DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER.

APR 26 1996

SAM ORLICH
AUDITOR LAKE COUNTY

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

SURVIVORSHIP AFFIDAVIT

LOUIS E. RICHTER, being first duly sworn upon his oath, deposes and says:

1. That on the 18th day of August, 1975, the following described real estate located in Crown Point, Lake County, Indiana, was conveyed to FRANK S. KSIAZEK AND MARIE M. KSIAZEK and LOUIS E. RICHTER, as joint tenants with the right of survivorship:

Parcel I
Lot 2, except the West 104 feet by parallel lines, in Geo. Schmal Estates, in the City of Crown Point, as per plat thereof, recorded in Plat Book 30, page 73, in the Office of the Recorder of Lake County, Indiana.

Parcel II
Lot 1, except that part lying East of a line 280.25 feet West of and parallel with the center line of Court Street in Geo. Schmal Estates, in the City of Crown Point, as per plat thereof, recorded in Plat Book 30, page 73, in the Office of the Recorder of Lake County, Indiana.

9602 7456

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

96 APR 26 AM 9:52

MARIA [illegible]
RECORDER

#9-2342

2. That on the 28th day of April, 1980, FRANK S. KSIAZEK passed away; a copy of his death certificate is attached hereto.

3. That on April 19, 1996, MARIE M. KSIAZEK passed away; a copy of her death certificate is attached to this Affidavit.

4. That he is the sole and surviving owner of the above-described real estate and that no estate was opened for either Frank S. Ksiazek or Marie M. Ksiazek, and that no federal estate tax or Indiana inheritance tax is due in regard to the described real estate.

001664

5. That your affiant makes this Affidavit in order to insure that the described real estate is in his name alone.

Affiant further saith not.

Louis E. Richter
LOUIS E. RICHTER

SUBSCRIBED AND SWORN to before me this 25 day of April, 1996.

Nancy Verplank
NANCY VERPLANK, NOTARY PUBLIC
A Jasper County Resident

My Commission Expires:
February 8, 1997.

Prepared by:

MARTIN H. KINNEY
Attorney at Law
500 East 86th Avenue
Merrillville, Indiana, 46410

TYPE OR PRINT PLAINLY WITH UNFADING INK

THIS IS A PERMANENT RECORD

Below for State Office Use

A.
B.
C.
D.
E.
F.
G.
H.
I.
J.
1.
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7.
8.

Disposition Permit Issued / /

Provisional Certificate ☐ Yes ☐ No

THIS CERTIFICATE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT.

Not Applicable

EMBALMER'S NAME

FUNERAL DIRECTOR'S SIGNATURE

FUNERAL DIRECTOR'S LICENSE No. FUNERAL HOME No. 125

APR 30 1980

LAKE COUNTY HEALTH COMMISSIONER

Local No. 625-80

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No.

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

Field	Entry
1 Deceased—Name (First, Middle, Last)	Frank S. Ksiazek
2 Sex	Male
3 Date of Death	April 28, 1980
4 Race	White
5a Age—Last Birthday (Yrs)	71.
6 Date of Birth	9-16-1908
7a County of Death	Lake
7b City, Town or Location of Death	Crown Point
7c Hospital or Other Institution	St. Anthony Medical Center
7d If Hosp. or Inst.	Inpatient
8 State of Birth	Illinois
9 Citizen of What Country	U.S.A.
10 Married, Never Married, Widowed, Divorced	Married
11 Surviving Spouse	Marie M. Pelecki
12 Was Deceased Ever in Armed Forces?	
13 Social Security Number	325-12-6528
14a Usual Occupation	Manager - office
14b Kind of Business or Industry	Real Estate

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION GIVE RESIDENCE BEFORE ADMISSION

Field	Entry
15a Residence—State	Indiana
15b County	Lake
15c City, Town or Location	Crown Point
15d Street and Number	223 Rose Ellen Drive
15e Is Residence on a Farm?	Yes ☐ No ☒
15f Inside City Limits	Yes
15g Is Deceased of Spanish Descent?	Yes ☐ No ☒

PARENTS

Field	Entry
16 Father—Name	Albert Ksiazek
17 Mother—Maiden Name	Julia Przywara
18a Informant—Name	L. E. Richter (step-son)
18b Mailing Address	614 S. Court Street, Crown Point, Indiana 46307

DISPOSITION

Field	Entry
19a Burial, Cremation, Removal, Other	Removal
19b Cemetery or Crematory—Funeral Home	Matz Funeral Home
19c Location	Chicago, Illinois
20a Date	April 28, 1980
20b Funeral Home—Name and Address	Geisen Funeral Home, Inc., 109 N. East St., Crown Point, IN 46307

M.D. OR D.O.

Field	Entry
21a Signature	[signature]
21b Date Signed	April 28, 1980
21c Hour of Death	5:25 A.M.
21d Name of Attending Physician	Manuel B. Gabato, M. D.
21e Mailing Address—Physician	[illegible] Grant Street, Crown Point, IN 46307
22a Health Officer Signature	[signature] M.D.
22b Date Received by Local Health Officer	4-30-80

CAUSE

23 Part I

	Cause	Interval between onset and death
(a)	Cardiopulmonary Arrest	less than 1 hour
(b) Due to, or as a consequence of	Anasarca	months
(c) Due to, or as a consequence of	Cirrhosis of the liver, Renal Failure, Anemia	months

Part II Other significant conditions

24 Autopsy: No

SBH 06-003 REV 10/77 State Form 35430

FILED APR 26 1996 SAM ORLICH AUDITOR LAKE COUNTY

* 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. 0805-96 State No. .....

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1 DECEASED—NAME (First Middle Last): Marie M Ksiazek
2. SEX: Female
3a TIME OF DEATH: 7:35P M
3b DATE OF DEATH (Month Day Yr): April 19, 1996
4. SOCIAL SECURITY NUMBER: 321-12-0817
5a AGE—Last Birthday (Years): 90
5b UNDER 1 YEAR Months Days:
5c UNDER 1 DAY Hours Minutes:
6 DATE OF BIRTH (Mo. Day Yr): JAN 22, 1906
7 BIRTHPLACE (City and State or Foreign Country): Chicago, IL
8a WAS DECEDENT A US VETERAN?: No
8b YEAR LAST SERVED IN US ARMED FORCES?: N/A
9a PLACE OF DEATH (Check only one See instructions): [X] HOSPITAL Inpatient [ ] ER/Outpatient [ ] DOA [ ] OTHER Nursing Home [ ] Other (Specify) [ ] Residence
9b FACILITY NAME (If not institution give street and number): St. Anthony Medical Center
9c CITY, TOWN OR LOCATION OF DEATH: Crown Point
9d COUNTY OF DEATH: Lake
10 MARITAL STATUS (Specify): Widowed
11 SURVIVING SPOUSE (If wife give maiden name): NONE
12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life Do not use retired): Homemaker
12b KIND OF BUSINESS/INDUSTRY: Her Home
13a RESIDENCE—STATE: Indiana
13b COUNTY: Lake
13c CITY, TOWN OR LOCATION: Crown Point
13d STREET AND NUMBER: 223 Rose Ellen Dr.
13e ZIP CODE: 46307
13f INSIDE CITY LIMITS [ ] No [X] Yes
13g ON A FARM? [X] No [ ] Yes
14 CITIZEN OF WHAT COUNTRY?: USA
15 WAS DECEDENT OF HISPANIC ORIGIN? [X] No [ ] 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): 5; College (1-4 or 5 +):

PARENTS

18 FATHER'S NAME (First, Middle, Last): Julian Pelke
19 MOTHER'S NAME (First, Middle, Maiden Surname): Magdalene Kos

INFORMANT

20a INFORMANT'S NAME (Type/Print): Louis E. Richter
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 614 S. Court St. Crown Point, IN 46307
20c Relationship: Son

DISPOSITION

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): APR 22, 1996 All Saints Cemetery
21c LOCATION—City or Town, State: Des Plaines, IL
22a EMBALMER'S NAME: Marty Andersen
22b EMBALMER'S LICENSE NO: FD01005205
23 WAS DEATH REPORTED TO CORONER? [X] No [ ] Yes
24a SIGNATURE OF FUNERAL DIRECTOR: [signature]
24b LICENSE NUMBER (of Licensee): FD01000328
25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: FH83001253 Geisen Funeral Home, Inc. 109 N East St, Crown Point, IN46307

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
IMMEDIATE CAUSE (Final disease or condition resulting in death): Septic Shock
DUE TO (OR AS A CONSEQUENCE OF):
DUE TO (OR AS A CONSEQUENCE OF):
DUE TO (OR AS A CONSEQUENCE OF):
Approximate Interval Between Onset and Death:
Complete if any other significant conditions contributing 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
APR 22 1996
LAKE COUNTY HEALTH DEPARTMENT
FILED
APR 26 1996
SAM ORLICH AUDITOR LAKE COUNTY
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

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
29b SIGNATURE AND TITLE OF CERTIFIER: [signature]
29c MEDICAL LICENSE NO: 01038216
29d DATE SIGNED (Month, Day, Year): 4-22-96

HEALTH OFFICER

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): Alberto R. Sanchez M.D., 2114 45th Ave., Highland, IN 46322
31 HEALTH OFFICER'S SIGNATURE: [signature] M.D.
32. DATE FILED (Month, Day, Year): April 22, 1996

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) If yes, specify driver, passenger, pedestrian, etc: