

STATE OF INDIANA)
COUNTY OF LAKE)

SS: 98023430

STATE OF INDIANA
LAKE COUNTY
PUBLIC RECORD

98 APR - 2 AM 9:00

MODERN RECORDING

AFFIDAVIT OF SURVIVORSHIP

FILED

Mark Szuster, after being duly sworn upon his oath states as follows.

1) That Stefan Szuster and Zuzanna Szuster held the following real estate in Lake County,

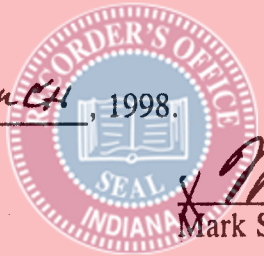
Indiana, jointly as husband and wife and more particularly described as
Lot 5 in Block "Q" in Meadowland Estates Unit No. 3 as per plat thereof, recorded in
Plat Book 31, page 34, in the Office of the Recorder of Lake County, Indiana.

Commonly known as: 5455 Van Buren, Merrillville, Indiana.

2) Stefan Szuster died intestate on the 21st day of January, 1982. No estate has been opened for Stefan Szuster nor is one contemplated nor planned to be opened. No state nor federal inheritance or estate taxes are due and owing. A certified copy of Stefan Szuster's death certificate is attached hereto and made a part hereof.

3) Zuzanna A. Szuster is the sole heir at law entitled to inherit the above described real estate.

Dated this 2 day of MARCH, 1998.



[Signature]
Mark Szuster, Affiant

STATE OF INDIANA)
COUNTY OF LAKE)

SS:

AS Per IN DL # 8932799171

Before me, the undersigned, a Notary Public, in and for said County and State this 2 day of MARCH, 1998 personally appeared Mark Szuster and acknowledged the execution of the foregoing Affidavit of Survivorship. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

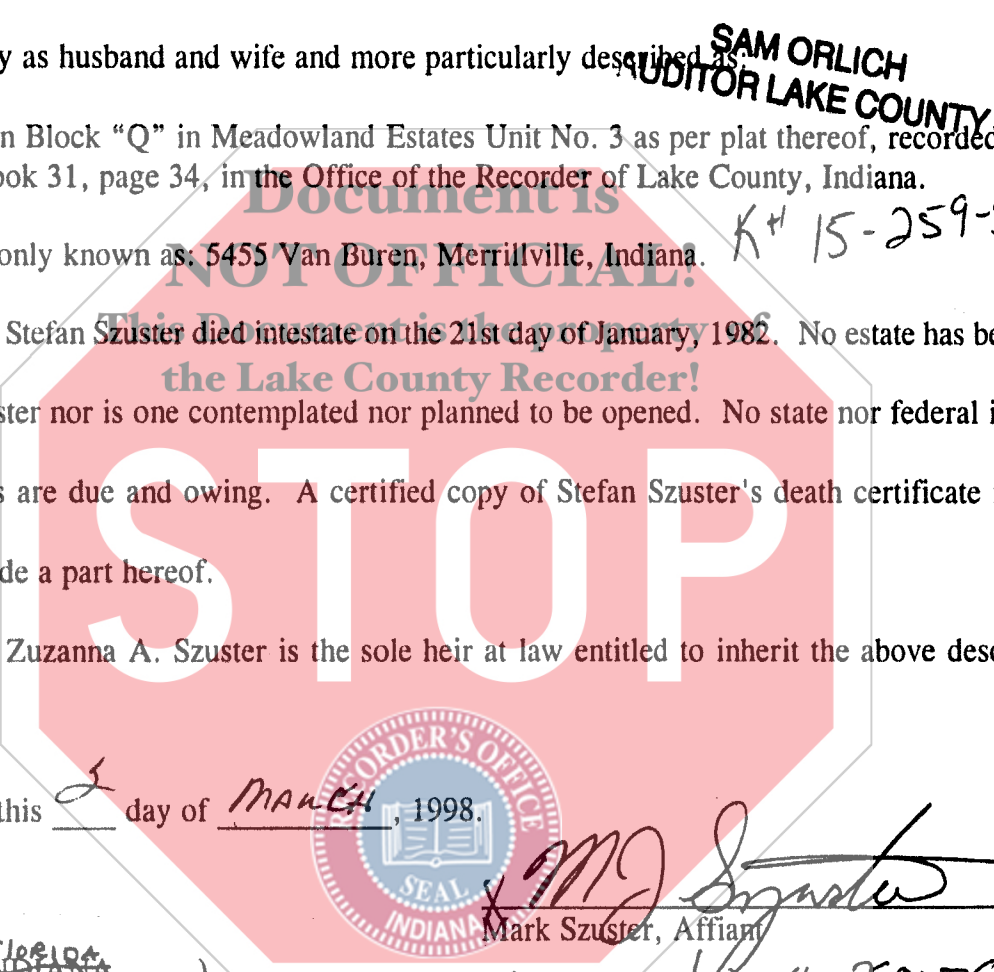
My Commission Expires: _____
Resident of _____ County, Indiana
Martin A. Alexander
Notary Public, State of Florida
Commission No. CC 619010
My Commission Exp. 2/22/2001
Bonded Through Fla. Notary Service & Bonding Co.

This instrument prepared by Steve H. Tokarski, Attorney at Law, 7803 West 75th Avenue, Suite 1, Schererville, IN 46375 (219)769-7214 or 322-1271.

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REGISTRATION DISTRICT NO **16.10**
REGISTERED NUMBER

STATE OF ILLINOIS

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

601601

Jan. 22, 1982

DECEASED - NAME: **Stefan Szuster** SEX: **Male** DATE OF DEATH: **January 21, 1982**

RACE: **White** ORIGIN OR DESCENT: **POLISH** AGE - LAST BIRTHDAY (YRS): **57** UNDER 1 YEAR: **0** UNDER 1 DAY: **0** DATE OF BIRTH (MO., DAY, YEAR): **6. JUNE 2, 1924** COUNTY OF DEATH: **Cook**

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: **Chicago** HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): **Northwestern Memorial Hospital** IF INPAT. OR INST. INDICATE DOA, OF EMER. RM. INPATIENT (SPECIFY): **Inpatient**

STATE OF BIRTH (EXCEPT IN U.S.A. NAME COUNTRY): **POLAND** CITIZEN OF WHAT COUNTRY: **U.S.A.** MARRIED NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): **Married** NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE): **HELENA SZENCZYK**

SOCIAL SECURITY NUMBER: **2203-36-2814** KIND OF BUSINESS OR INDUSTRY: **REPAIR** U.S. WAR VETERAN (YES/NO): **NO** WAR OR DATES OF SERVICE: **ONE**

RESIDENCE STREET AND NUMBER: **45455 Van Buren Street** CITY, TOWN TWP OR ROAD DISTRICT NO: **Merrillville** INSIDE CITY (YES/NO): **Yes** COUNTY: **Indiana** STATE: **Indiana**

FATHER - NAME: **ANTHONY SZUSTER** MOTHER - MAIDEN NAME: **UNAVAILABLE**

DECEASED'S SIGNATURE: *[Signature]* RELATIONSHIP: **Medical Records** MAILING ADDRESS (STREET AND NO OR R.F.D., CITY OR TOWN, STATE ZIP): **303 E. Superior Chicago, Illinois 60611**

DEATH WAS CAUSED BY: **Metastatic adenocarcinoma of the stomach** APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: **3 years**

CONDITIONS IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE: **(a) DUE TO OR AS A CONSEQUENCE OF**

OTHER SIGNIFICANT CONDITIONS: **Acute renal failure**

DATE OF OPERATION IF ANY: **NO** MAJOR FINDINGS OF OPERATION: **NO**

ATTENDED THE DECEASED FROM: **January 13, 1982** TO: **January 21, 1982** AND LAST SAW HIM, HER ALIVE OR: **January 20, 1982** HOUR OF DEATH: **4:45 A. M.**

SIGNATURE: *[Signature]* DATE SIGNED: **January 21, 1982**

NAME AND ADDRESS OF CERTIFIER: **Barry M. Levine, M.D. 707 N. LaSalle Chicago, Illinois 60611** ILLINOIS LICENSE NUMBER: **36-60341**

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER: **UNAVAILABLE**

BURIAL: **CALUMET PARK** LOCATION: **MERRILLVILLE INDIANA** DATE: **1-25-82**

FUNERAL HOME: **MRAZEK & RUSS FUNERAL SERVICE 1706 W. JACKSON BLVD. CHICAGO, ILL 60612**

FUNERAL DIRECTOR'S SIGNATURE: *[Signature]* FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: **8573**

LOCAL REGISTRAR'S SIGNATURE: *[Signature]* DATE RECD BY LOCAL REGISTRAR (MONTH, DAY, YEAR): **JAN 22 1982**

STATE OF ILLINOIS }
COUNTY OF COOK } SS
CITY OF CHICAGO }

I, Hugo H. Muriel, M.D. Local Registrar of Vital Statistics of the City of Chicago, do hereby certify that I am the keeper of the records of births, stillbirths and deaths of the City of Chicago by virtue of the laws of the State of Illinois and the ordinances of the City of Chicago; that the accompanying certificate on this sheet is a true copy as a record kept by me in pursuance of said laws and ordinances.

[Signature]
LOCAL REGISTRAR

This Certified Copy VALID
When MULTICOLOR SEAL
And BLUE SIGNATURE Are
Affixed.

DEPARTMENT OF HEALTH CITY OF CHICAGO