

STATE OF INDIANA

COUNTY OF LAKE

)
)SS:
)

SURVIVORSHIP AFFIDAVIT

GEORGE MASCHENIK, being first duly sworn upon his oath, deposes and says:

1. That he is of lawful age and lives and resides in the City of Hammond, Lake County, Indiana; that he was formerly married to one MARIE E. MASCHENIK, for many years and lived continuously with her as her husband until her death in Lake County, Indiana, on November 15, 1995.

2. That several years last past, Affiant and his spouse became the owners, of the fee simple title as tenants by the entirety to the following described real estate, in Lake County, Indiana, to-wit:

Lot 33 in Block 2 in Oak Grove, Hammond, as per plat thereof, recorded in Plat Book 20, page 7, in the Office of the Recorder of Lake County, Indiana.

Key No: 35-166-33

Commonly Known As: 1505-174th Place, Hammond, IN

3. That Affiant further says that they continued to be such owners of the title to said real estate until the death of his spouse on November 15, 1995.

4. This Affidavit is made to show that Affiant, by reason of his wife's death, is now the sole owner of the fee simple title to said real estate and to induce the Auditor of Lake County, Indiana, to strike the name of the decedent, MARIE E. MASCHENIK, from the tax rolls on said real estate, and to reflect the present name of Affiant, GEORGE MASCHENIK, as the sole owner thereof.

Further your Affiant saith not.

FILED

George Maschenik
GEORGE MASCHENIK

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
96 FEB 29 PM 1:40
MARGARET E. STEWART
RECORDER

FEB 28 1996

STATE OF INDIANA

COUNTY OF LAKE

)
)SS: SAM ORLICH
) AUDITOR LAKE COUNTY

Subscribed and sworn to before me, a Public in and for the County and State this 8th day of January, 1996.

My Commission Expires: 6/14/98

Rebecca Mestrovich
REBECCA MESTROVICH, Notary Public
Residing in Lake County, Indiana

THIS INSTRUMENT PREPARED BY:

MICHAEL W. BOSCH
Indiana Atty. No: 2852-45
BAMBER, BOSCH AND BANASIAK
7150 Indianapolis Blvd.
Hammond, IN 46324
(219) 844-3020

1100 Va
#7675

001270

*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

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

John A. ...
Hammond Health Commissioner

Local No. **340**

NOV 20 1995
Date Issued

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

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED—NAME (First Middle Last) Marie E. Maschenik		2. SEX Female	3a. TIME OF DEATH 11:45 PM	3b. DATE OF DEATH (Month, Day, Yr.) November 15, 1995
4. SOCIAL SECURITY NUMBER 316-14-9269	5a. AGE—Last Birthday (Years) 71	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr.) April 18, 1924
7. BIRTHPLACE (City and State or Foreign Country) East Chicago, IN	8a. WAS DECEDENT A U.S. VETERAN? No	8b. YEAR LAST SERVED IN U.S. ARMED FORCES? None	9a. 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	
9b. FACILITY NAME (If not institution, give street and number) St. Margaret Mercy - North Campus		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) George Maschenik	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Housewife		12b. KIND OF BUSINESS/INDUSTRY Own Home
13a. RESIDENCE—STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION Hammond	13d. STREET AND NUMBER 1505-174th Place	
13e. ZIP CODE 46324	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) 12 College (1-4 or 5+) 12		18. FATHER'S NAME (First, Middle, Last) John Pallick		
19. MOTHER'S NAME (First, Middle, Maiden Surname) Mary Kenderes			20a. INFORMANT'S NAME (Type, Print) George Maschenik	
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1505-174th Place, Hammond, IN 46324		20c. Relationship Husband		
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <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) November 18, 1995 St. John Cemetery		21c. LOCATION—City or Town, State Hammond, IN
22a. EMBALMER'S NAME Henry J. Blake		22b. EMBALMER'S LICENSE NO. FD01019406		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Elden V. La Hayne</i>		24b. LICENSE NUMBER (of Licensee) FD0104192B		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME LaHayne Funeral Home, Inc., FH83002885 5746 Hohman Ave., Hammond, IN 46320
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. Approximate Interval Between Onset and Death				
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Congestive heart failure				
b. Coronary artery disease				
c. Carotid occlusive disease				
d. Acute pulmonary edema				
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I. Hypothyroidism				
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>Sirajuddin Khaja</i>		
29c. MEDICAL LICENSE NO. 01032657		29d. DATE SIGNED (Month, Day, Year) November 17, 1995		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type, Print) Sirajuddin Khaja, M.D., 921 Fran-Lin Parkway, Munster, IN 46321				
31. HEALTH OFFICER'S SIGNATURE <i>Guadalupe J. Bremuda, M.D.</i>				32. DATE FILED (Month, Day, Year) NOV 17 1995
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. DESCRIPTION OF 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.		

Key # 35-166-33

FILED
FEB 28 1996
SAM ORLICH
AUDITOR LAKE COUNTY
001271