

TICOR TITLE INSURANCE
14601 Crown Point, Indiana

STATE OF INDIANA)
COUNTY OF LAKE)

SS: SURVIVORSHIP AFFIDAVIT

MARYELLEN SOCCOCCIO, formerly also known as Mary Ellen Navicky, currently residing at 907 Iroquois Drive, Crown Point, Lake County, Indiana, being first duly sworn upon her oath says:

1. That she is the adult daughter of Amelia Navicky, also known as Amelia M. Navicky and Enoch Navicky, also known as Enoch "Ed" Navicky, Ignatius Navicky, Ignatius Navicki and Ignatius Enoch Navicky, who were duly and legally married in Gary, Indiana, on November 21, 1940, and who thereafter continuously lived and cohabited together as husband and wife until the said Amelia Navicky died intestate on the 29th day of June, 1989, while domiciled in Lake County, Indiana.

2. That during the course of their marriage they acquired the fee simple title as tenants by the entireties to the following described real estate situated in Lake County, Indiana, to-wit:

Lot 40 and the South 1/2 of Lot 41 in Block 4 in South Broadway Addition to Gary, as per plat thereof, recorded in Plat Book 7 page 8, in the Office of the Recorder of Lake County, Indiana, commonly known as 3531 Pennsylvania Street, Gary, Indiana (Key # 47-68-37).

3. That the total value of the estate of Amelia M. Navicky did not exceed the sum of Six Thousand (\$6,000.00) Dollars and therefore no Federal Estate Tax nor Indiana Inheritance Tax liability results from the death of Amelia M. Navicky.

4. That she makes this affidavit for the purpose of establishing that Enoch Navicky, also known as Enoch "Ed" Navicky, Ignatius Navicky, Ignatius Navicki and Ignatius Enoch Navicky became the sole owner of the above described real estate as the surviving husband of an estate held as tenants by the entireties.

Maryellen Soccoccio
MARYELLEN SOCCOCCIO also formerly known as Mary Ellen Navicky

Subscribed and sworn to before me a Notary Public this 6th day of

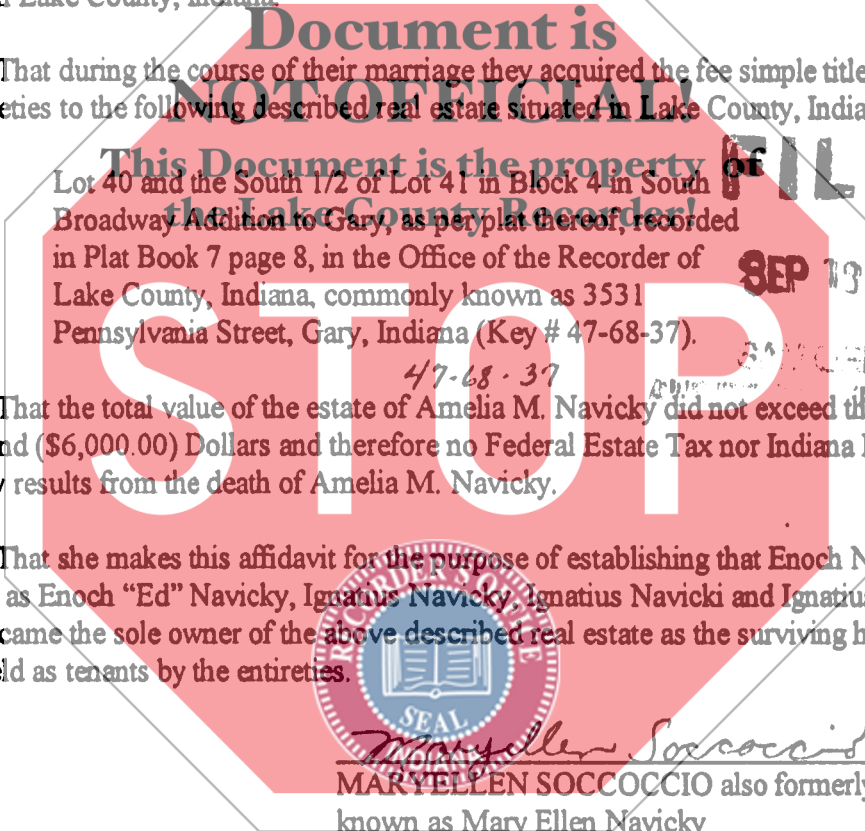
September 1996

My Commission Expires:

2-4-99

Tina M. Highlan
TINA M. HIGHLAN, Notary Public
Resident of Porter County

Prepared by Attorney Roy Dakich, 100 E. 90th Drive, Merrillville, IN 46410



96062665

96 SEP 19 AM 10:13

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

MARGARET E. UGALLAND
RECORDER

000907
0011
2325

PORTER COUNTY BOARD OF HEALTH CERTIFICATE OF DEATH

THIS DOCUMENT NOT VALID
UNLESS STAMPED ON REVERSE SIDE

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

PRONOUNCING
PHYSICIAN ONLY

ITEMS 24-26 MUST
BE COMPLETED BY
PERSON WHO
PRONOUNCES DEATH

SEE INSTRUCTIONS

CAUSE OF
DEATH

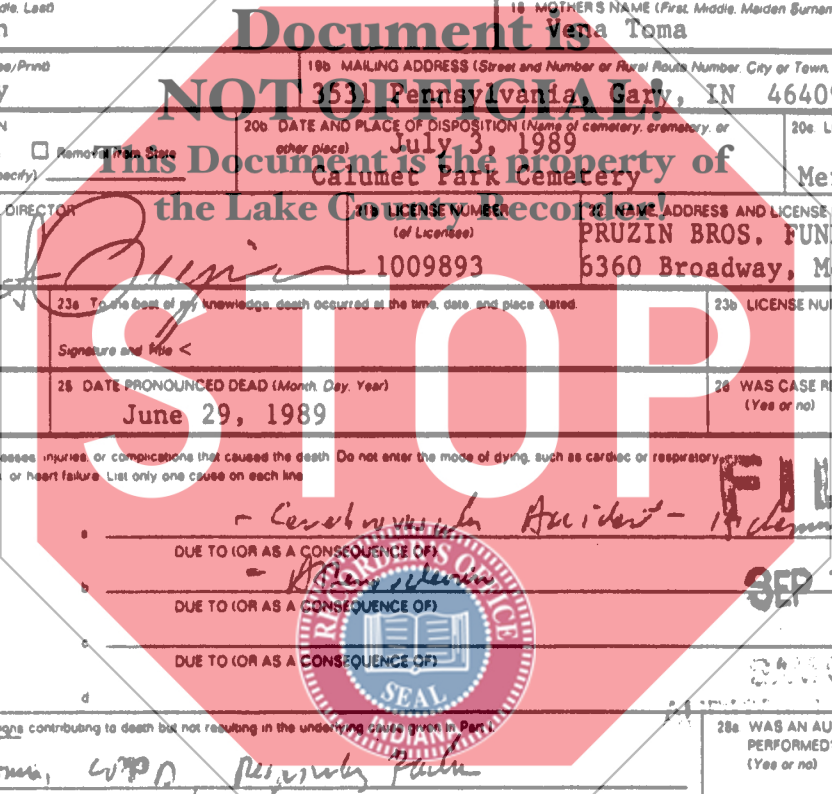
SEE
INSTRUCTIONS

CERTIFIER

HEALTH
OFFICER

CORONER OR
MEDICAL
EXAMINER USE
ONLY

1 DECEASED—NAME FIRST MIDDLE LAST AMELIA M. NAVICKY	2 SEX Female		3 DATE OF BIRTH (Month, Day, Year) June 29, 1989	
4 SOCIAL SECURITY NUMBER 317-09-3633 A	5a AGE—Last Birthday (Year) 76	5b UNDER 1 YEAR Months Days Hours Minutes	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Month, Day, Year) Oct. 7, 1912
8 YEAR LAST SERVED IN U.S. ARMED FORCES? No	9a PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)			
9b FACILITY NAME (If not institution, give street and number) Porter Memorial Hospital		9c CITY, TOWN, OR LOCATION OF DEATH Valparaiso	9d COUNTY OF DEATH Porter	
10 MARITAL STATUS—Married Never Married, Widowed, Divorced (Specify) Married	11 SURVIVING SPOUSE (If wife, give maiden name) Enoch Navicky	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Cashier		12b KIND OF BUSINESS/INDUSTRY Retail Store
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY, TOWN, OR LOCATION Gary	13d STREET AND NUMBER 3531 Pennsylvania	
13e INSIDE CITY LIMITS? (Yes or no) Yes	13f FARM No	13g ZIP CODE 46409	14 WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes. If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	15 RACE—American Indian, Black, White, etc. (Specify) White
16 DECEDENT'S EDUCATION (Specify only highest grade completed) 12		17 FATHER'S NAME (First, Middle, Last) Eli Marposon		
18 MOTHER'S NAME (First, Middle, Maiden Surname) Vena Toma		19a INFORMANT'S NAME (Type/Print) Enoch Navicky		
19b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3531 Pennsylvania Gary, IN 46409		19c Relationship husband		
20a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) July 3, 1989 Calumet Park Cemetery		20c LOCATION—City or Town, State Merrillville, Indiana
21a SIGNATURE OF FUNERAL DIRECTOR <i>John Pruzin</i>		21b LICENSE NUMBER (of Licenses) 1009893		21c NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME PRUZIN BROS. FUNERAL SERVICE #3002453 6360 Broadway, Merrillville, IN 46410
22 Complete items 23a-c only when certifying physician is not available at time of death to certify cause of death		23a To the best of my knowledge, death occurred at the time, date, and place stated. Signature and Title < <i>John Pruzin</i>		23b LICENSE NUMBER
23c DATE SIGNED (Month, Day, Year)		24 TIME OF DEATH 8:00 pm M		
25 DATE PRONOUNCED DEAD (Month, Day, Year) June 29, 1989		26 WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? (Yes or no) No		
27 PART I Enter the disease, injuries, or complications 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 on each line. Immediate Cause (Final disease or condition resulting in death): <i>Cerebrovascular Accident - 1st degree</i> Underlying Cause (Disease or injury that initiated events resulting in death) LAST: <i>Phenomenon, COPD, Respiratory Failure</i>		28a WAS AN AUTOPSY PERFORMED? (Yes or no) No		
28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)		29a CERTIFIER (Check only one) <input type="checkbox"/> CERTIFYING PHYSICIAN (Physician certifying cause of death when another physician has pronounced death and completed item 23) To the best of my knowledge, death occurred due to the cause(s) and manner as stated <input checked="" type="checkbox"/> PRONOUNCING AND CERTIFYING PHYSICIAN (Physician both pronouncing death and certifying cause of death) To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated <input type="checkbox"/> MEDICAL EXAMINER <input type="checkbox"/> CORONER <input type="checkbox"/> 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) and manner as stated.		
29b SIGNATURE AND TITLE OF CERTIFIER <i>John L. Swarner</i>		29c LICENSE NUMBER #24990	29d DATE SIGNED (Month, Day, Year) July 6, 1989	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type/Print) John L. Swarner, Dr., M.D., 1101 E. Glendale Blvd., Valparaiso, IN 46383				
31 HEALTH OFFICER'S SIGNATURE <i>John A. Robinson, MD</i>				32 DATE FILED (Month, Day, Year) July 12, 1989
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		34a DATE OF INJURY (Month, Day, Year)	34b TIME OF INJURY	34c INJURY AT WORK? (Yes or no)
34d DESCRIBE HOW INJURY OCCURRED 000938		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)				



FILED
SEP 13 1989
CLERK OF COURT