

FA # 27846

LEGAL DESCRIPTION:

Lot 216, except the West 10.7 feet thereof, and Lot 217, except the East 34.8 feet thereof, in Turkey Creek Meadows, Unit No. 3, as per plat thereof, recorded in Plat Book 33, page 98, in the Office of the Recorder of Lake County, Indiana

PROPERTY ADDRESS:

735 W. 66th Avenue Merrillville, IN 46410



ESTATE AFFIDAVIT

Edwin S. Kowal, Affiant, states that:

1. Ann Kowal, deceased, died on the 18th day of June, 19 98.

2. Affiant is: the surviving spouse of the deceased, the Personal Representative/Executor-trix of the estate of the deceased; XX The son of the deceased.

3. The deceased died: leaving a will which has been probated; leaving a will which has not been probated; leaving no will;

4. The deceased and Chester Kowal were married on the 28th day of November, 19 70 and were never divorced. (This item applies only to the surviving spouse.)

5. All expenses of the last illness and funeral of the deceased have been paid;

6. All State Inheritance Taxes and Federal Estate Taxes attributable to the deceased and his/her estate have been paid;

7. There are no claims against the estate of the decedent.

This Affidavit is made to induce First American Title Insurance Company to issue a policy of title insurance on the above-described real estate.

March 30, 1999 Date

Edwin S. Kowal Signature of Affiant

Edwin S. Kowal Printed Name of Affiant

State of Indiana, County of Lake

Subscribed and sworn to before me, this 30th day of March, 19 99.

Kim A. Diaz Printed Name of Notary

Kim A. Diaz Signature of Notary

My Commission expires: 2/15/2007

My County of Residence is: LAKE COUNTY

THIS INSTRUMENT WAS PREPARED BY: Edwin S. Kowal F27846

000238

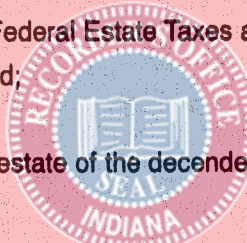
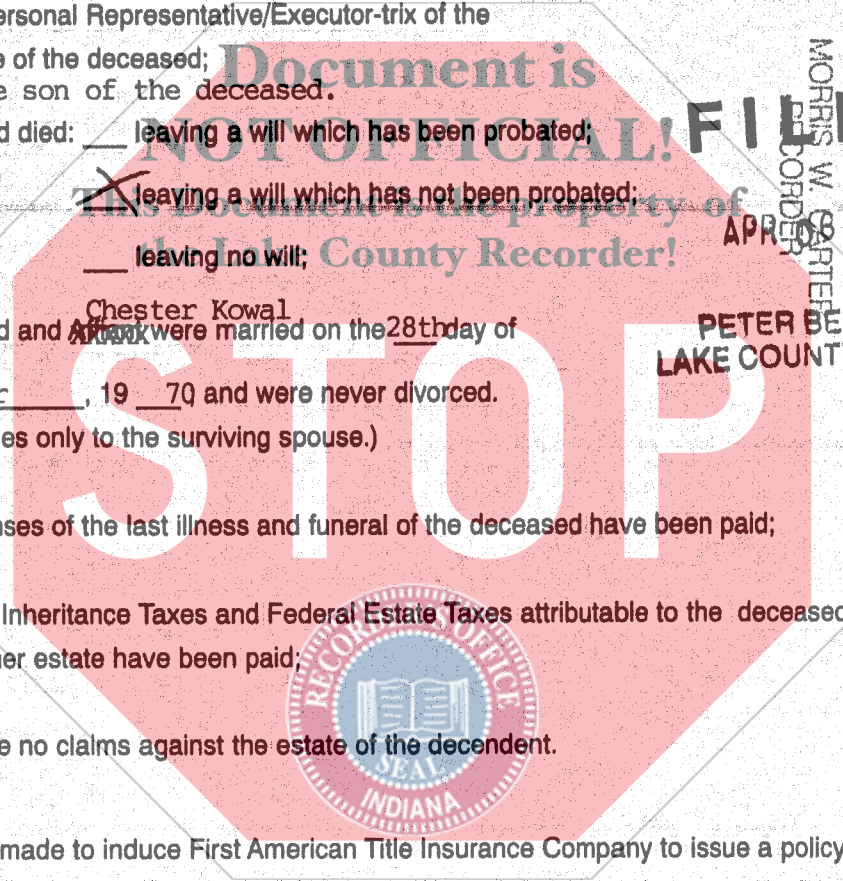
HOLD FOR FIRST AMERICAN TITLE

99029069

99 APR 6 4:50:5

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

PETER BENJAMIN LAKE COUNTY AUDITOR



Handwritten initials 'MD' and '12/09'.

LECC

\* 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. 1432-94

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

TYPE/PRINT IN PERMANENT BLACK INK

1. DECEASED—NAME (First, Middle, Last) ANN KOWAL		2. SEX FEMALE		3a. TIME OF DEATH 9:40 P.M.		3b. DATE OF DEATH (Month, Day, Yr) JUNE 18, 1998	
4. SOCIAL SECURITY NUMBER 317-09-3593		5a. AGE—Last Birthday (Years) 81		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes	
6. DATE OF BIRTH (Mo, Day, Yr) October 12, 1916		7. BIRTHPLACE (City and State or Foreign Country) Dunlo, PA					
8a. WAS DECEDENT A U.S. VETERAN? No		8b. YEAR LAST SERVED IN U.S. ARMED FORCES?		9a. PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence			
9b. FACILITY NAME (If not institution, give street and number) METHODIST HOSPITAL SOUTHLAKE CAMPUS				9c. CITY, TOWN, OR LOCATION OF DEATH MERRILLVILLE		9d. COUNTY OF DEATH LAKE	
10. MARITAL STATUS (Specify) MARRIED		11. SURVIVING SPOUSE (If wife, give maiden name) CHESTER KOWAL		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Homemaker		12b. KIND OF BUSINESS/INDUSTRY Self	
13a. RESIDENCE—STATE INDIANA		13b. COUNTY LAKE		13c. CITY, TOWN, OR LOCATION Merrillville		13d. STREET AND NUMBER 735 W. 66th Avenue	
13e. ZIP CODE 46410		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? U.S.A.		15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	
16. FATHER'S NAME (First, Middle, Last) George Miha		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+) 12					
18. MOTHER'S NAME (First, Middle, Maiden Surname) Mary Singelf		19. RACE—American Indian, Black, White, etc. (Specify) WHITE					
20a. INFORMANT'S NAME (Type/Print) Chester Kowal		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 735 W. 66th Ave., Merrillville, IN 46410				20c. Relationship Husband	
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <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) June 22, 1998 Calumet Park Cemetery				21c. LOCATION—City or Town, State Merrillville, IN	
22a. EMBALMER'S NAME Robert P. Sau		22b. EMBALMER'S LICENSE NO. FD29700098		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Robert Sau</i>		24b. LICENSE NUMBER (of Licensee) FD29500093		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Stilinovich & Wiatrolik FH83004455 7535 Taft St. Merrillville, IN 46410			
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. <i>Bowel ischemia and obstruction</i> DUE TO (OR AS A CONSEQUENCE OF)					
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last		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 POSTPARTUM? (Yes or no) NO		28a. WAS AN AUTOPSY AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) NO		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) NO		PETER BENJAMIN LAKE COUNTY AUDITOR	
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>Nazzal Obaid</i>		29c. MEDICAL LICENSE NO. 01028410		29d. DATE SIGNED (Month, Day, Year) 6-22-98	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Nazzal Obaid, M.B. 8095 Broadway Merrillville, IN 46410 219-738-2081							
31. HEALTH OFFICER'S SIGNATURE <i>Alexander Stilinovich MD</i>		32. DATE FILED (Month, Day, Year) JUN 23 1998					
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month, Day, Year)		34b. TIME OF INJURY		34c. INJURY AT WORK? (Yes or no)	
		34d. DESCRIBE HOW INJURY OCCURRED. INDICATE OF 1. EAR ON FILE IN THE LAKE COUNTY HEALTH DEPT.		34e. PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify) 000239		34f. LOCATION (Street and Number or Rural Route Number, City or Town, State) JUN 23 1998	
34g. DATE PRONOUNCED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc. <i>Alexander Stilinovich MD</i> LAKE COUNTY HEALTH COMMISSIONER					

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER