

**FILED**

OCT 14 1997

97070565

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

97 OCT 17 AM 9:16

**SAM ORLICH  
AUDITOR LAKE COUNTY**

MORRIS W. CARTER  
RECORDER

STATE OF INDIANA     )  
                                  ) SS:  
COUNTY OF LAKE     )

**SURVIVORSHIP AFFIDAVIT**

Donna M. Winski being duly sworn on oath, states as follows:

1. Affiant, Donna M. Winski is the spouse of David Allen Winski who died on September 13, 1996.
2. Affiant resides at 1965 Aspen Court, Schererville, Indiana.
3. The following real estate was formerly owned as joint tenants with right of survivorship by the affiant and David Allen Winski, deceased:

Part of Lot 4 in Springvale Farms Court "K", in the Town of Schererville, as per plat thereof, recorded in Plat Book 61, page 29 and corrected by certificate recorded January 7, 1987 as Document No. 895417, in the Office of the Recorder of Lake County, Indiana described as follows: beginning at the northwest corner of said Lot 4; thence South 05 degrees 39 minutes 00 seconds East, 47.28 feet; thence South 23 degrees 39 minutes 00 seconds East; 6.80 feet; thence North 63 degrees 45 minutes 19 seconds East, 87.48 feet, more or less, to the easterly line of said Lot 4; thence North 26 degrees 18 minutes 14 seconds West, 45.58 feet to the Northeast corner of said Lot 4; thence southwesterly 70.71 feet, more or less, to the place of beginning,

commonly known as Unit 4-4, 1965 Aspen Court, Schererville, Indiana.

4. All expenses of last illness and burial and all debts of decedent have been paid and to the best of affiant's knowledge there are no state or federal estate tax liabilities by reason of the death of said decedent.

Donna M. Winski  
DONNA M. WINSKI

SUBSCRIBED AND SWORN to before me this 1 day of October, 1997.

My commission expires:  
July 18, 1998

Joseph O'Connor  
Notary Public  
Resident of Lake County

000875

This instrument prepared by: Joseph O'Connor, Attorney at Law, 5272 Hohman Avenue, Hammond, Indiana 46320

↑

11.00

002241

MEDICAL EXAMINER'S - CORONER'S  
CERTIFICATE OF DEATHREGISTRATION  
DISTRICT NO. 16:33  
REGISTERED  
NUMBER 648 221 SEP 96

DECEASED-NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. DAVID ALLEN WINSKI		2. male	3. September 13, 1996	
COUNTY OF DEATH	AGE - LAST BIRTHDAY (YHS)	UNDER 1 YEAR 5b. MOS DAYS	UNDER 1 DAY 5c. HOURS MIN	DATE OF BIRTH (MONTH, DAY, YEAR)
4. COOK	6a. 48			5d. AUGUST 17, 1948
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER	HOSPITAL OR OTHER INSTITUTION NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)		IF HOSP. OR INST. INDICATED DO A. OF EMER. RM. INPATIENT (SPECIFY)	
6a. EVERGREEN PARK	6b. LITTLE COMPANY OF MARY HOSPITAL		6c. DONA	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)
7. Hammond, Indiana	8a. Married	8b. Donna Richwalski		9. NO
SOCIAL SECURITY NUMBER	USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)	
10. 310-50-8632	11a. Meat Cutter	11b. Grocery	12. 12 Elementary Secondary (0-12)	College (1-4 or 5-)
RESIDENCE (STREET AND NUMBER)	CITY, TOWN, TWP. OR ROAD DISTRICT NO		INSIDE CITY (YES/NO)	COUNTY
13a. 1965 Aspen court	13b. Crown Point		13c. Yes	13d. Lake
STATE	ZIP CODE	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)	OF HISPANIC ORIGIN? (SPECIFY NO OR YES; IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)	
13e. Indiana	13f. 46307	14a. WHITE	14b. X NO ( ) YES SPECIFY:	
FATHER-NAME FIRST MIDDLE LAST	MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST			
15. Sylvester Winski	16. Gertrude Siwinski			
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)	
17a. Donna Winski		17b. Wife	17c. 1965 Aspen Ct. Crown Point, IN 46307	
18. PART I. Enter the diseases, 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. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
Immediate Cause (Final disease or condition resulting in death)	(a) Coronary Atherosclerosis			
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.	(b) DUE TO, OR AS A CONSEQUENCE OF			
	(c) DUE TO, OR AS A CONSEQUENCE OF			
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I				
NATURAL, ACCIDENT, HOMICIDE, SUICIDE, UNDETERMINED (SPECIFY)	DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY MENTIONED IN PART I OR PART II, ITEM 18)	
20a. UNDETERMINED	20b.	20c. M.	20d.	
INJURY AT WORK (YES/NO)	PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.) (SPECIFY)	LOCATION (CITY, VIL. OR TOWN, OR TWP.; OR RD. DIST. NO., COUNTY, STATE)		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? (YES/NO)
20e.	20f.	20g.		20h. YES ( ) NO ( )
I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND/OR THE INQUIRY, THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSE(S) STATED, AND THAT		THE DECEDENT WAS PRONOUNCED DEAD ON	AT	
21a.		21b. September 13, 1996	21c. 8:52 A.M.	
CORONER'S MEDICAL EXAMINER'S SIGNATURE		DATE SIGNED (MONTH, DAY, YEAR)		
22a. G. A. ... M.D. Nancy L. Jones, M.D.		22b. September 14, 1996		
CORONER'S PHYSICIAN'S NAME (Type or Print)		DATE SIGNED (MONTH, DAY, YEAR)		
23a. NANCY L. JONES, M.D.		23b.		
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY-NAME	LOCATION CITY OR TOWN STATE	DATE (MONTH, DAY, YEAR)	
24a. Burial	24b. Chapel Lawn Mem. Grdns	24c. Schererville, Indiana	24d. 9/17/1996	
FUNERAL HOME NAME	STREET AND NUMBER OR R.F.D.		CITY OR TOWN	STATE ZIP
25a. EDGAR FUNERAL HOME	10900 S. Cicero Avenue		Oak Lawn, Illinois	60453
FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER		
25b. Christine Hollenback		25c. 034-014895		
LOCAL REGISTRAR'S SIGNATURE		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)		
26a. Somette Thayer		26b. SEPTEMBER 18, 1996		

AUDITOR LAKE COUNTY  
SAM ORLICH

OCT 14 1997

FILED

I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY OF THE DEATH RECORD OF THE PERSON 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 SEPTEMBER 18, 1996  
AT EVERGREEN PARK, ILLINOISREGISTRAR Somette Thayer  
DEPUTY REGISTRAR

000876