SURVIVORSHIP AFFIDAVIT

COUNTY OF	그 마스님의 이번 그리고 있는 것 같아 말했다. 가고 있는 그 전에 가는 그런 그렇게 되었다. 그리고 있다.	
On thi	nis <u>22</u> day of February, 1996 before me personally	9
appeared	Dorothy A. Niep	96013570
personally kno	own, who being duly sworn on oath did say that:	မ တ
l. Af	ffiant resides at the address given below affiant's signature:	뉳
2. Af	ffiantis surviving tenant by entirety	
	(state interest of affiant in the above premises as "owner," "son of owner," etc.)	
3. Sa	aid premises was formerly owned as joint tenants or as tenants by the	entireties by
	cl J. Niep and Dorothy A. Niep	96 FEB 29 WARDAREN 一
4. Sa	Carl J Nien	
	(fill in name of co-lenant who died)	월간 -
died o	February 7, 1996 FINAL ACCEPTA	ANCE FOR TRANSFER. 🔀 📑
		ात 29 १००६ 🗟 🕃
leavir	(insert "a" or "no"; if will left attach a conv)	SAM ORLICH
		OR LAKE COUNTY
Lo Pa	he legal description of the premises in question is: ot 3, Rubrights Subdivision, Plat Book 32, age 74, Lake County, Indiana; commonly kno s 12112 W. 79th Place, Dyer, IN 46311	
Re	eal Estate Tax Key # 11-103-03	
6. To	'o the best of affiant's knowledge there is no Federal or State estate or	r inheritance tax
liability by re	eason of the death of said decedent;	
7. W	Where this affidavit relates to a tenancy by the entireties, were the par	ties ever
divorced?	NO (if answer is "Yes," identify the divorce proceedings:	
age of post-ball, it is a fact that the second second		

001451

ck#16908

8. Affiant's relationship to the deceased was <u>Wife - surviving spouse</u>.

Signature: Man Thy Ce. Niep

Dorothy At. Niep

Address: 12112 W. 79th Place

Dyer, Indiana 46311

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

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.

Local No.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

-	
State	N٥.

	THE RECORDS IN THIS S	ERIES ARE	CONFIDENTIAL PE	4 IC 10-1-19-3							٧
TYPE/PRINT	('52')				2. SEX		3e TIME OF DEAT				
IN			J.	Niep		Male		2:45 A		cuary 7,	
PERMANENT BLACK INK	4. *SOCIAL SECURITY NUMBER 357-12-2062	50	AGE—Last Birthday (Years)	56 UNDER 1 YEAR				17H (Ma. Day. Yr) 0 , 1926	1	CE (City and State 190, Ill	or Foreign Country)
BLACK HAK	Ba WAS DECEDENT	SE YEAR	LAST SERVED IN					ATH (Check only on	1	•	INOIS
	A US VETERAN?		RMED FORCEST	HOSPITAL TIP	pations.			☐ Nursing Home			
	Yes	19		☐ EA	I/Outpetient 🔲 (the state of the s		Residence	····		
DECEDENT	96 FACILITY NAME (If not insen St Margaret N			South		€ city. fov Dyer		ATION OF DEATH		UNTY OF DEATH	
	10. MARITAL STATUS (Specify)	11 SURV	11 SURVIVING SPOUSE		12ª DECEDENT'S USUAL		L OCCUPATION (Give kind of work		12b. KIND OF BUSINESS/INDUSTRY		
	(Specify) Married	(# w#s	Dorothy Duszynski		done during most of work		rking life. Do not use retired)		Public Utilities Co		
	130 RESIDENCE-STATE	136 COL		13c CITY TOWN O			13d STREET AND NU		MBER		
	Indiana	La	ke	Dyer				12112 W.	79th I	21	
	130 ZIP CODE 131 INSIDE C	CITY LIMITS	14 CITIZEN OF WHAT COUNTRY	15 WAS DECEDEN	T OF HISPANIC (American Indian, White, atc.		7. DECEDENT'S	
	13g ON A F/	ARM?		Mexican Puerto	o Rican etc)			(Specify)		(Specify only highest grade complete Elementary/Secondary (0-12) College (1-4	
	X No	AND THE	LI -N EBEDAFOR TAXATION SI		N SUBJECT TO		White		12		
PARENTS	18 FATHERS NAME (FUR MICH Charles	部形 石砂砂 マヘイ	PER IMPLE LOH !	ransfer.		Phyll		First Middle Meiden Kowalcz			
	20s INFORMANTS NAME (Typ	Nie		4 2 2 2 20h MAU I	NO ADDRESS (S			oute Number. City or		Code) 20c 6	eletionship
INFORMANT	Dorothy Nie		29					Indiana			fe
	21a METHOD OF DISPOSITION	■ □ Entor	nbmey A A A Com							N—City or Town.	itate
	Buriel Cremetion	Alm	SAM OR	JCH place)	Februar	y 10,	1996		01		
	Donation Other (Sp.	***	ITOR LAKE	- AMORAL	Yawn Merr	orial	Garde	ens			Indiana
DISPOSITION	228 EMBALMENS NAME			226 EMBALME	A'S LICENSE NO		23	WAS DEATH REPOR		NER?	
	Edward F. Mullaney 240 SIGNATURE OF FUNERAL DIRECTOR				FDO 1007176		ZD NO U Yes 25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME FH8 300 150				WEDT TO 200 1 F.O.
	The officers	- CIRCLON	a A		(of Licensee)	1	Fagen	-Miller	Funera.	l Homes	TH83001504
	Colwand & Mullaner			FDO 1007176			1920 Hart St Dyer, Indiana 46311				
	The Court for the street	Action Seal	procomplications shat ca	used the death Do not	enter nonspecific (erms such as c	ardiac or rei	spiratory	·		Approximete
	WHITE CONTINUES	THE TANK	A sat only one cause o	n each line	,		_				Interval Between Onset and Death
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CAUSE OF	resulting in death)		OUE P	OR AS A CONSEQUE		(GCT	12	l			
DEATH	Conditions if the which give	1996		HSITWY		2 E ((C 18	racion	- AN	Kinder	
	etating the underlying cause less	¢		OR AS A CONSEQUE			<u> </u>	11		Z/W-2	
¥	The state of the										
	The second of the second	Land A	n		21						
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	PART II Other augricens conduction		pe contributing to death		nd in Part t	PREGNAN POSTPAR	T OR 90 D		MED?	AVAILAB COMPLET	E PRIOR TO ION OF CAUSE
					nd in Part t	PREGNAN	T OR 90 D	DAYS PERFOR	MED7 no)	AVAILAB COMPLET	E PRIOR TO
	CAMONAZ	14	<i>ッナクソトル</i> ジ	ν.		PREGNAN POSTPAR (Yes or n	T OR 90 D	PERFOR (Yes or NO	MED7 no)	AVAILAB COMPLET	E PRIOR TO ION OF CAUSE
	290 CERTIFIER (Check only	CERTIFYING		best of my knowledge.	death occurred at	PREGNAN POSTPAR (Yes or ni the time, date, al	TOR 90 D	PERFOR (Yes or NO	MED7 no)) as stated	AVAILAB COMPLET OF DEAT	E PRIOR TO ION OF CAUSE
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·	290 CERTIFIER (Check only one) 29b SIGNATURE AND TITLE O 30 NAME AND ADDRESS OF Charles D. Ex	CERTIFYING MEALTH OF CORONER F CERTIFIER PERSON WHO	On the basis of examination of examination of the basis of examination of the basis of examination of examinat	best of my knowledge, if examination and/or investigation and/or investigation.	death occurred at a vestigation, in my opinion of a company opinion of a company opinion of a company opinion of a company opinion opi	PREGNAN POSTPAR (Yes or m the time, date, at pinion, death occurred it	o) NO nd place and courred at the time. d	DAYS PERFOR (Yee or NC d due to the cause(s) e time, date, and place, and di MEDICAL LICENSE	MED7 no)) as stated), and due to the ue to the cause(i	cause(s) as stated a) and manner as at 29d DATE SIGN Februal	eted ED (Month, Dey, Year) (Month, Day, Year)
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