

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

On this 22 day of February, 1996 before me personally

appeared Dorothy A. Niep 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 surviving tenant by entirety;
(state interest of affiant in the above premises as "owner," "son of owner," etc.)

3. Said premises was formerly owned as joint tenants or as tenants by the entireties by Carl J. Niep and Dorothy A. Niep;

4. Said Carl J. Niep
(fill in name of co-tenant who died)

died on February 7, 1996

leaving no will;
(insert "a" or "no"; if will left, attach a copy)

DULY REVIEWED FOR TAXATION SUBJECT TO
FINAL ACCEPTANCE FOR TRANSFER.

FEB 29 1996

SAM ORLICH
AUDITOR LAKE COUNTY

5. The legal description of the premises in question is:
Lot 3, Rubrights Subdivision, Plat Book 32,
Page 74, Lake County, Indiana; commonly known
as 12112 W. 79th Place, Dyer, IN 46311
Real Estate Tax Key # 11-103-03

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:

_____);

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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
96 FEB 29 PM 4:23
MARION COUNTY RECORDS

ck# 16908
1300 M

8. Affiant's relationship to the deceased was Wife - surviving spouse.

Signature: Dorothy A. Niep
Dorothy A. Niep

Address: 12112 W. 79th Place
Dyer, Indiana 46311

Subscribed and sworn before me by the affiant this 22nd day of February, 1996

Kenneth A. Manning
Kenneth A. Manning
Notary Public

My commission expires 12/12/98

Resident of Lake County This instrument prepared

by Kenneth A. Manning (9015-45)
Attorney at Law
200 Monticello Drive
Dyer, Indiana 46311
219-865-8376

ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Local No. 289-96

State No.

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) Carl J. Niep		2 SEX Male	3a TIME OF DEATH 2:45 A M	3b DATE OF DEATH (Month Day, Yr) February 7, 1996	
4 *SOCIAL SECURITY NUMBER 357-12-2062	5a AGE—Last Birthday (Years) 69	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hour Minutes	6 DATE OF BIRTH (Mo. Day, Yr) March 10, 1926	
7 BIRTHPLACE (City and State or Foreign Country) Chicago, Illinois	8a WAS DECEDENT A US VETERAN? Yes	8b YEAR LAST SERVED IN US ARMED FORCES? 1946	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 Hospital—South		9c CITY, TOWN OR LOCATION OF DEATH Dyer	9d COUNTY OF DEATH Lake		
10 MARITAL STATUS (Specify) Married	11 SURVIVING SPOUSE (If wife, give maiden name) Dorothy Duszynski	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Work Analyst	12b KIND OF BUSINESS/INDUSTRY Public Utilities Co		
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY, TOWN OR LOCATION Dyer	13d STREET AND NUMBER 12112 W. 79th Pl		
13e ZIP CODE 46311	13f INSIDE CITY LIMITS <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+)		18 FATHER'S NAME (First Middle Last) Charles Niep			
19 MOTHER'S NAME (First Middle Maiden Surname) Phyllis Kowalczyk		20a INFORMANT'S NAME (Type/Print) Dorothy Niep			
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 12112 W. 79th Pl Dyer, Indiana 46311		20c Relationship Wife			
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) February 10, 1996 Lawn Memorial Gardens		21c LOCATION—City or Town, State Schererville, Indiana	
22a EMBALMER'S NAME Edward F. Mullaney		22b EMBALMER'S LICENSE NO. FDO 1007176		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24 SIGNATURE OF FUNERAL DIRECTOR <i>Edward F. Mullaney</i>		24b LICENSE NUMBER (of Licensee) FDO 1007176		25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME FH83001504 Fagen-Miller Funeral Homes Inc 1920 Hart St Dyer, Indiana 46311	
26 PART I. State the specific 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 (That disease or condition that resulted in death) a. ACUTE RENAL FAILURE DUE TO (OR AS A CONSEQUENCE OF) POST-NEPHRECTOMY b. TRANSITIONAL CELL CARCINOMA - KIDNEY DUE TO (OR AS A CONSEQUENCE OF) c. TRANSITIONAL CELL CARCINOMA - KIDNEY DUE TO (OR AS A CONSEQUENCE OF)					
PART II. Other significant conditions. Conditions contributing to death but not previously stated in Part I. CARDIAC ARREST					
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>Charles D. Egnatz</i>			29c MEDICAL LICENSE NO. 19054	29d DATE SIGNED (Month Day, Year) February 8, 1996	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Charles D. Egnatz 1326 Us Rte 30 Schererville, Indiana 46375					
31 HEALTH OFFICER'S SIGNATURE <i>Alexander Williams, MD</i>			32 DATE FILED (Month Day, Year) February 8, 1996		
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
34a 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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