

STATE OF INDIANA

COUNTY OF Lake

96029896

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

96 MAY -7 AM 9:19

MARGARETTE CLEVELAND  
RECORDER

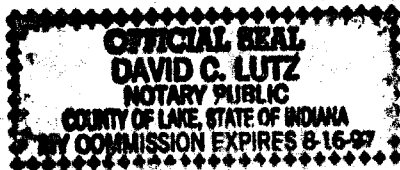
AFFIDAVIT OF RAE MARIE TOMKIWEICZ

Rae Marie Tomkiewicz, being first duly sworn upon oath, deposes and says:

1. That I was the wife of James E. Tomkiewicz who died on June 2, 1992.
2. That a certified copy of the Death Certificate of James E. Tomkiewicz is attached to this Affidavit.
3. That at the time of James E. Tomkiewicz's death, title to the following described real estate located in Lake County, Indiana: **The East Ninety (90) feet of the West One Hundred Seventy-five (175) feet of the North One Hundred Eighty (180) feet of Block Four (4), in Jake Kramer, Jr, Addition to Hobart, as per plat thereof, recorded in Plat Book 11, page 22, in the Office of the Recorder of Lake County, Indiana** was held in the following names: James E. Tomkiewicz and Rae Marie Tomkiewicz, husband and wife.
4. That James E. Tomkiewicz and I acquired title to said real estate as husband and wife by a deed dated August 2, 1965 and recorded August 5, 1965 in the Office of the Recorder of Lake County, Indiana in Deed Book 1297, page 140.
5. That James E. Tomkiewicz and I remained husband and wife continuously from the date we acquired title to said real estate until the date of his death on June 2, 1992.
6. That any Indiana inheritance tax or federal estate tax due or payable as a result of the death of James E. Tomkiewicz has been or will be paid.
7. That I affirm under the penalties for perjury that the above statements are true and that I am over the age of 18 years and am competent to make this Affidavit.

*Rae Marie Tomkiewicz*  
Rae Marie Tomkiewicz

SUBSCRIBED AND SWORN TO before me, a Notary Public, in and for said County and State, this 30th day of APRIL, 1996



*David C. Lutz*

Notary Public

**FILED**

Printed Name

MAY 7 1996

My County of Residence is:

**SAM ORLICH**  
**AUDITOR LAKE COUNTY**

My Commission Expires:

This document was prepared by: Mary P. Bottum, 328 N. Michigan St., South Bend, IN 46601

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Dlutz 927 Maxwell Ct Crown Point 46307

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1/05  
va

INDIANA STATE BOARD OF HEALTH

CERTIFICATE OF DEATH

Local No. 1225-92

State No.

TYPE/PRINT IN PERMANENT BLACK INK

1. DECEASED—NAME (First, Middle, Last) JAMES E. TOMKIEWICZ; 2. SEX Male; 3a. TIME OF DEATH 8:31P.M.; 3b. DATE OF DEATH (Month, Day, Year) June 2, 1992; 4. SOCIAL SECURITY NUMBER 387-22-5261; 5a. AGE—Last Birthday (Years) 63; 5b. UNDER 1 YEAR; 5c. UNDER 1 DAY; 6. DATE OF BIRTH (Mo, Day, Yr) JUL 21, 1928; 7. BIRTHPLACE (City and State or Foreign Country) WEST ALLIS, WISCONSIN; 8a. WAS DECEDENT A U.S. VETERAN? No; 8b. YEAR LAST SERVED IN U.S. ARMED FORCES? N/A; 8c. PLACE OF DEATH (Check only one See instructions) HOSPITAL: [ ] Inpatient, [ ] ER/Outpatient, [ ] DOA; OTHER: [ ] Nursing Home, [ ] Other (Specify), [X] Residence

DECEDENT

9a. FACILITY NAME (If not institution, give street and number) 711 E. 10TH STREET; 9b. CITY, TOWN, OR LOCATION OF DEATH HOBART; 9c. COUNTY OF DEATH LAKE; 10. MARITAL STATUS (Specify) Married; 11. SURVIVING SPOUSE (If wife, give maiden name) RAE MARIE STROMBERG; 12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life Do not use retired) LOAN OFFICER; 12b. KIND OF BUSINESS/INDUSTRY LAKE COUNTY EMPLOYEES FEDERAL CREDIT UNION; 13a. RESIDENCE—STATE INDIANA; 13b. COUNTY LAKE; 13c. CITY, TOWN, OR LOCATION HOBART; 13d. STREET AND NUMBER 711 E. 10TH STREET

PARENTS

13e. ZIP CODE 46342; 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? [ ] 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) 2; College (1-4 or 5+) 2

INFORMANT

18. FATHER'S NAME (First, Middle, Last) EUGENE TOMKIEWICZ; 19. MOTHER'S NAME (First, Middle, Maiden Surname) ANITA SOBCZAK; 20a. INFORMANT'S NAME (Type/Print) RAE MARIE TOMKIEWICZ; 20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 711 E. 10TH STREET, HOBART, IN 46342; 20c. Relationship Wife

DISPOSITION

21a. METHOD OF DISPOSITION [ ] Entombment, [X] Burial, [ ] Cremation, [ ] Removal from State, [ ] Donation, [ ] Other (Specify); 21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) JUN 5, 1992 CALUMET PARK CEMETERY; 21c. LOCATION—City or Town, State MERRILLVILLE, INDIANA; 22a. EMBALMER'S NAME JAMES W. GHOLSTON; 22b. EMBALMER'S LICENSE NO. FDO1004194; 23. WAS DEATH REPORTED TO CORONER? [ ] No [X] Yes

CAUSE OF DEATH

24. SIGNATURE OF FUNERAL DIRECTOR James J. Krause; 24b. LICENSE NUMBER (of License) FDO1006463; 25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME FH83003069 REES FUNERAL HOMES INC. 600 W. RIDGE RD, HOBART, IN 46342

LAKE COUNTY HEALTH OFFICER

26. PART I. Error in diagnosis, injury, 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) a. VASCULAR COLLAPSE DUE TO (OR AS A CONSEQUENCE OF) b. DUE TO ARTERIOSCLEROTIC HEART AND VASCULAR DISEASE DUE TO (OR AS A CONSEQUENCE OF) c. DUE TO (OR AS A CONSEQUENCE OF); 27. WAS DECEDENT PREGNANT OR POSTPARTUM? (Yes or no) N/A; 28a. WAS IN A FALL? (Yes or no) N/A; 28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) N/A

CERTIFIER

29a. CERTIFY (Check only one) [ ] CERTIFYING PHYSICIAN, [ ] HEALTH OFFICER, [X] CORONER; 29b. SIGNATURE AND TITLE OF CERTIFIER Daniel D. Thomas, Auditor, LAKE COUNTY; 29c. DATE SIGNED (Month, Day, Year) June 10, 1992

HEALTH OFFICER

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Daniel D. Thomas, Coroner, 2293 NORTH MAIN STREET, CROWN POINT, IN 46307; 31. HEALTH OFFICER'S SIGNATURE Alexander Williams, MD; 32. DATE FILED (Month, Day, Year) June 10, 1992

CORONER USE ONLY

33. MANNER OF DEATH [X] 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) June 2, 1992; 34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian 000432