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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
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STATE OF INDIANA)
) ss:
COUNTY OF LAKE)

AFFIDAVIT

I, PAUL BURRELL, of lawful age, being first duly sworn, deposes and says:

1. Affiant is the son-in-law of LUCILLE WILCZYNSKI (Grantor herein), who resided at 4237 Johnson Avenue, City of Hammond, State of Indiana, and who died on or about May 25th, 1997.

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2. Grantor executed a certain document entitled "*LUCILLE WILCZYNSKI GRANTOR TRUST AGREEMENT*," dated April 29, 1991. Under Article VI at Page 12 of said document, the first paragraph nominates and appoints Affiant as Successor Trustee.

3. Paragraph (2) at Page 15 of said Trust Agreement, entitled "*TRUSTEES' PERMITTED ACTIVITIES; AUTHORIZED PARTIES*," empowers Affiant to sell the real estate commonly known as 4237 Johnson Avenue, Hammond, Indiana, which is more particularly described as follows:

K# 32-41-17

Lot 15 in Block 1 in Frank S. Betz 3rd Addition to the City of Hammond, as per plat thereof, recorded in Plat Book 12 page 1, in the Office of the Recorder of Lake County, Indiana.

FILED
APR 8 1998
SAM ORLICH
AUDITOR LAKE COUNTY

And further Affiant saith not.

Paul Burrell, Trustee
PAUL BURRELL

Subscribed and sworn to before me, this 3RD day of APRIL 1998, personally appeared Paul Burrell

TGS
Notary Public THOMAS G. SCHILLER

My Commission Expires: 6-7-00

Resident of LAKE County

THOMAS G. SCHILLER
NOTARY
Exp. 6-7-00
PUBLIC
LAKE COUNTY, INDIANA

11.00
DL

000468

ATTENTION ESTATE: Disclosure of the SS# we need to pursue our responsibilities is voluntary and there will be no penalty for refusal.

FOR TICOR

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Local No. 1102-97 State No. ....

41318

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED—NAME (First Middle Last)	2. SEX	3a. TIME OF DEATH	3b. DATE OF DEATH (Month Day Yr)
LUCILLE WILCZYNSKI	FEMALE	11:15 PM	MAY 25, 1997

4. *SOCIAL SECURITY NUMBER	5a. AGE—Last Birthday (Years)	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo. Day Yr)	7. BIRTHPLACE (City and State or Foreign Country)
315-16-7872	72			NOV. 13, 1924	EAST CHICAGO, INDIANA

8a. WAS DECEDENT A U.S. VETERAN?	8b. YEAR LAST SERVED IN U.S. ARMED FORCES?	9a. PLACE OF DEATH (Check only one. See instructions)
NO	NO	HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER: ☐ Nursing Home ☐ Other (Specify) ☒ Residence

9b. FACILITY NAME (If not institution, give street and number)	9c. CITY, TOWN, OR LOCATION OF DEATH	9d. COUNTY OF DEATH
7390 WRIGHT STREET	MERRILLVILLE	LAKE

10. MARITAL STATUS (Specify)	11. SURVIVING SPOUSE (If wife, give maiden name)	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	12b. KIND OF BUSINESS/INDUSTRY
WIDOWED	NONE	PACKER	CANDY COMPANY

13a. RESIDENCE—STATE	13b. COUNTY	13c. CITY, TOWN, OR LOCATION	13d. STREET AND NUMBER
INDIANA	LAKE	HAMMOND	4237 JOHNSON AVENUE

13e. ZIP CODE	13f. INSIDE CITY LIMITS	13g. ON A FARM?	14. CITIZEN OF WHAT COUNTRY?	15. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16. RACE—American Indian, Black, White, etc. (Specify)	17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12)	College (1-4 or 5+)
46327	☐ No ☒ Yes	☒ No ☐ Yes	USA	☒ No ☐ Yes	WHITE	10	

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PARENTS

18. FATHER'S NAME (First Middle Last)	19. MOTHER'S NAME (First Middle Maiden Surname)
ANTHONY AUGUSTYN	OTILIA KOZLOWSKI

INFORMANT

20a. INFORMANT'S NAME (Type/Print)	20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	20c. Relationship
PAUL BURRELL	8428 JACKSON COURT, MUNSTER, IN 46321	SON IN LAW

DISPOSITION

21a. METHOD OF DISPOSITION	21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	21c. LOCATION—City or Town, State
☒ Burial ☐ Cremation ☐ Donation ☐ Other (Specify) ☐ Entombment ☐ Removal from State	MAY 28, 1997 HOLY CROSS CEMETERY	CALUMET CITY, ILLINOIS

22a. EMBALMER'S NAME	22b. EMBALMER'S LICENSE NO.	23. WAS DEATH REPORTED TO CORONER?
KEITH D. ANTHONY	01011911	☐ No ☒ Yes

24a. SIGNATURE OF FUNERAL DIRECTOR	24b. LICENSE NUMBER (of Licensee)	25. NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME
Keith D Anthony	01011911	ANTHONY & DZIADOWICZ FH 83002835 4404 CAMERON, HAMMOND, IN 46327

CAUSE OF DEATH

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. Carcinoma of lung

Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last
DUE TO (OR AS A CONSEQUENCE OF):
b. COPD
DUE TO (OR AS A CONSEQUENCE OF):
c.
DUE TO (OR AS A CONSEQUENCE OF):
d.

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)	28a. WAS AN AUTOPSY PERFORMED? (Yes or no)	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)
	NO	NO	NO

CERTIFIER

29a. CERTIFIER (Check only one)
☒ CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated.
☐ 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.
☐ 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.	29d. DATE SIGNED (Month Day Year)
Mylene C. Mangahas MD	01045012	May 27, 1997

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)
MYLENE C. MANGAHAS MD 4716 INDIANAPOLIS BLVD., EAST CHICAGO, INDIANA 46312

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE	32. DATE FILED (Month Day Year)
Alexander G. Jellins M.D.	May 28, 1997

33. MANNER OF DEATH	34a. DATE OF INJURY (Month Day Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)	34d. DESCRIBE HOW INJURY OCCURRED
☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide				

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.

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APR 8 1998
SAM ORLICH
AUDITOR LAKE COUNTY
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RECORDER'S OFFICE SEAL INDIANA

SDH06-004 State Form 10110 (R4/3-93) Deathcer/PD 1