

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD **FILED**

97085712

97 DEC 15 AM 9:57
DEC 15 1997

MORRIS W. CARTER
PROVOST
SAM ORMICH
AUDITOR LAKE COUNTY

AFFIDAVIT

DONNA R. ZENDEJAS, being first duly sworn upon oath, deposes and says:

1. That she is a surviving child of Elizabeth Rokicki, a widow, who died testate on the 26th day of July, 1997, a resident of 4745 Magoun Avenue, East Chicago, Lake County, Indiana, as evidenced by the copy of the death certificate attached hereto and made a part hereof, marked "Exhibit A".


2. That Elizabeth Rokicki executed a living trust known as the Elizabeth Rokicki Trust on the 19th day of April, 1996, naming herself as Trustee and her only two (2) children, DONNA R. ZENDEJAS and BARBARA ROKICKI-BARTLETT, as Successor Co-Trustees. That following the execution of said Trust the decedent executed a Deed in Trust to the said Elizabeth Rokicki Trust of the following described real estate, to-wit:

Lots 24, 25 and the South 1/2 of Lot 26 in Block 2 in subdivision of that part of the East 4/7ths of the Southwest 1/4 of Section 29, Township 37 North, Range 9 West of the 2nd Principal Meridian, lying South of Chicago Avenue; except the East 201 feet thereof, in the City of East Chicago, as per plat thereof, recorded in Plat Book 2, page 15, in the Office of the Recorder of Lake County, Indiana.

Commonly known as: 4745 Magoun Ave., East Chicago, IN 46312
Key #30-108-20

3. This Affidavit is made for purposes of establishing the death of the said Elizabeth Rokicki, Trustee of the Elizabeth Rokicki Trust under Trust Agreement dated April 19, 1996, and further establishing the said DONNA R. ZENDEJAS and BARBARA ROKICKI-BARTLETT as Successor Co-Trustees of said Trust.

Dated this 5th day of Dec., 1997.


DONNA R. ZENDEJAS, Affiant

Return People Bank

000821
*B...
T.*

214677

TICOR TITLE INSURANCE
Crown Point, Indiana

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public for Lake County, State of Indiana, personally appeared DONNA R. ZENDEJAS, who acknowledged the execution of this instrument this 5th day of Dec., 1997.

(SEAL)

County of Residence: Lake

Karen M. Sulek

NOTARY PUBLIC

KAREN M. SULEK

MY COMMISSION EXPIRES:

3-5-01

THIS INSTRUMENT PREPARED BY:

JOHN F. HILBRICH, ATTORNEY (#7513-45)
HILBRICH, CUNNINGHAM & SCHWERD
2637-45TH ST., HIGHLAND, IN 46322
PH: 219-924-2427

* 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. 123

State No.

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF
DEATH

CERTIFIER

HEALTH
OFFICER

1 DECEASED—NAME (First, Middle, Last) ELIZABETH ROKICKI		2 SEX FEMALE	3a TIME OF DEATH 9:00 A	3b. DATE OF DEATH (Month, Day, Yr) July 26, 1997	
4. *SOCIAL SECURITY NUMBER 312-34-8934	5a. AGE—Last Birthday (Years) 71	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr) APRIL 22, 1997	
7. BIRTHPLACE (City and State or Foreign Country) Novoshakhtinsk, RUS.	8a. WAS DECEDENT A U.S. VETERAN? NO				
8b. YEAR LAST SERVED IN U.S. ARMED FORCES? NONE		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"/> DOA <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence			
9a. FACILITY NAME (If not institution, give street and number) 4745 MAGOUN AVE.		9b. CITY, TOWN OR LOCATION OF DEATH EAST CHICAGO	9c. COUNTY OF DEATH LAKE		
10. MARITAL STATUS WIDOWED	11. SURVIVING SPOUSE (If wife, give maiden name) NONE	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) SALES PERSON		12b. KIND OF BUSINESS/INDUSTRY CLOTHING STORE	
13a. RESIDENCE—STATE INDIANA	13b. COUNTY LAKE	13c. CITY, TOWN OR LOCATION EAST CHICAGO		13d. STREET AND NUMBER 4745 MAGOUN AVE.	
13e. ZIP CODE 46312	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 checked="" 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 (0-12) N/A College (1-4 or 5+) N/A		18. FATHER'S NAME (First, Middle, Last) ELI IGNATOWA			
19. MOTHER'S NAME (First, Middle, Maiden Surname) EVDOKIA unavailable		20a. INFORMANT'S NAME (Type/Print) DONNA R. ZENDEJAS			
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 4035 142nd ave s.e. BELLEVUE WA.		20c. Relationship DAUGHTER			
21a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" 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) JULY 30, 1997 NORTHWEST INDIANA CREMATION		21c. LOCATION—City or Town, State CROWN POINT, INDIANA	
22a. EMBALMER'S NAME HENRY BLAKE		22b. EMBALMER'S LICENSE NO. FDO 1019406	23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a. SIGNATURE OF FUNERAL DIRECTOR 		24b. LICENSE NUMBER (of Licenses) FDO 1019406	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Prusiecki funeral home P.O. BOX EAST CHICAGO, IN. 46312 FHO 300156		
26. PART I Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, 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. <u>Pancreatic Carcinoma</u> DUE TO (OR AS A CONSEQUENCE OF)			
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last		b. _____ DUE TO (OR AS A CONSEQUENCE OF)			
		c. _____ DUE TO (OR AS A CONSEQUENCE OF)			
		d. _____ DUE TO (OR AS A CONSEQUENCE OF)			
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I.					
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 (Check only one) <input type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <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) as stated. <input type="checkbox"/> CORONER 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 		29c. MEDICAL LICENSE NO. 01041301	29d. DATE SIGNED (Month, Day, Year) 7/29/97		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Cheryl-Morgan-Ihrig, M.D. 1630 45th MUNSTER IN 46321					
31. HEALTH OFFICER'S SIGNATURE 				32. DATE FILED (Month, Day, Year) 7-30-97	
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
		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)		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.			