

2

Hold for  
Intercounty Title Co.  
2050 45th Avenue  
Highland, IN 46322

INTERCOUNTY TITLE COMPANY  
2050 45th Avenue • Highland, IN 46322 • (219) 922-4866 • Fax (219) 922-9095

# SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA  
COUNTY OF LAKE

} S. S.

S1569581N

On this 5-28-99 before me personally appeared \_\_\_\_\_  
(insert date)

Laura J. Koselke

99065437

to me personally known, who being duly sworn on oath did say that:

- Affiant resides at the address given below affiant's signature;
- Affiant is owner \_\_\_\_\_;  
(state interest of affiant in the above premises as "owner," "son of owner," etc.)
- Said premises were formerly owned as joint tenants or as tenants by the entireties  
William T. Koselke and Laura J. Koselke

- Said William T. Koselke \_\_\_\_\_  
(fill in name of co-tenant who died)  
died on 11-4-98

- leaving no will;  
(insert "a" or "no"; if will left, attach a copy)

- The legal description of the premises in question is:  
**PETER BENJAMIN LAKE COUNTY AUDITOR**  
LOT 17 AND THE SOUTH 5 FEET OF LOT 16 IN RUETH ESTATES 2ND ADDITION, BLOCK 4, TO THE TOWN OF MUNSTER, AS PER PLAT THEROF, RECORDED IN PLAT BOOK 42 PAGE 43, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA, AND MORE COMMONLY KNOWN AS 8791 MONROE, MUNSTER, INDIANA  
KEY NO. 28-346-17

- To the best of affiant's knowledge there is no Federal or State estate or inheritance tax liability by reason of the death of said decedent;

- Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced?  
no

(If answer is "Yes," identify the divorce proceedings: \_\_\_\_\_)

- Affiant's relationship to the deceased was SPOUSE

Signature: X Laura J. Koselke  
LAURA J. KOSELKE  
Address: 574 EVERGREEN LN.  
MUNSTER, IN 46321

Subscribed and sworn to before me by the affiant  
this May 28, 1999  
(insert date)

Jacquelyn J. Holland  
Notary Public Jacquelyn J. Holland

JACQUELYN HOLLAND  
NOTARY PUBLIC STATE OF INDIANA  
LAKE COUNTY  
MY COMMISSION EXPIRES OCT 22 1999

My Commission Expires October 22, 1999

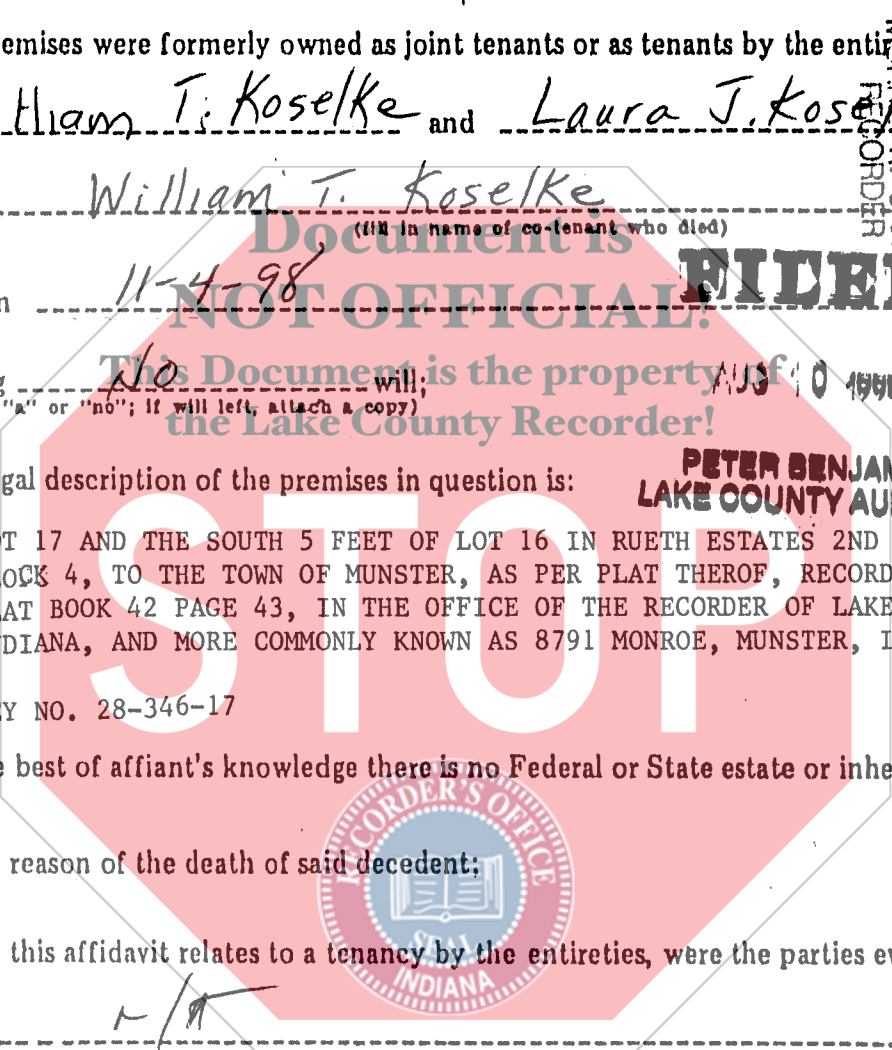
00225

This instrument prepared by LAURA J. KOSELKE

1063

J#200494

25x10



STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
99AUG 25 AM 10:58  
NOTARY W. CAR  
RECORDER

\* 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. 2457-98

269706

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)<br><b>William T. Koselke</b>   |  |  |  | 2 SEX<br><b>Male</b>   | 3a TIME OF DEATH<br><b>1:45P M</b>                    | 3b DATE OF DEATH (Month Day, Yr)<br><b>November 4, 1998</b>   |
| 4 *SOCIAL SECURITY NUMBER<br><b>317-66-1194</b>  |  | 5a AGE—Last Birthday (Years)<br><b>41</b>  | 5b UNDER 1 YEAR<br>Months Days   | 5c UNDER 1 DAY<br>Hours Minutes  | 6 DATE OF BIRTH (Mo. Day Yr)<br><b>April 23, 1957</b> |   |
| 7 BIRTHPLACE (City and State or Foreign Country)<br><b>Hammond, IN</b>   |  | 8a WAS DECEDENT A US VETERAN?<br><b>No</b>   |  |  |   |   |
| 8b YEAR LAST SERVED IN US ARMED FORCES?<br><b>None</b>   |  | 9a PLACE OF DEATH (Check only one See instructions)<br>HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA<br>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)<br><b>8791 Monroe Avenue</b>  |  |  |  | 9c CITY TOWN OR LOCATION OF DEATH<br><b>Munster</b>  |   | 9d COUNTY OF DEATH<br><b>Lake</b>   |
| 10 MARITAL STATUS<br><b>Married</b>  |  | 11 SURVIVING SPOUSE (If wife give maiden name)<br><b>Laura Goldie</b>  |  | 12a DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)<br><b>Salesman</b>      |   | 12b KIND OF BUSINESS/INDUSTRY<br><b>Industrial</b>  |
| 13a RESIDENCE—STATE<br><b>IN</b>   |  | 13b COUNTY<br><b>Lake</b>  |  | 13c CITY, TOWN OR LOCATION<br><b>Munster</b>   |   | 13d STREET AND NUMBER<br><b>8791 Monroe Ave.</b>  |
| 13e ZIP CODE<br><b>46321</b>   |  | 13f INSIDE CITY LIMITS<br><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes  |  | 14 CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>   |   | 15 WAS DECEDENT OF HISPANIC ORIGIN?<br><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)<br><b>White</b>   |  | 17 DECEASED'S EDUCATION (Specify only highest grade completed)<br>Elementary/Secondary (0-12) <b>12</b><br>College (1-4 or 5+) <b>--</b>   |  | 18 FATHER'S NAME (First Middle Last)<br><b>William Koselke</b>   |   |   |
| 19 MOTHER'S NAME (First Middle Maiden Surname)<br><b>Rita Rogowski</b>   |  |  | 20a INFORMANT'S NAME (Type/Print)<br><b>Laura Koselke</b>                                  |  |   |   |
| 20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town State Zip Code)<br><b>8791 Monroe Munster, IN 46321</b>   |  |  | 20c Relationship<br><b>Wife</b>  |  |   |   |
| 21a METHOD OF DISPOSITION<br><input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify)  |  | 21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)<br><b>November 7, 1998<br/>Regional Cremation Sv</b>   |  | 21c LOCATION—City or Town State<br><b>Munster, IN</b>  |   |   |
| 22a EMBALMER'S NAME<br><b>James Porras</b>   |  | 22b EMBALMER'S LICENSE NO<br><b>1045964</b>  |  | 23 WAS DEATH REPORTED TO CORONER?<br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes                         |   |   |
| 24a SIGNATURE OF FUNERAL DIRECTOR<br><i>[Signature]</i>  |  | 24b LICENSE NUMBER (of Licensee)<br><b>1021590</b>   |  | 25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME<br><b>Burns-Kish Funeral Home #3004968<br/>8415 Calumet Munster, IN 46321</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.<br>IMMEDIATE CAUSE (Final disease or condition resulting in death)<br><b>Metastatic Malignant</b><br>DUE TO (OR AS A CONSEQUENCE OF)<br>CONDITIONS IF ANY WHICH GAVE RISE TO THE IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST<br><b>13:0 AM 11/5/98</b>  |  |  |  |  |   | Approximate Interval Between Onset and Death<br><b>&lt; 1 year</b>  |
| PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I  |  |  |  |  |   | 27 WAS DECEDENT PREGNANT OR BORN POSTPARTUM (Yes or no)<br><b>No</b>  |
| 28 WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)<br><b>---</b>  |  |  |  |  |   |   |
| 29a CERTIFIER (Check only one)<br><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.<br><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.<br><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<br><i>[Signature]</i>   |  |  |  |  | 29c MEDICAL LICENSE NO<br><b>01031582</b>             |   |
| 29d DATE SIGNED (Month Day Year)<br><b>Nov. 5, 1998</b>  |  |  |  |  |   |   |
| 30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)<br><b>Lyle Munn, M.D. 600 Superior Munster, IN 46321</b>   |  |  |  |  |   |   |
| 31 HEALTH OFFICER'S SIGNATURE<br><i>[Signature]</i>  |  |  |  |  |   | 32 DATE FILED (Month Day Year)<br><b>November 6, 1998</b>   |
| 33 MANNER OF DEATH<br><input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation<br><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   |  | 34e PLACE OF INJURY—At home farm street factory office building, etc (Specify)<br><b>00226</b>                                   |   |   |
|  |  | 34f LOCATION (Street and Number or Rural Route Number, City or Town State)<br><b>NOV 06 1998</b>   |  |  |   |   |
| 34g DATE PRONOUNCED DEAD (Month Day Year)  |  |  | 34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc. |  |   |   |

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

25 x 17