



# TICOR TITLE INSURANCE

98046053

## AFFIDAVIT

STATE OF INDIANA )  
                          ) SS:  
COUNTY OF LAKE )

BARBARA J. SWENTKO, being first duly sworn upon oath, deposes and says:

1. That ROBERT D. SWENTKO died, on December 12, 1997 at Nighland, IN
2. That ROBERT D. SWENTKO and BARBARA J. SWENTKO were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

SEE ATTACHED  
27-269-29

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3. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of (his) (her) death.
4. That all funeral expenses in connection with the death of said decedent have been paid in full.
5. That all of the assets of said decedent which would be includable for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

Further affiant sayeth not.



Barbara J Swentko  
BARBARA J. SWENTKO

Subscribed and sworn to before me, a Notary Public, this 15TH day of JUNE, 19 98.

Thomas G. Schell  
THOMAS G. SCHELL, Notary Public

My Commission expires:

JUNE 07, 2000

County of Residence:

LAKE

This Instrument prepared by BARBARA J. SWENTKO

001395

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3/21/00  
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#219129

H/O

BENNETT

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
98 JUN 19 AM 9:17  
MORNING  
RECORDER

Commitment No. COM 219429

LEGAL DESCRIPTION

Lot 29, except the Northwesterly 2 feet thereof by parallel lines, in Block 2, Fifth Street Estates Third Addition to the Town of Highland, as per plat thereof, recorded in Plat Book 31 page 93, in the Office of the Recorder of Lake County, Indiana; and the Northwesterly 2 feet by parallel lines of Lot 1, Fifth Street Estates 4th Addition to the Town of Highland, as per plat thereof, recorded in Plat Book 33 page 71, in the Office of the Recorder of Lake County, Indiana.



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. 2633-97 State No. ....

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19.3

204954  
TYPE/PRINT  
IN  
PERMANENT  
BLACK INK

H/O  
DECEDENT

219429

PARENTS

INFORMANT

DISPOSITION

BENNETT

CAUSE OF DEATH

1 DECEASED—NAME (First, Middle, Last) <b>Robert D. Swentko</b>				2. SEX <b>male</b>		3a. TIME OF DEATH <b>9:50 A.M.</b>		3b. DATE OF DEATH (Month, Day, Year) <b>December 12, 1997</b>	
4. SOCIAL SECURITY NUMBER <b>304-32-8291</b>		5a. AGE—Last Birthday (Years) <b>63</b>		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes		6. DATE OF BIRTH (Mo, Day, Yr) <b>May 4, 1934</b>	
7. BIRTHPLACE (City and State or Foreign Country) <b>Hammond, Indiana</b>		8a. WAS DECEDENT A U.S. VETERAN? <b>yes</b>							
8b. YEAR LAST SERVED IN U.S. ARMED FORCES? <b>1961</b>		8c. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA 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) <b>9036 O'Day Drive</b>				9b. CITY, TOWN OR LOCATION OF DEATH <b>Highland</b>			9c. COUNTY OF DEATH <b>Lake</b>		
10. MARITAL STATUS (Specify) <b>married</b>		11. SURVIVING SPOUSE (If wife, give maiden name) <b>Barbara Dunker</b>		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Electrician</b>			12b. KIND OF BUSINESS/INDUSTRY <b>Steel Manufacturing</b>		
13a. RESIDENCE—STATE <b>Indiana</b>		13b. COUNTY <b>Lake</b>		13c. CITY, TOWN OR LOCATION <b>Highland</b>			13d. STREET AND NUMBER <b>9036 O'Day Drive</b>		
13a. ZIP CODE <b>46322</b>		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? <b>USA</b>		15. WAS DECEDENT OF HISPANIC ORIGIN? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)		16. RACE—American Indian, Black, White, etc. (Specify) <b>white</b>	
17. DECEDENT'S EDUCATION (Specify only highest grade completed) <b>Emergency/Secondary (0-12) College (1-4 or 5+)</b>		18. FATHER'S NAME (First, Middle, Last) <b>Anthony Swentko</b>							
19. MOTHER'S NAME (First, Middle, Maiden Surname) <b>Cornelia Rudzinski</b>								20a. INFORMANT'S NAME (Type/Print) <b>Barbara Swentko</b>	
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>9036 O'Day Drive Highland, Indiana 46322</b>				20c. Relationship <b>wife</b>		21a. METHOD OF DISPOSITION <input type="checkbox"/> Entombment <input checked="" type="checkbox"/> Burial <input 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) <b>December 15, 1997 Chapel Lawn Memorial Gardens</b>				21c. LOCATION—City or Town, State <b>Schererville, Indiana</b>					
22a. EMBALMER'S NAME <b>Marc J. Mosqueda</b>				22b. EMBALMER'S LICENSE NO. <b>FDO8800240</b>		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
24a. SIGNATURE OF FUNERAL DIRECTOR <i>David A. Steiner</i>				24b. LICENSE NUMBER (of Licensee) <b>FDO8601585</b>		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>Kuiper Funeral Home 9039 Kleinman Road Highland, Indiana 46322 FH83007500</b>			
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. <b>Metastatic CANCER</b> DUE TO (OR AS A CONSEQUENCE OF) b. _____ DUE TO (OR AS A CONSEQUENCE OF) c. _____ DUE TO (OR AS A CONSEQUENCE OF) d. _____ DUE TO (OR AS A CONSEQUENCE OF)								Approximate Interval Between Onset and Death <b>1 year</b>	
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) <b>no</b>	
28a. WAS AN AUTOPSY PERFORMED? (Yes or no) <b>no</b>				28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <b>n/a</b>					
29a. CERTIFIER (Check only one) <input checked="" 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 <i>[Signature]</i>		29c. MEDICAL LICENSE NO. <b>01040756</b>		29d. DATE SIGNED (Month, Day, Year) <b>12-15-97</b>			
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>Ghassan Jara 7795 ... MUNCIE IN</b>									
31. HEALTH OFFICER'S SIGNATURE <i>Alexander S. Orlich</i>				32. DATE FILED (Month, Day, Year) <b>December 15, 1997</b>					
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month, Day, Year) <b>18 1998</b>		34b. TIME OF INJURY <b>18 1998</b>		34c. INJURY AT WORK? <b>no</b>		34d. DESCRIBE HOW INJURY OCCURRED AND COUNTY HEALTH DEPT.	
34e. PLACE OF INJURY—At home, farm, or other place building, etc. (Specify) <b>SAM ORLICH AUDITOR LAKE COUNTY</b>				34f. LOCATION (Street and Number or Rural Route Number, City or Town, State) <b>1141 15 1998</b>					
34g. DATE PRONOUNCED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc. <b>no</b>							