



Chicago Title Insurance Company

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

STATE OF INDIANA  
97086959  
COUNTY OF LAKE

97 DEC 13 AM 10:02  
MORRIS W. CARTER

**FILED**

DEC 17 1997

On this December 1, 1997 before me personally appeared SAM ORLICH  
(insert date) **AUDITOR LAKE COUNTY**

RUTH ADAMCZYK

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  
RICHARD J ADAMCZYK and RUTH ADAMCZYK;
4. Said RICHARD J. ADAMCZYK  
(fill in name of co-tenant who died)  
died on NOVEMBER 4, 1987  
leaving NO will;  
(insert "a" or "no"; if will left, attach a copy)
5. The legal description of the premises in question is:  
Lots 25 and 26 and the South 4 feet of Lot 27 in Block 8 in the  
Baldwin Add. to Gary, in the City of Hannond, as per plat  
thereof, recorded in Plat Book 10 page 35, in the Office of the  
Recorder of Lake County, Indiana. 32-10-26
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?  
NO  
(If answer is "Yes," identify the divorce proceedings: \_\_\_\_\_);
8. Affiant's relationship to the deceased was WIFE

Signature: Ruth Adamczyk  
Ruth Adamczyk

Address: 6649 Kansas Ave  
Hannond, IN 46323

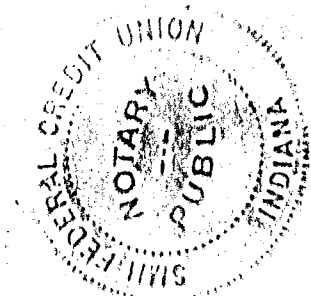
Subscribed and sworn to before me by the affiant

this December 1, 1997  
(insert date)

Carla J. Legowski  
Notary Public

Lake County IN  
My Commission Expires 4/24/00

This instrument prepared by V. Cantrell



Return: Orlin Mayhew

001024

11:00  
TJ

TICOR TITLE INSURANCE  
Crown Point, Indiana  
214371C

TYPE OR PRINT  
PLAINLY WITH  
UNFADING INK  
THIS IS A  
PERMANENT  
RECORD

Below for State Office Use

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

State  
No. ....

Local No. 850

DECEASED—NAME 1. <b>Richard J. Adamczyk</b>			SEX <b>Male</b>	DATE OF DEATH (MONTH DAY YEAR) <b>Nov 4, 1987</b>
RACE—To a White Stock American Indian or (Specify) <b>White</b>	AGE—Last Birthday (Specify) <b>48</b>	UNDER 1 YEAR 2a. MOSE 2b. DATES	UNDER 1 DAY 2c. HOURS 2d. MINS	DATE OF BIRTH (Mo. Day Yr.) <b>Jun 18, 1939</b>
CITY, TOWN OR LOCATION OF DEATH <b>Hammond</b>		HOSPITAL OR OTHER INSTITUTION—Name if not on other page (street and number) <b>6649 Kansas Avenue</b>		IF HOSP OR INST Indicate DOA OP (Specify Am., Impairment (Specify)) <b>N/A</b>
STATE OF BIRTH (If not in U.S.A. name country) <b>Indiana</b>	CITIZEN OF WHAT COUNTRY <b>USA</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	SURVIVING SPOUSE (If wife give maiden name) <b>Ruth Lobodzinski</b>	WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Y or N) <b>Yes</b>
SOCIAL SECURITY NUMBER <b>317-38-2519</b>		USUAL OCCUPATION (Give kind of work being done during most of working life even if retired) <b>Hi-Lift Operator</b>	KIND OF BUSINESS OR INDUSTRY <b>American Maize Co.</b>	
RESIDENCE—STATE <b>Indiana</b>	COUNTY <b>Lake</b>	CITY, TOWN OR LOCATION <b>Hammond</b>		
STREET AND NUMBER <b>6649 Kansas Avenue</b>			IS RESIDENCE ON A FARM? 15a. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INSIDE CITY LIMITS (Specify YES OR NO) 15b. <b>Yes</b>
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 15c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
FATHER—NAME 16. <b>Alex Adamczyk</b>		MOTHER—MAIDEN NAME 17. <b>Mary Dulski</b>		
INFORMANT—NAME (Type or print) RELATIONSHIP <b>Ruth Adamczyk, Wife</b>		MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP <b>6649 Kansas Avenue, Hammond, Indiana 46323</b>		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>		CEMETERY OR CREMATORY—FUNERAL HOME <b>Holy Cross Cemetery</b>		LOCATION CITY OR TOWN STATE <b>Calumet City, Illinois</b>
DATE (MONTH DAY YEAR) <b>Nov 7, 1987</b>		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN STATE, ZIP) <b>Virgil Huber Funeral Home, 7051 Kennedy Hammond, IN 46323</b>		
To the best of my knowledge death occurred at the time, date and place and due to the causes stated 21a. (Signature) <b>H.M. Mishoulam, M.D.</b>		DATE SIGNED (Mo. Day Yr.) <b>11-5-87</b>	HOUR OF DEATH <b>03:15</b>	
NAME OF ATTENDING PHYSICIAN (Type or Print) <b>Dr. H.M. Mishoulam M.D.</b>				
MAILING ADDRESS—PHYSICIAN <b>Hammond Clinic, 7905 Calumet, Munster, Indiana 46321</b>				
HEALTH OFFICER—SIGNATURE <b>Franklin J. Remuda M.D.</b>			DATE RECEIVED BY LOCAL HEALTH OFFICER <b>NOV 05 1987</b>	
23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) PART I (a) <b>Respiratory Arrest</b> DUE TO, OR AS A CONSEQUENCE OF (b) <b>Metastatic Colon Carcinoma</b> DUE TO, OR AS A CONSEQUENCE OF (c)		Interval between onset and death		
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		AUTOPEY (Specify Yes or No) <b>No</b>		

FUNERAL HOME

No 5002869

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

DISPOSITION

M.D.  
OR  
D.O.

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE

LICENSE No. 006049

FUNERAL DIRECTOR'S

LICENSE No. 1045362

EMBALMER'S NAME Charles D. Scheuer, Jr.

FUNERAL DIRECTOR'S

SIGNATURE

John V. Haber

HAMMOND HEALTH COMMISSIONER

COMPLETE COPY OF THE CERTIFICATE OF DEATH  
ON FILE WITH THE HAMMOND HEALTH DEPT.  
NOV 05 1987

*Franklin J. Remuda M.D.*