

Chicago Title Insurance Company

Thomas W. Hudson
1041 Azelca Dr.
Munster 46321
→

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA
COUNTY OF LAKE

{ S. S.

On this September 6, 1996 before me personally appeared Bernice Mytych
(insert date)

A Widow not since remarried

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 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
Mary Bobak and Bernice Mytych

4. Said Mary Bobak
(fill in name of co-tenant who died)

died on July 31, 1989

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

5. The legal description of the premises in question is:
Homestead Gardens Second Addition
All of Lot 8, Block 2
East 2 feet of Lot 7, Block 2
West 3 feet of Lot 9, Block 2
PREIN: 34-342-8

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?
.....

(If answer is "Yes," identify the divorce proceedings:
.....)

8. Affiant's relationship to the deceased was Daughter

X Signature: Bernice Mytych

Address: 304 Webb Street
Calumet City, Illinois 60409

Subscribed and sworn to before me by the affiant
this September 6, 1996
(insert date)

Ashley A. [Signature]
Notary Public

My Commission Expires February 15, 1998

This instrument prepared by Thomas R. Bobak, 313 River Oaks Drive
Calumet City, Illinois 60409



96061640

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
96 SEP 15 AM 10:44
MARGARET J. HIGHLAND
RECORDER

11.00
Su
000839 CS

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named in item 1 and that this record was established and filed in my office in accordance with the provisions of the Illinois statutes relating to the registration of births, stillbirths and deaths

DATE August 1 1989 SIGNED Emelene A. Kersten Official Title Chief Deputy Registrar
 At Cook County Department of Public Health
 1500 S. Maybrook Drive - Maywood, Illinois 60153

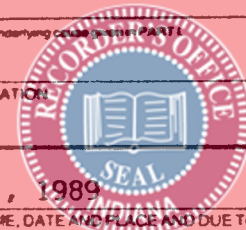
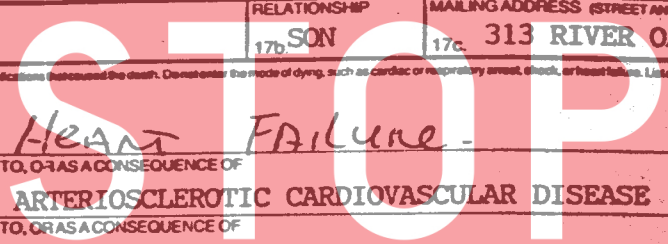
STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

REGISTRATION DISTRICT NO. 16.0		REGISTERED NUMBER	
DECEASED-NAME FIRST MARY MIDDLE LAST BOBAK		SEX 2 FEMALE	DATE OF DEATH (MONTH, DAY, YEAR) 3 JULY 31, 1989
COUNTY OF DEATH 4 COOK	AGE-LAST BIRTHDAY (YRS) 5a. 96	UNDER 1 YEAR MOS 5b.	UNDER 1 DAY HOURS 5c. MIN.
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 6a CALUMET CITY		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6b. 304 WEBB STREET	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. POLAND		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. WIDOWED	NAME OF SURVIVING SPOUSE (M Maiden Name, if wife) 8b. NONE
SOCIAL SECURITY NUMBER 10. 303-36-4340		USUAL OCCUPATION 11a. OWNER	KIND OF BUSINESS OR INDUSTRY 11b. TAVERN
RESIDENCE (STREET AND NUMBER) 13a. 304 WEBB STREET		CITY, TOWN, OR ROAD DISTRICT NO. 13b. CALUMET CITY	INSIDE CITY (YES/NO) 13c. YES
STATE 13b. ILLINOIS	ZIP CODE 13c. 60409	RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.) 14a. W	OF HISPANIC ORIGIN? (SPECIFY) 14b. YES
FATHER-NAME FIRST UNKNOWN MIDDLE LAST DEBICKI		MOTHER-NAME FIRST UNKNOWN MIDDLE LAST UNKNOWN	
INFORMANT'S NAME (TYPE OR PRINT) 17a. THOMAS BOBAK		RELATIONSHIP 17b. SON	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. 313 RIVER OAKS DR, CALUMET CITY, ILL. 60409
PART I. Enter the disease, injury, or complication (that caused the death). Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause. (a) HEART FAILURE - (b) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE (c)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
PART II. Other significant conditions contributing to death but not resulting in the underlying cause (SEE PART I)		AUTOPSY (YES/NO) 19a. NO	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO STAMPECTION OF CAUSE OF DEATH? (YES/NO) 19b.
DATE OF OPERATION, IF ANY 20a.	MAJOR FINDINGS OF OPERATION 20b.	IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES () NO ()	
(1000) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON 21a. JULY 21, 1989		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. NO	HOUR OF DEATH 21c. 12:45 P. M.
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		DATE SIGNED (MONTH, DAY, YEAR) 22b. 7/31/89	
SIGNATURE 22a. DR. R. Guthrie		ILLINOIS LICENSE NUMBER 22c. 02000618 (IND)	
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22a. ROBERT GUTHERIE DO, 1015 MELBROOK DR, MUNSTER, INDIANA		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. BURIAL		CEMETERY OR CREMATORY-NAME 24b. HOLY CROSS CEMETERY	LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR) 24c. CALUMET CITY, ILLINOIS 24d. AUG 3, 1989
FUNERAL HOME 25a. NOWAK FUNERAL HOME, 400 PULASKI ROAD, CALUMET CITY, ILLINOIS 60409		FUNERAL DIRECTOR'S SIGNATURE 25b. Leo V. Nemessy	
FUNERAL DIRECTOR'S SIGNATURE 25b. KAREN L. SCOTT, M.D.		FUNERAL DIRECTOR'S LICENSE NUMBER 25c. 7030	
REGISTRAR 26a. Emelene A. Kersten		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. August 1, 1989	

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FILED
 SEP 16 1989

000840

Home Level Number and Cell
 Cell # 8 B12
 # 211 77 B12
 # 311 89 B12