

HOLD FOR FIRST AMERICAN TITLE

FILED

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

APR 07 1999
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PETER BENJAMIN
LAKE COUNTY AUDITOR

MORRIS W. CARTER,
RECORDER.

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

IN RE: ADELINE L. DZIUK

SSN: 313-14-9059

AFFIDAVIT OF SURVIVORSHIP

Virginia A. Smutko, being duly sworn upon her oath, deposes and says:

That Raymond C. Dziuk was married to Adeline L. Dziuk, and that Raymond C. Dziuk and Adeline L. Dziuk became the owners, as tenants by the entirety, of the following described real estate in Lake County, Indiana, to-wit:

Lots 9 and 10, in Block 2, in Walter Addition to Hammond, as per plat thereof recorded in Plat Book 10, page 1, in the Office of the Recorder of Lake County, Indiana.

more commonly known as 1034 169th Street, Hammond, IN 46324

That Raymond C. Dziuk died intestate, a resident of Hammond, in Lake County, Indiana on January 10, 1997, leaving Adeline L. Dziuk, surviving him; the subsequent death of Adeline L. Dziuk who died testate, a resident of Hammond, in Lake County, Indiana on February 12, 1998; that all of the funeral expenses for both decedents have been paid in full, and that neither of the estates are subject to payment of either Indiana Inheritance Tax or Federal estate tax.

That Virginia A. Smutko and Raymond John Dziuk are the only two children, and only surviving heirs, of the marriage between Raymond C. Dziuk and Adeline L. Dziuk.

That upon the subsequent death of Adeline L. Dziuk her Last Will And Testament was spread of record in the Lake County Circuit Court, under cause number 45CO1-9805-ES-148, and her entire estate was devised and bequeathed equally between Virginia A. Smutko and Raymond John Dziuk, as her only children and heirs.

That the aforescribed real estate was purchased by Raymond C. Dziuk and Adeline L. Dziuk, as husband and wife, tenants by the entirety, and was held by them in the same manner until the death of Raymond C. Dziuk.

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That this affidavit is made for the purpose of showing the death of Raymond C. Dziuk on January 10, 1997, the subsequent death of Adeline L. Dziuk on February 12, 1998, and the passing of title to the aforescribed real estate to Virginia A. Smutko and Raymond John Dziuk, as the only heirs.

Further affiant saith not.



Document is
NOT OFFICIAL

Virginia A. Smutko
Virginia A. Smutko

This Document is the property of
the Lake County Recorder

SUBSCRIBED AND SWORN to before me this 31 day of March, 1999.

Druanne M. Bocek

My Commission Expires:

Notary Public
Lake County Resident

DRUANNE M. BOCEK
NOTARY PUBLIC STATE OF INDIANA
Resident of Lake County
My Commission Expires August 28, 2006



This document prepared by: Joseph M. Skozen, Attorney No. 358-45,
LUCAS, HOLCOMB & MEDREA, Easton Court, 300 East 90th Drive,
Merrillville, Indiana 46410

* 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

THIS CERTIFIES THE FOLLOWING IS A TRUE / COMPLETE COPY OF DEATH ON FILE WITH HAMMOND HEALTH DEPARTMENT.

Local No. 33

CERTIFICATE OF DEATH

Date Issued Jan 14, 1997 *Franklin D. Resnick*
Hammond Health Commissioner

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) RAYMOND C. -DZUIK DZUIK | | 2 SEX Male | 3a TIME OF DEATH 9:42A M | 3b DATE OF DEATH (Month Day, Yr) January 10, 1997 |
| 4 SOCIAL SECURITY NUMBER 313-12-9312 | 5a AGE—Last Birthday (Year) 74 | 5b UNDER 1 YEAR Months Days February 17, 1922 | 5c UNDER 1 DAY Hours Minutes Hammond, Indiana | 6 DATE OF BIRTH (Mo Day, Yr) February 17, 1922 |
| 7 BIRTHPLACE (City and State or Foreign Country) Hammond, Indiana | 8a WAS DECEDENT A U.S. VETERAN? Yes | 8b YEAR LAST SERVED IN U.S. ARMED FORCES? 1948 | 9a PLACE OF DEATH (Check only one. See 4188 Instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input checked="" type="checkbox"/> Residence <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) | |
| 9b FACILITY NAME (If not institution, give street and number) 1034-169th Street | | 9c CITY, TOWN OR LOCATION OF DEATH Hammond | 9d COUNTY OF DEATH Lake | |
| 10 MARITAL STATUS (Specify) Married | 11 SURVIVING SPOUSE (If wife, give maiden name) Adeline Korczak | 12a DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Electrician | 12b KIND OF BUSINESS/INDUSTRY LTV Steel Company | |
| 13a RESIDENCE—STATE Indiana | 13b COUNTY Lake | 13c CITY, TOWN OR LOCATION Hammond | 13d STREET AND NUMBER 1034-169th Street | |
| 13e ZIP CODE 46324 | 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 RACE—American Indian, Black White etc (Specify) White |
| 13g ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | 17 DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12th | | College (1-4 or 5+) 1 year | |
| 18 FATHER'S NAME (First Middle Last) John Dziuk | | 19 MOTHER'S NAME (First Middle, Maiden Surname) Genevieve Chrapusta | | |
| 20a INFORMANT'S NAME (Type/Print) Adeline Dziuk Dziuk | | 20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1034-169th St., Hammond, Indiana 46324 | 20c Relationship Wife | |
| 21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Entombment <input 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) January 13, 1997 St. John Mausoleum | | 21c LOCATION—City or Town, State Hammond, Indiana |
| 22a EMBALMER'S NAME Dean G. Wagner | | 22b EMBALMER'S LICENSE NO. 8800057 | 23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | |
| 24 SIGNATURE OF FUNERAL DIRECTOR <i>Dean G. Wagner</i> | | 24b LICENSE NUMBER (of Licenses) 8800057 | 25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Solan Funeral Home FH83002893 7109 Calumet Ave., Hammond, In. 46324 | |
| 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.) IMMEDIATE CAUSE (Final disease or condition resulting in death) a Vascular collapse DUE TO (OR AS A CONSEQUENCE OF) b Due to arteriosclerotic heart and vascular disease DUE TO (OR AS A CONSEQUENCE OF) c _____ DUE TO (OR AS A CONSEQUENCE OF) d _____ | | Approximate Interval Between Onset and Death Unknown | | |
| 26 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) No | 28a WAS AN AUTOPSY PERFORMED? (Yes or no) No | 28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) NO |
| 29a CERTIFIER (Check only one) <input 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 checked="" 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>Franklin D. Resnick</i> | | 29c MEDICAL LICENSE NO. 538-B |
| 29d DATE SIGNED (Month, Day, Year) January 13, 1997 | | 30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Dr. Thomas R. Philpot, D.P.M., Coroner, 2293 North Main Street, Crown Point, IN 46307 | | |
| 31 HEALTH OFFICER'S SIGNATURE <i>Franklin D. Resnick</i> | | 32 DATE FILED (Month, Day, Year) JANUARY 14, 1997 | | |
| 33 MANNER OF DEATH <input checked="" 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 | | 33a DATE OF INJURY (Month, Day, Year) | 33b TIME OF INJURY | 33c INJURY AT WORK? (Yes or no) |
| 34a PLACE OF INJURY—At home, farm, street, factory, office, building, etc (Specify) | | 34b LOCATION (Street and Number or Rural Route Number, City or Town, State) | | |
| 34g DATE PRONOUNCED DEAD (Month, Day, Year) January 10, 1997 | | 34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc | | |

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

