



SURVIVORSHIP AFFIDAVIT

STATE OF Indiana } S. S.
COUNTY OF Lake

On this 31st day of May 95 before me personally appeared
(insert date)

Bette Dzunda

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 owner (state interest of affiant in the above premises as "owner," "son of owner," etc.)

- 3. Said premises were formerly owned as joint tenants or as tenants by the entireties by Steve Dzunda and Bette Dzunda

- 4. Said Steve Dzunda (fill in name of co-tenant who died)

died on 1-4-95 leaving will; (insert "a" or "the" if will left attached copy)

- 5. The legal description of the premises in question is: Lot 1, block 4, Bungalow Heights, in the City of Gary, as shown in plat book 13, page 2, in Lake County, Indiana.

- 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

(If answer is "Yes," identify the divorce proceedings: SAM ORLICH AUDITOR LAKE COUNTY)

- 8. Affiant's relationship to the deceased was wife

Signature: Bette Dzunda Bette Dzunda

Address: 4430 HAYES GARY, IN. 46408

Subscribed and sworn to before me by the affiant

this 31st day of May, 1995 (insert date)

Roberta S. Tate Notary Public Res. of Porter Co.

My Commission Expires 12-17-97

This instrument prepared by Bette Dzunda

95091736

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD 95 JUN - 4 AM 10: 05 RECORDER



FILED JUN 5 1995

000225

Handwritten initials

ATTENTION ESTATE: Disclosure of the facts we need to pursue our responsibilities voluntarily and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

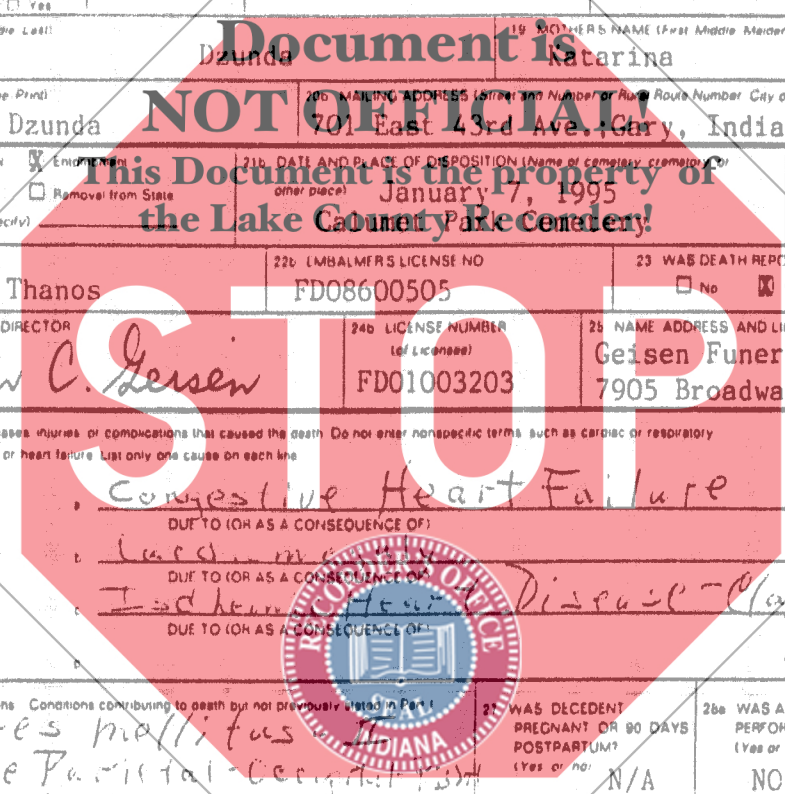
State No. ....

ca No. 95-0016

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

TYPE/PRINT IN PERMANENT BLACK INK

Form with fields for DECEASED NAME (STEPHEN DZUNDA), SEX (Male), TIME OF DEATH (4:52 PM), DATE OF DEATH (January 4, 1995), SOCIAL SECURITY NUMBER (314-24-1370), AGE (69), DATE OF BIRTH (Aug. 20, 1925), PLACE OF BIRTH (Malčov, Czechoslovakia), FACILITY NAME (701 East 43rd Avenue), CITY/TOWN (Gary), COUNTY (Lake), MARITAL STATUS (Married), SURVIVING SPOUSE (Bette L. Evans), OCCUPATION (Foreman), RESIDENCE (Indiana, Lake, Gary, 701 East 43rd Avenue), ZIP CODE (46409), CITIZENSHIP (USA), RACE (White), EDUCATION (3), FATHER'S NAME (Andro Dzunda), MOTHER'S NAME (Katarina Valducarova), INFORMANT'S NAME (Bette L. Dzunda), ADDRESS (701 East 43rd Ave., Gary, Indiana 46409), RELATIONSHIP (Wife), METHOD OF DISPOSITION (Entombment), DATE AND PLACE OF DISPOSITION (January 17, 1995, Merrillville, Indiana), EMBALMER'S NAME (Alexis G. Thanos), LICENSE NUMBER (FD08600505), SIGNATURE OF FUNERAL DIRECTOR (William C. Geisen), LICENSE NUMBER (FD01003203), NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME (Geisen Funeral Home, Inc. #FH83007762, 7905 Broadway, Merrillville, IN 46410), IMMEDIATE CAUSE (Congestive Heart Failure), UNDERLYING CAUSE (Diabetes mellitus, Remote Partial Cecal Cancer), CERTIFIER (John T. Scully MD), MEDICAL LICENSE NO (IN 17621), DATE SIGNED (9 Jan 95), HEALTH OFFICER'S SIGNATURE, MANNER OF DEATH (Natural), DATE OF INJURY, TIME OF INJURY, INJURY AT WORK?, PLACE OF INJURY, LOCATION, DATE PRONOUNCED DEAD, MOTOR VEHICLE ACCIDENT? (No).



FILED

JUN 5 1995 SAM ORLICH AUDITOR LAKE COUNTY

000226

Insurance Company