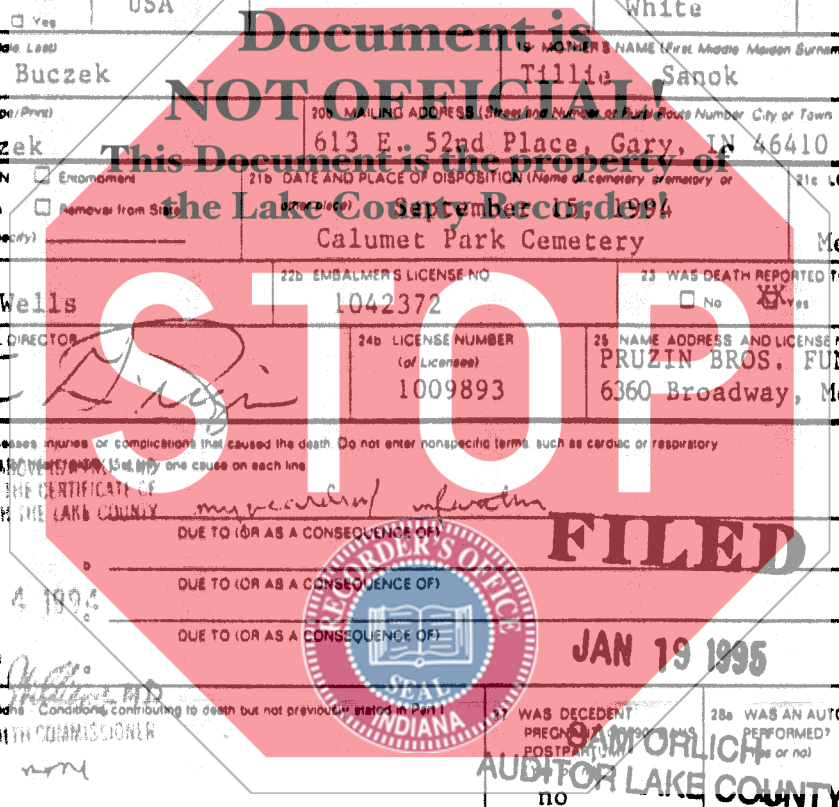
CERTIFICATE OF DEATH

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) ROBERT (Boleslaw) BUCZEK		2 SEX Male	3a TIME OF DEATH 9:30 a.m.	3b DATE OF DEATH (Month Day Year) September 12, 1994	
4 SOCIAL SECURITY NUMBER 306-09-8732	5a AGE—Last Birthday (Years) 80	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo Day Yr) August 7, 1914	
7 BIRTHPLACE (City and State or Foreign Country) Briar Hill, Pennsylvania	8a WAS DECEDENT A US VETERAN? yes				
8b YEAR LAST SERVED IN US ARMED FORCES? 1945	8c PLACE OF DEATH (Check only one See instructions) <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> 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. Mary Medical Center		9b CITY TOWN OR LOCATION OF DEATH Hobart	9c COUNTY OF DEATH Lake		
10 MARITAL STATUS (Specify) Married	11 SURVIVING SPOUSE (If wife give maiden name) Sophie Zukowski	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life Do not use retired) Hooker Leader	12b KIND OF BUSINESS/INDUSTRY US Steel		
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY TOWN OR LOCATION Gary	13d STREET AND NUMBER 613 E. 52nd Place		
13e ZIP CODE 46410	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 13g ON A FARM? <input checked="" type="checkbox"/> No <input 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) College (14 or 16) 12
18 FATHER'S NAME (First Middle Last) Lawrence Buczek		19 MOTHER'S NAME (First Middle Maiden Surname) Tillie Sanok			
20a INFORMANT'S NAME (Type/Print) Sophie Buczek		20b MAILING ADDRESS (Street and Number or Rural Route Number City or Town State Zip Code) 613 E. 52nd Place, Gary, IN 46410	20c Relationship Wife		
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) Calumet Park Cemetery		21c LOCATION—City or Town State Merrillville, Indiana	
22a EMBALMER'S NAME Charles W. Wells		22b EMBALMER'S LICENSE NO. 1042372	23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
24a SIGNATURE OF FUNERAL DIRECTOR <i>Thomas A. Pruzin</i>		24b LICENSE NUMBER (of Licensee) 1009893	25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME PRUZIN BROS. FUNERAL SERVICE #83002453 6360 Broadway, Merrillville, IN 46410		
26 PART I Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory. THIS CERTIFICATE IS THE PROPERTY OF THE STATE OF INDIANA. COMPLETE COPY OF THE CERTIFICATE OF DEATH IS TO BE FURNISHED TO THE LAKE COUNTY HEALTH DEPARTMENT WITH THE LAKE COUNTY RECORDS OFFICE. myocardial infarction 14 1994		Approximate interval Between Onset and Death Chronic			
PART II (Qualifying conditions) Conditions contributing to death but not previously stated in Part I LAKE COUNTY HEALTH COMMISSIONER		27 WAS DECEDENT PREGNANT AT DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
28a WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or 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>Donald M. Phillips M.D.</i>			
29c MEDICAL LICENSE NO. 21020846		29d DATE SIGNED (Month Day Year) 9/12/94			
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Donald M. Phillips M.D., 126 S. Lake Park, Hobart, Indiana 46342					
31 HEALTH OFFICER'S SIGNATURE <i>Donald M. Phillips, M.D.</i>			32 DATE FILED (Month Day Year) 9-14-94		
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.			



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