Ticor-M.O.
191326
Stewart

2

TICOR TITLE INSURANCE

95010672

AFFIDAVIT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Irene Ziol, being first duly sworn upon oath, deposes and says:

1. That Joseph Ziol died on May 30, 19 94 at Methodist Hospital-Merrillville

2. That Joseph Ziol and Irene Ziol were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

The South 12 1/2 feet of Lot 36 and all of Lots 37 and 38 in Block 7 in Reissig's Addition to Glen Park, as per plat thereof, recorded in Plat Book 3 page 99, in the Office of the Recorder of Lake County, Indiana.

25-46-403-35

95 FEB 28 AM 9:50

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
RECORDER

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3. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of (his) ~~(her)~~ death.

4. That all funeral expenses in connection with the death of said decedent have been paid in full.

5. That all of the assets of said decedent which would be includable for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

Further affiant sayeth not.

Irene Ziol
Irene Ziol

Subscribed and sworn to before me, a Notary Public, this 23rd day of February, 19 95.

FILED

FEB 27 1995

SAM ORLICH
AUDITOR LAKE COUNTY

Paula Barrick
Paula Barrick Notary Public

My Commission expires:
10-2-97

County of Residence:
Lake

This Instrument prepared by Irene Ziol

001197

800

"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. 1214-94 State No. ....

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

Field	Entry
1 DECEASED—NAME (First Middle Last)	JOSEPH S. ZIOL
2 SEX	Male
3a TIME OF DEATH	9:25 AM
3b DATE OF DEATH (Month Day Yr)	May 30, 1994
4 *SOCIAL SECURITY NUMBER	313-07-0664
5a AGE—Last Birthday (Years)	78
5b UNDER 1 YEAR (Months / Days)	
5c UNDER 1 DAY (Hours / Minutes)	
6 DATE OF BIRTH (Mo Day Yr)	July 23, 1915
7 BIRTHPLACE (City and State or Foreign Country)	Lackawanna, New York
8a WAS DECEDENT A US VETERAN?	No
8b YEAR LAST SERVED IN US ARMED FORCES?	--
9a PLACE OF DEATH (Check only one. See instructions)	HOSPITAL: [X] Inpatient [ ] ER/Outpatient [ ] DOA; OTHER: [ ] Nursing Home [ ] Other (Specify) [ ] Residence
9b FACILITY NAME (If not institution, give street and number)	Methodist Hospital - Southlake Campus
9c CITY TOWN OR LOCATION OF DEATH	Merrillville
9d COUNTY OF DEATH	Lake
10 MARITAL STATUS (Specify)	Married
11 SURVIVING SPOUSE (If wife, give maiden name)	Irene Peda
12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	Production Clerk
12b KIND OF BUSINESS/INDUSTRY	U.S. Steel
13a RESIDENCE—STATE	Indiana
13b COUNTY	Lake
13c CITY TOWN OR LOCATION	Gary
13d STREET AND NUMBER	4252 Adams Street
13e ZIP CODE	46408
13f INSIDE CITY LIMITS	[ ] No [X] Yes
13g ON A FARM?	[X] No [ ] Yes
14 CITIZEN OF WHAT COUNTRY?	U.S.A.
15 WAS DECEDENT OF HISPANIC ORIGIN? (If yes specify Cuban, Mexican, Puerto Rican etc)	[X] No [ ] Yes
16 RACE—American Indian, Black, White etc (Specify)	White
17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12)	8
College (1-4 or 5+)	

PARENTS

Field	Entry
18 FATHER'S NAME (First Middle Last)	Joseph Ziolkowski
19 MOTHER'S NAME (First Middle Maiden Surname)	Katherine Religia

INFORMANT

Field	Entry
20a INFORMANT'S NAME (Type/Print)	Irene Ziol
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	4252 Adams Street, Gary, IN 46408
20c Relationship	Wife

DISPOSITION

Field	Entry
21a METHOD OF DISPOSITION	[X] Burial [ ] Cremation [ ] Donation [ ] Other (Specify) [ ] Entombment [ ] Removal from State
21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place)	June 2, 1994 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?	[X] No [ ] Yes
24a SIGNATURE OF FUNERAL DIRECTOR	[signature]
24b LICENSE NUMBER (of Licensee)	1009893
25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME	PRUZIN BROS. FUNERAL SERVICE #3002453, 6360 Broadway, Merrillville, IN 46410

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.

	Cause	Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) a	Septic Shock	hours
DUE TO (OR AS A CONSEQUENCE OF) b	Rupture Colon Carcinoma	days
DUE TO (OR AS A CONSEQUENCE OF) c		
DUE TO (OR AS A CONSEQUENCE OF) d		

Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last.

PART II. Other significant conditions: Conditions contributing to death but not previously stated in Part I

Field	Entry
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)	

CERTIFIER

29a CERTIFIER (Check only one)
- [X] CERTIFYING PHYSICIAN To the best of my knowledge death occurred at the time, date and place and due to the cause(s) as stated
- [ ] 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
- [ ] 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

Field	Entry
29b SIGNATURE AND TITLE OF CERTIFIER	[signature]
29c MEDICAL LICENSE NO	02000320
29d DATE SIGNED (Month Day Year)	5-31-94
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)	Dennis Streeter, D.O., 119 East 89th Avenue, Merrillville, IN 46410

HEALTH OFFICER

Field	Entry
31 HEALTH OFFICER'S SIGNATURE	Alexander S. Williams [signature]
32 DATE FILED (Month Day Year)	June 1, 1994

Field	Entry
33 MANNER OF DEATH	[ ] Natural [ ] Pending Investigation [ ] Accident [ ] Suicide [ ] Could not be Determined [ ] 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) Specify driver, passenger, pedestrian, etc	

THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT.
JUN 1 1994
Alexander S. Williams [signature]
LAKE COUNTY HEALTH COMMISSIONER

FILED
FEB 27 1996
[signature]
AUDITOR LAKE COUNTY
001138

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SDH06-004 State Form 10110 (R4/3-93) Deathcer/PD 1