

**SURVIVORS AFFIDAVIT 98047435**

Comes now Sigmund F. Czerniak of Lake County, in the State of Indiana and having been first duly

sworn verily says:

1. That on the 25th day of October, 1991 he executed a Quit Claim Deed, which deed was recorded in the office of the Lake County Recorder on November 20, 1991 as document Number 91059783, Key Number 25-245-1, in which deed a remainder interest in the following described real estate was left to one Jean Brzezinski of Whiting, Lake County, Indiana, to-wit:

Lots 1, 2, 3 and 4, except the North 60 feet of said lots, and Lots 9, 10, and 11 in Block 11 in Plat "F", The Shades, in the Town of Cedar Lake, as per plat thereof, recorded in Plat Book 11, Page 17, in the Office of the Recorder of Lake County, Indiana.

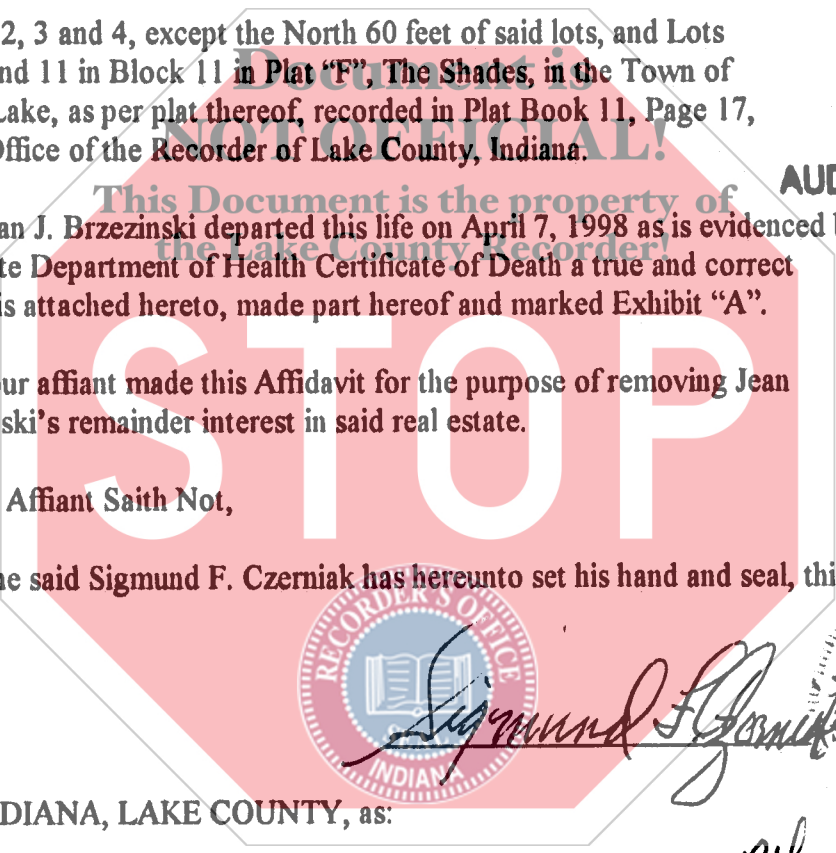
- 2. That Jean J. Brzezinski departed this life on April 7, 1998 as is evidenced by the Indiana State Department of Health Certificate of Death a true and correct copy of which is attached hereto, made part hereof and marked Exhibit "A".
- 3. That your affiant made this Affidavit for the purpose of removing Jean Brzezinski's remainder interest in said real estate.
- 4. Further Affiant Saith Not,

**FILED**

JUN 24

**SAM ORLICH  
AUDITOR LAKE COUNTY**

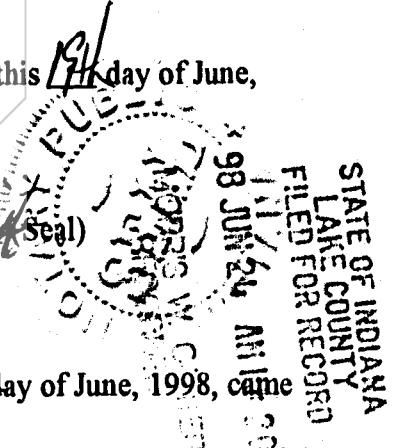
98047435



In Witness Whereof, the said Sigmund F. Czerniak has hereunto set his hand and seal, this 17th day of June, 1998.



*Sigmund F. Czerniak* (Seal)



STATE OF INDIANA, LAKE COUNTY, as:

Before me, the undersigned, a Notary Public in and for said County this 17th day of June, 1998, came

Sigmund Czerniak, and acknowledged the execution of the foregoing instrument. Witness my hand and official seal.

My Commission expires: 7/18/99

*Thomas W. Connor*  
Notary Public

12.00  
cm  
cash

001752



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

State No. ....

Local No. 0877-98

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-10-3

TYPE/PRINT  
IN  
PERMANENT  
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First Middle Last) <b>JEAN J. BRZEZINSKI</b>		2 SEX <b>Female</b>	3a TIME OF DEATH <b>1:10 P M</b>	3b DATE OF DEATH (Month Day Yr) <b>April 7, 1998</b>	
4 SOCIAL SECURITY NUMBER <b>334-24-9927</b>	5a AGE—Last Birthday (Year) <b>84</b>	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo. Day Yr) <b>October 16, 1913</b>	
7 BIRTHPLACE (City and State or Foreign Country) <b>CHICAGO, ILLINOIS</b>	8a WAS DECEDENT A U.S. VETERAN? <b>NO</b>	8b YEAR LAST SERVED IN U.S. ARMED FORCES? <b>N/A</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>1240 - 120th Street</b>		9b CITY, TOWN OR LOCATION OF DEATH <b>Whiting</b>	9c COUNTY OF DEATH <b>LAKE</b>		
10 MARITAL STATUS (Specify) <b>Widowed</b>	11 SURVIVING SPOUSE (If wife, give maiden name) <b>N/A</b>	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>School Teacher</b>		12b KIND OF BUSINESS/INDUSTRY <b>Archdiocese of Chicago</b>	
13a RESIDENCE—STATE <b>INDIANA</b>	13b COUNTY <b>LAKE</b>	13c CITY, TOWN OR LOCATION <b>WHITING</b>	13d STREET AND NUMBER <b>1240 - 120th Street</b>		
13e ZIP CODE <b>46394</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 checked="" type="checkbox"/> No <input 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) Elementary/Secondary (0-12) <b>4</b>		18 FATHER'S NAME (First Middle Last) <b>Thaddeus Czerniak</b>			
19 MOTHER'S NAME (First Middle Maiden Surname) <b>Hattie (maiden surname unknown)</b>		20a INFORMANT'S NAME (Type/Print) <b>Lorrie Hardesty</b>			
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>1240-120th St., Whiting, IN 46394</b>		20c Relationship <b>Daughter</b>			
21a METHOD OF DISPOSITION <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>April 10, 1998 Holy Cross Cemetery</b>		21c LOCATION—City or Town, State <b>Calumet City, Illinois</b>	
22a EMBALMER'S NAME <b>THOS. OWENS</b>		22b EMBALMER'S LICENSE NO. <b>FDE 1001049</b>	23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
24 SIGNATURE OF FUNERAL DIRECTOR <i>Thos Owens</i>		24b LICENSE NUMBER (of Licensee) <b>FDE 1001049</b>	25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME <b>OWENS FUNERAL HOME FDH3007291 816-119th St., Whiting, IN 46394</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. Approximate Interval Between Onset and Death					
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. <b>Breast carcinoma</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)					
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>Paul M. ...</i>			29c MEDICAL LICENSE NO. <b>33507</b>	29d DATE SIGNED (Month Day Year) <b>4/14/98</b>	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>Howard M. Nishikawa, M.D. 1630 45th Munster IN 46321</b>					
31 HEALTH OFFICER'S SIGNATURE <i>Alexander ...</i>				32 DATE FILED (Month Day Year) <b>APR 14 1998</b>	
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be Determined		34a DATE OF INJURY (Month Day Year)	34b TIME OF INJURY	34c INJURY AT WORK? (Yes or no)	34d DESCRIBE HOW INJURY OCCURRED... COMPLETE COPY OF THE CERTIFICATE OF DEATH MUST BE SUBMITTED WITH THE LAKE COUNTY HEALTH DEPARTMENT
34a 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) <b>APR 14 1998</b>		
34g DATE PRONOUNCED DEAD (Month Day Year)		34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver passenger pedestrian etc			