

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

2

SURVIVORSHIP AFFIDAVIT

On this 4th day of April, 1997 before me personally appeared Walter S. Slamkowski to me personally known, who being duly sworn upon his oath did say that:

- 1. He resides at 7642 Forest Avenue in Munster, Lake County, Indiana.
- 2. He is the surviving spouse of Evelyn Slamkowski and presently the sole owner of the real estate described below.
- 3. The premises described below were formerly owned in tenancy by the entireties by Walter S. Slamkowski and Evelyn Slamkowski.
- 4. Said Evelyn Slamkowski died on February 9, 1997, leaving affiant Walter S. Slamkowski as her surviving spouse and surviving tenant by the entireties with respect to the described real estate.

5. A true copy of the death certificate of Evelyn Slamkowski (a/k/a Evelyn P. Slamkowski) is attached hereto as Exhibit "A."

6. The legal description of the premises in question is:

Lot 32 in Block 1 in Broadmoor Terrace Addition to Munster, as Per Plat thereof, Recorded in Plat Book 19 Page 9, in the Office of the Recorder of Lake County, Indiana.

Commonly known as: 7642 Forest Avenue
Munster, Indiana, 46321

7. To the best knowledge of affiant Walter S. Slamkowski, there is no Federal or State estate tax or inheritance tax liability by reason of the death of the mentioned decedent.

8. Affiant Walter S. Slamkowski and decedent Evelyn Slamkowski were never divorced.

FILED

APR 22 1997

SAM ORLICH
AUDITOR LAKE COUNTY

Subscribed and sworn to before me by affiant Walter S. Slamkowski this 4th day of April, 1997.

601241

Walter S. Slamkowski
Walter S. Slamkowski

David Paul Allen
David Paul Allen, Notary Public

My commission expires: August 20, 2000
County of Residence: Lake

This instrument prepared by:

David Paul Allen, Attorney at Law
5231 Hohman Ave., Suite 703
Hammond, Indiana 46320
(219) 931-7275

970251

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
97 APR 22 AM 9:00
MORRIS W. CARTER
RECORDER

1700 SW

ck # 3827

* 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. 0313-97
41312

State No.

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IO 19-1-19-3

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF
DEATH

CERTIFIER

HEALTH
OFFICER

1 DECEASED—NAME (First Middle Last) EVELYN P. SLAMKOWSKI		2 SEX FEMALE	3a TIME OF DEATH 2:00 AM	3b DATE OF DEATH (Month Day Year) FEBRUARY 9, 1997
4 SOCIAL SECURITY NUMBER 318-22-3637	5a AGE—Last Birthday (Years) 67	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Month Day Year) OCT. 13, 1929
7 BIRTHPLACE (City and State or Foreign Country) CHICAGO, ILLINOIS	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) <input type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> OOA <input checked="" type="checkbox"/> Other <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) Residence		
9a FACILITY NAME (If not institution, give street and number) 7950 FOREST AVENUE		9b CITY, TOWN OR LOCATION OF DEATH MUNSTER	9c COUNTY OF DEATH LAKE	
10 MARITAL STATUS MARRIED	11 SURVIVING SPOUSE (If wife, first mention name) WALTER S. SLAMKOWSKI	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not say retired) ACCOUNTANT		12b KIND OF BUSINESS/INDUSTRY OIL COMPANY
13a RESIDENCE—STATE INDIANA	13b COUNTY LAKE	13c CITY, TOWN OR LOCATION MUNSTER	13d STREET AND NUMBER 7642 FOREST AVENUE	
13e ZIP CODE 46321	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? USA	15 WAS DECEDENT OF HISPANIC ORIGIN <input type="checkbox"/> No <input type="checkbox"/> 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 (8-12) 1 College (1-4 or 5+)		18 FATHER'S NAME (First Middle Last) FRANK J. BYRNAS		
19 MOTHER'S NAME (First Middle Maiden Surname) ROSE UNAVAILABLE		20a INFORMANT'S NAME (Type/Print) WALTER S. SLAMKOWSKI		
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 7642 FOREST AVENUE, MUNSTER, IN 46321		20c Relationship HUSBAND		
21a 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)		21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) FEBRUARY 12, 1997 HOLY CROSS CEMETERY		21c LOCATION—City or Town, State CALUMET CITY, ILLINOIS
22a EMBALMER'S NAME KEITH D. ANTHONY		22b EMBALMER'S LICENSE NO. 01011911	23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
24a SIGNATURE OF FUNERAL DIRECTOR <i>Keith D Anthony</i>		24b LICENSE NUMBER (of Licensee) 01011911	25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME ANTHONY & DZIADOWICZ FH 83002835 4404 CAMERON, HAMMOND, IN 46327	
26 PART I Enter the diseases, injuries, or complications that caused the death. Do not enter remote causes, such as cardiac or respiratory. THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH AS FILED WITH THE LAKE COUNTY HEALTH DEPARTMENT resulting in death. 10 1997				
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				
29a CERTIFIER <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge and belief, I certify that the cause(s) of death occurred at the time, date, and place and due to the cause(s) as stated.				
29b SIGNATURE AND TITLE OF CERTIFIER <i>Sam Orlich</i> SAM ORLICH AUDITOR LAKE COUNTY				
29c MEDICAL LICENSE NO. 01015522			29d DATE SIGNED (Month Day Year) FEBRUARY 10, 1997	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) LOWELL H. STEEN, M.D., 3641 RIDGE ROAD, HIGHLAND, INDIANA 46322				
31 HEALTH OFFICER'S SIGNATURE <i>Lowell H. Steen, MD</i>				32 DATE FILED (Month Day Year) February 10, 1997
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		34a DATE OF INJURY (Month Day Year)	34b TIME OF INJURY	34c HOURS AT WORK? (Yes or no)
34d PLACE OF INJURY (building, etc.)		34e DESCRIBE HOW INJURY OCCURRED		
34g DATE PRONOUNCED DEAD (Month Day Year)		34h		

NOT OFFICIAL
This Document is the property of the State of Indiana
FILED
APR 22 1997

EXHIBIT "A"

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