



SURVIVORSHIP AFFIDAVIT

STATE OF Indiana
COUNTY OF Lake

S. S.

On this 4th day of Sept 1996 before me personally appeared DANIEL BELL

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 SON OF OWNER (state interest of affiant in the above premises as "owner," "son of owner," etc.)

3. Said premises were formerly owned as joint tenants or as tenants by the entireties by MITCHELL G. BELL and JEANETTE BELL

4. Said MITCHELL G. BELL (fill in name of co-tenant who died)

died on August 1, 1995

leaving (insert "a" or "his" or "her" as appropriate) will; this document is the property of the Lake County Recorder!

5. The legal description of the premises in question is: LOT 14, RESUBDIVISION OF THE NORTH 10 FEET OF LOT 11, ALL OF LOT 12, 13, 14, AND 15, BLOCK 1, EADS SCHOOL 2nd ADDITION TO MUNSTER, AS SHOWN IN PLAT BOOK 32, PAGE 20, IN LAKE COUNTY, INDIANA. Key No. 28-191-3 Unit 18

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:)

8. Affiant's relationship to the deceased was SON AUDITOR

Signature: Daniel A. Bell

Daniel A. Bell
Address: 3331 GRAND HIGHLAND, IN 46322

Subscribed and sworn to before me by the affiant

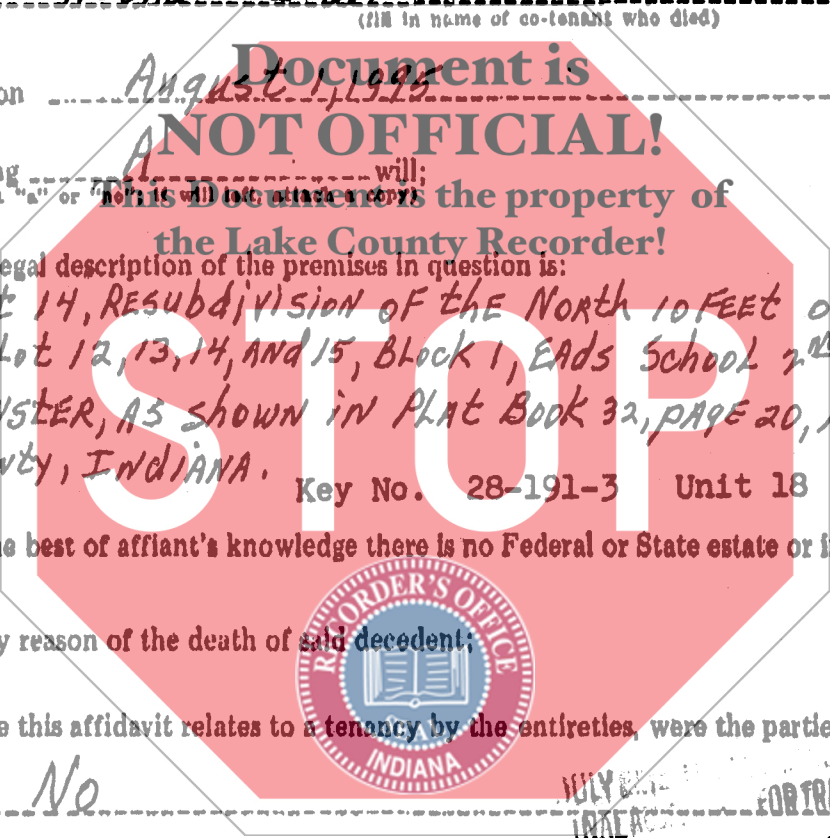
this 4th day of Sept. 1996 (insert date)

Arlyne K. Royal Notary Public

My Commission Expires April 30, 1999

Lake County Resident

This instrument prepared by DANIEL BELL



96060223

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

SEP 9 - 9 AM 13

SEP 6 1996

000423

Handwritten initials and numbers: 11-00 25

ATTENTION ESTATE: Disclosure of the SSN we need to pursue our responsibilities is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

Local No. 1714-95

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

Chicago Title Insurance Company

TYPE/PRINT IN PERMANENT BLACK INK

Form with fields for: 1. DECEASED—NAME (First Middle Last) Mitchell G. Bell; 2. SEX Male; 3a. TIME OF DEATH 10:27 A.; 3b. DATE OF DEATH (Month Day, Yr) August 1, 1995; 4. SOCIAL SECURITY NUMBER 322-07-5813; 5a. AGE—Last Birthday (Years) 89; 5b. UNDER 1 YEAR Months Days; 5c. UNDER 1 DAY Hours Minutes; 6. DATE OF BIRTH (Mo. Day, Yr) Sept. 17, 1905; 7. BIRTHPLACE (City and State or Foreign Country) Poland; 8a. WAS DECEDENT A U.S. VETERAN? No; 8b. YEAR LAST SERVED IN U.S. ARMED FORCES? No; 8c. PLACE OF DEATH (Check only one See instructions) HOSPITAL: Inpatient, ER/Outpatient, OOA; OTHER: Nursing Home, Residence, Other (Specify); 9a. FACILITY NAME (If not institution give street and number) 7904 Jackson Ave; 9b. CITY, TOWN OR LOCATION OF DEATH Munster; 9c. COUNTY OF DEATH Lake; 10. MARITAL STATUS (Specify) Married; 11. SURVIVING SPOUSE (If wife, give maiden name) Jeanette Scislek; 12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life Do not use retired) Carpenter; 12b. KIND OF BUSINESS/INDUSTRY Construction; 13a. RESIDENCE—STATE IN; 13b. COUNTY Lake; 13c. CITY, TOWN OR LOCATION Munster; 13d. STREET AND NUMBER 7905 Jackson Ave; 13e. ZIP CODE 46321; 13f. INSIDE CITY LIMITS No; 13g. ON A FARM? No; 14. CITIZEN OF WHAT COUNTRY? USA; 15. WAS DECEDENT OF HISPANIC ORIGIN? No; 16. RACE—American Indian, Black, White, etc. (Specify) White; 17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) 12; 18. FATHER'S NAME (First Middle Last) John Dzwonkiewicz; 19. MOTHER'S NAME (First Middle Maiden Surname) Frances Kosciielecka; 20a. INFORMANT'S NAME (Type/Print) Jeanette Bell; 20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 7904 Jackson Munster IN 46321; 20c. Relationship Wife; 21a. METHOD OF DISPOSITION: Burial; 21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) August 4, 1995 Holy Cross Cemetery; 21c. LOCATION—City or Town, State Calumet City IL; 22a. ENBALMER'S NAME James Porras; 22b. ENBALMER'S LICENSE NO. 1045964; 23. WAS DEATH REPORTED TO CORONER? No; 24a. SIGNATURE OF FUNERAL DIRECTOR (Signature); 24b. LICENSE NUMBER (of Licensed) 1045184; 25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Burns-Kish FH #3004968 8415 Calumet Munster IN 46321; 26. PART I: IMMEDIATE CAUSE (Final disease or condition resulting in death) Vascular collapse Due to IOR AS A CONSEQUENCE OF: Due to arteriosclerotic heart and vascular disease; 26. PART II: Other significant conditions, conditions contributing to death but not previously stated in Part I; 27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? No; 28a. WAS AN AUTOPSY PERFORMED? No; 28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? No; 29a. CERTIFIER: CORONER; 29b. SIGNATURE AND TITLE OF CERTIFIER (Signature); 29c. MEDICAL LICENSE NO. N/A; 29d. DATE SIGNED (Month, Day, Year) August 2, 1995; 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Type/Print) Donna Melyon, Deputy Coroner, 223 North Main Street, Crown Point, Indiana 46307; 31. HEALTH OFFICER'S SIGNATURE (Signature); 31. DATE FILED (Month, Day, Year) August 2, 1995; 33. MANNER OF DEATH: Natural; 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) August 1, 1995; 34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.

DECEDENT

PARENTS

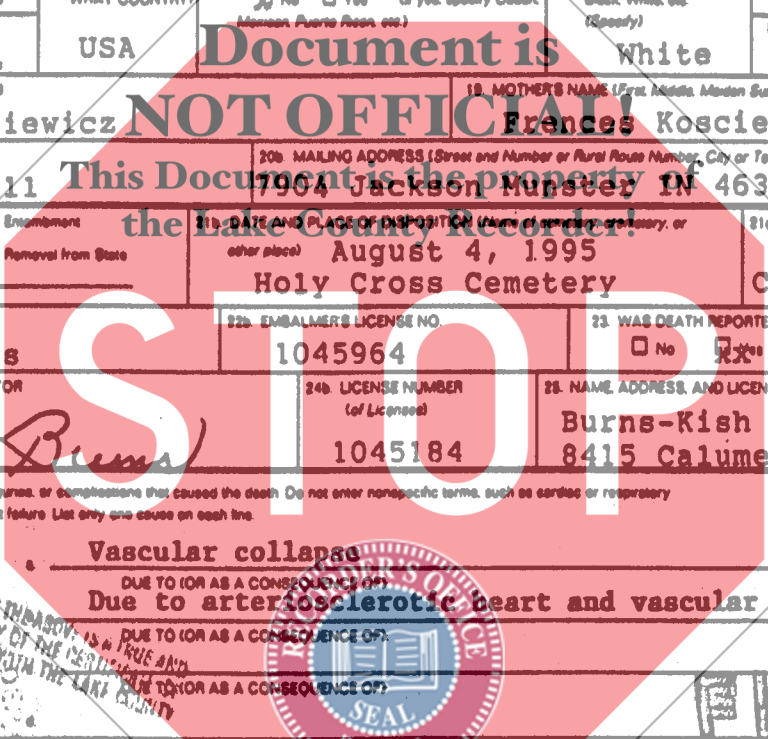
INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER



FILED

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