

STATE OF INDIANA )  
 ) SS:  
COUNTY OF LAKE )

IN THE LAKE CIRCUIT COURT  
PROBATE DIVISION  
SITTING AT LAKE COUNTY, INDIANA

IN THE MATTER OF THE ESTATE OF: )  
 )  
AUGUST F. EVANOUSKI, )  
Deceased )

ESTATE NO. 45C01-9908-ES-224

AFFIDAVIT FOR TRANSFER OF <sup>REAL</sup> ~~PERSONAL~~ PROPERTY

1. That the above-named Decedent, AUGUST F. EVANOUSKI, died testate on July 19, 1999, while domiciled in Lake County, Indiana, and that the will of the decedent was probated and spread of record in Lake Circuit Court on August 3, 1999, and a copy of that will is attached to this affidavit as Exhibit 1.

2. That no application or petition for appointment of a personal representative is pending or has been granted in any jurisdiction.

3. That the following named person is the only heir, legatee and devisee of the decedent, to-wit: William A. Evanouski, 53 Alabama Ave., Hammond, IN, the decedent's son.

4. That the value of the decedent's gross estate less liabilities and encumbrances, does not exceed the taxable sum as provided in Indiana Code.

5. That among the decedent's probate assets is a parcel of real estate which was owned by the decedent located in Lake County, Indiana, more particularly described as follows:

Lot 1 in Block 4 in the Resubdivision of Garden Homes, as per plat thereof, recorded in Plat Book 23, page 55, in the Office of the Recorder of Lake County, Indiana.

more commonly known as 211 1/2 Birch Place, Lake Station, Lake County, Indiana 46405.

**FILED**

AUG 6 1999

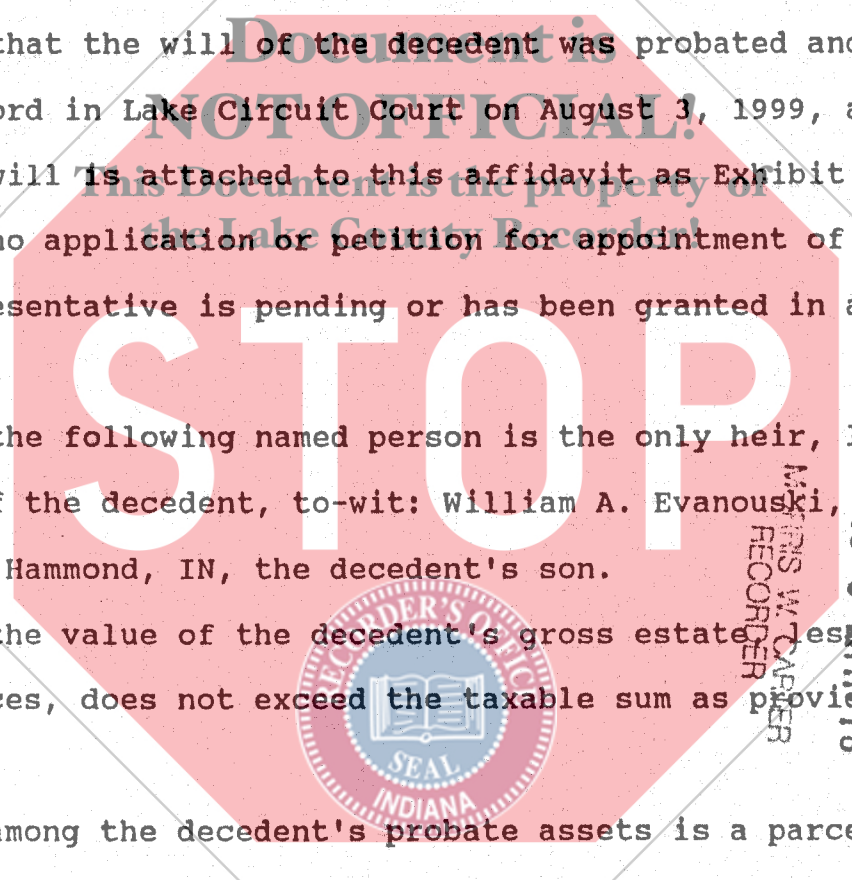
WILLIAM A. EVANOUSKI  
6537 ALABAMA

PETER BENJAMIN  
LAKE COUNTY AUDITOR Pages

00210

21.00  
E.P.  
CS

HAMMOND, IN  
46323



990659H1

99AUG-6 AM 11:16

MARIS W. CARPER  
RECORDER

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORDER

6. That Mary K. Evanouski, who is named as co-owner on the deed of record to the above described real estate, predeceased her husband, August F. Evanouski, on February 25, 1980, at which time all rights to said real estate were then passed to, and vested in, the decedent, August F. Evanouski.

7. That there are no outstanding creditors of decedent's Estate.

8. That the individual entitled to the above described real estate is the following devisee listed under Article/Item Three of the decedent's Last Will and Testament, namely: William A. Evanouski, 6537 Alabama Ave., Hammond, Indiana, the decedent's son.

9. That the gross value of the estate of the decedent, August F. Evanouski, as determined for the purposes of Federal Estate taxes was less than the value required for the filing of a Federal Estate Tax Return. As a consequence thereof, the decedent's estate was not subject to federal Estate Tax.

10. That the decedent's estate was not subject to Indiana Inheritance Tax.

*William A. Evanouski*  
\_\_\_\_\_  
William A. Evanouski, Affiant

STATE OF INDIANA )  
                          ) SS:  
COUNTY OF PORTER )

SUBSCRIBED AND SWORN to before me, a Notary Public, in and for said County and State, this 6<sup>th</sup> day of AUGUST, 1999.

*Carol D. Klemz*  
\_\_\_\_\_  
Notary Public

My Commission Expires: 11-18-2000

Carol D. Klemz  
Notary Public, State of Indiana  
Porter County  
My Commission Exp. 11/18/2000

45001-9908-ES-224

Last Will and Testament  
of

Filed in Clerk's Office

AUG 03 1999

AUGUST F. EVANOUSKI

*Anna N. Anton*  
CLERK LAKE CIRCUIT COURT

I, AUGUST F. EVANOUSKI, residing at 3201 East 35th Place, Lake Station, Indiana, and being of sound and disposing mind, do hereby declare this to be my Last Will and Testament, hereby revoking any and all Wills by me heretofore made.

Document is  
NOT OFFICIAL!

ITEM ONE

This Document is the property of  
the Lake County Recorder!

I desire and direct that all of my just debts and funeral expenses, and testamentary expenses be in the first place paid and satisfied out of my personal Estate, or any appropriate burial insurance, or if those prove insufficient out of my real estate, respectively, in the hands of my Executor hereinafter named.

ITEM TWO

I hereby appoint my son, WILLIAM A. EVANOUSKI, to be the Executor of my Estate. In the event that WILLIAM A. EVANOUSKI, be unable or unwilling to serve as the Executor of my Estate, I hereby appoint, SUSAN L. EVANOUSKI to serve in said capacity. Because of the trust between myself and said persons, it is my desire that the personal representative of my Estate serve without bond. If this wish cannot be granted, it is my desire that but a minimum bond be required.

A.F.E.  
G.C.  
AC

ITEM THREE

I give, devise and bequeath all of my property, personal and real property of any nature, wherever it may be situate; to my son, WILLIAM A. EVANOUSKI. I am confident that my son, WILLIAM A. EVANOUSKI will make adequate provision for my other son, MICHAEL E. EVANOUSKI.

ITEM FOUR

In the event that I am predeceased by my son, WILLIAM A. EVANOUSKI or that he and I shall die simultaneously or in a common disaster, or in the event that one fails to survive the other for less than sixty (60) days, I give, devise and bequeath all of my property, personal property and real property of any nature, wherever it may be situate; to SUSAN L. EVANOUSKI.

IN WITNESS WHEREOF, I have set my hand and seal, this 13<sup>th</sup> day of Aug. ~~12~~, 1988.

August F. Evanouski  
AUGUST F. EVANOUSKI, Testator

We the undersigned, attesting witnesses, do hereby attest that AUGUST F. EVANOUSKI, signed the foregoing instrument, declaring it to be his Last Will and Testament, in our presence, and that we at his request and in his presence, and in the presence of each other, have hereunto affixed our signatures as attesting witnesses.

Jerry Cook  
WITNESS  
Glenda Cook  
WITNESS

UNDER PENALTIES FOR PERJURY, We, Further declare:

- (1) that the testator executed the instrument as his Will;
- (2) that in the presence of both witnesses, he signed or acknowledged his signature already made or directed another to sign for him in his presence;

Handwritten notes and a large black redaction mark on the left margin.

- (3) that he executed the Will as his free and voluntary act for the purposes expressed in it;
- (4) that each of the witnesses, in the presence of the testator and of each other, signed the Will as witnesses;
- (5) that the testator was of sound mind, memory and understanding;
- (6) that to the best of their knowledge, the testator was at the time Eighteen (18) or more years of age.

WITNESS

*Jerry Cook*

*Glenn Cook*

WITNESS

**NOT OFFICIAL!**

This Document is the property of  
the Lake County Recorder!

**STOP**

This instrument prepared by Anthony P. Trapane, Attorney at Law:  
8500 Broadway, Merrillville, Indiana 46410. (219) 738-2990

Page Three of Three Pages



*A.F.E.  
M.C.  
C*

\* ATTENTION ESTATE: Disclosure of the SS# we need to pursue our responsibilities is voluntary and there will be no penalty for refusal. \*

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.....

Local No..... 188

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

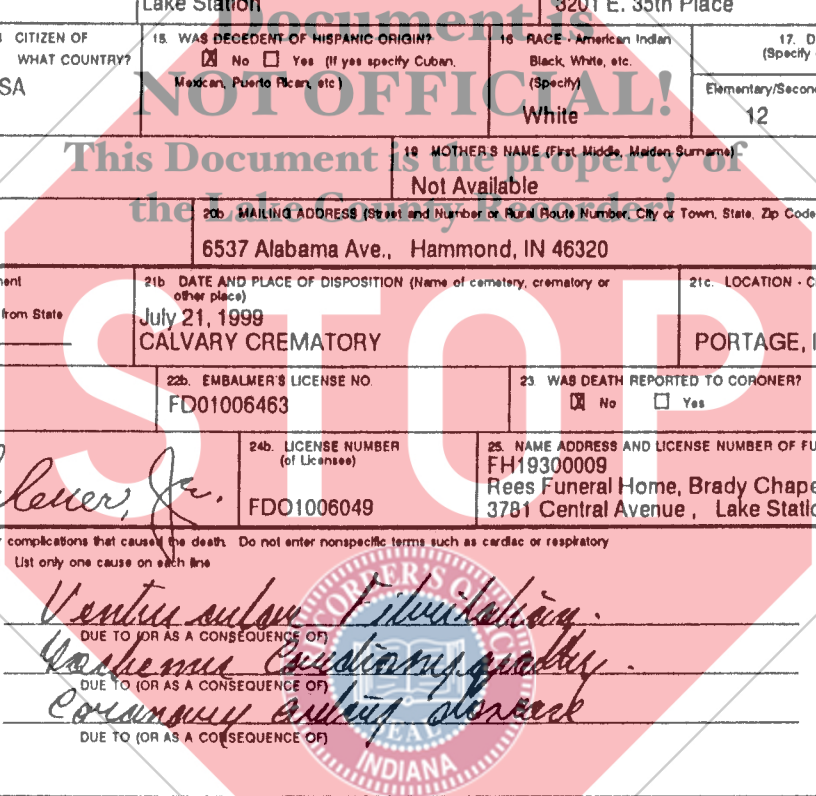
DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED-NAME (First Middle Last) AUGUST F. EVANOUSKI				2. SEX Male	3a. TIME OF DEATH 1:33PM	3b. DATE OF DEATH (Month Day Yr) July 19, 1999
4. SOCIAL SECURITY NUMBER 312-05-5780		5a. AGE - Last Birthday (Years) 91	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo Day Yr) December 8, 1907	7. BIRTHPLACE (City and State or Foreign Country) Peru, Illinois
8a. WAS DECEDENT A U.S. VETERAN? Yes	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) ST. CATHERINE'S HOSPITAL				9c. CITY TOWN OR LOCATION OF DEATH East Chicago		9d. COUNTY OF DEATH Lake
10. MARITAL STATUS (Specify) Widowed		11. SURVIVING SPOUSE (If wife, give maiden name) NONE		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Pipefitter		12b. KIND OF BUSINESS INDUSTRY Construction
13a. RESIDENCE - STATE Indiana		13b. COUNTY Lake		13c. CITY TOWN OR LOCATION Lake Station		13d. STREET AND NUMBER 3201 E. 35th Place
13e. ZIP CODE 46405	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? USA	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	
17. DECEDENT'S EDUCATION (Specify only highest grade completed)			17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <input checked="" type="checkbox"/> College (1-4 or 5+) <input type="checkbox"/> 12			
18. FATHER'S NAME (First, Middle, Last) August Evanouski				19. MOTHER'S NAME (First, Middle, Maiden Surname) Not Available		
20a. INFORMANT'S NAME (Type/Print) William A. Evanouski			20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 6537 Alabama Ave., Hammond, IN 46320			20c. Relationship Son
21a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" 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) July 21, 1999 CALVARY CREMATORY			21c. LOCATION - City or Town State PORTAGE, Indiana	
22a. EMBALMER'S NAME JAMES J. KRAUSE		22b. EMBALMER'S LICENSE NO. FD01006463		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Charles D. Scherer, Jr.</i>		24b. LICENSE NUMBER (of Licensee) FDO1006049		25. NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME FH19300009 Rees Funeral Home, Brady Chapel 3781 Central Avenue, Lake Station, IN 46405		
26. PART I Enter the disease, 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>Ventricular rupture, Fibriulation</i> DUE TO (OR AS A CONSEQUENCE OF)						
b. <i>Yeastemia, Cerebral aneurysm</i> DUE TO (OR AS A CONSEQUENCE OF)						
c. <i>Coronary artery disease</i> DUE TO (OR AS A CONSEQUENCE OF)						
d.						
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 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. 01032128		29d. DATE SIGNED (Month Day Year) 7-21-99
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Ramon Llobbetti, MD, 9030 Calumet, Munster, IN 46321						
31. HEALTH OFFICER'S SIGNATURE <i>Dr. Timothy B. [Signature]</i>					32. DATE FILED (Month Day Year) 7-21-99	
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	
34e. 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)			
34g. DATE PRONOUNCED DEAD (Month, Day, Year)			34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc.			



TYPE OR PRINT  
PLAINLY WITH  
UNFADING INK  
THIS IS A  
PERMANENT  
RECORD

Below for State Office Use

- A \_\_\_\_\_
- B \_\_\_\_\_
- C \_\_\_\_\_
- D \_\_\_\_\_
- E \_\_\_\_\_
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- W \_\_\_\_\_
- X \_\_\_\_\_
- Y \_\_\_\_\_
- Z \_\_\_\_\_

Disposition Form  
Issued  
Final  
Certificate  
 Yes  No

EMBALMER'S NAME: Thomas R. Brady  
LICENSE No. A1A9  
FUNERAL HOME No. 163  
FUNERAL DIRECTOR'S LICENSE No. 1813  
SIGNATURE: Thomas R. Brady

# LAKE COUNTY BOARD OF HEALTH

## MEDICAL CERTIFICATE OF DEATH

Local No. 320-80

FILE No. \_\_\_\_\_

1. NAME - LAST, FIRST, MIDDLE <u>Mary Kathryn Ewanowski</u>		SEX <u>Female</u>	DATE OF BIRTH <u>February 25, 1980</u>
2. RACE <u>White</u>	AGE - LAST BIRTHDAY <u>68 yrs.</u>	DATE OF BIRTH - MONTH, DAY, YEAR <u>2/19/11</u>	COUNTY OF BIRTH <u>LAKE</u>
3. CITY, TOWN OR LOCATION OF DEATH <u>Lake Station</u>		4. HOSPITAL OR OTHER INSTITUTION <u>3201 E. 35th Place</u>	
5. STATE OF BIRTH <u>Indiana</u>	6. COUNTRY OF BIRTH <u>U.S.A.</u>	7. MARRIAGE STATUS <u>Married</u>	8. MONTH OF DEATH <u>August</u>
9. SOCIAL SECURITY NUMBER <u>303-12-2052</u>	10. USUAL OCCUPATION <u>Housewife</u>	11. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	
12. STATE OF DEATH <u>Indiana</u>	13. COUNTY OF DEATH <u>LAKE</u>	14. CITY, TOWN OR LOCATION OF DEATH <u>Lake Station</u>	
15. STREET AND NUMBER <u>3201 E. 35th Place</u>		16. IS DECEASED OR A FELLOW RESIDENT OF THIS CITY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	17. WERE CITY LAWS ENFORCED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
18. IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEDICAL, CHINESE, PORTUGUESE, ETC.			
19. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20. FATHER'S NAME <u>William Messmore</u>		21. MOTHER'S NAME <u>Mellic Sealer</u>	
22. FATHER'S ADDRESS <u>August Ewanowski</u>		23. MOTHER'S ADDRESS <u>3201 E. 35th Place, Lake Station, Indiana 46405</u>	
24. DEATH OCCURRED AT HOME <u>Burial</u>		25. CEMETERY OR CREMATORIAL SOCIETY <u>Calvary Cemetery, Portage, Indiana</u>	
26. DATE OF DEATH <u>February 27, 1980</u>		27. FUNERAL HOME - NAME AND ADDRESS <u>Brady Funeral Home, 3781 Central Ave., Lake Station, IN 46405</u>	
28. TO THE BEST OF YOUR KNOWLEDGE, DEATH OCCURRED AS A RESULT OF THE FOLLOWING DISEASE OR INJURY <u>Myocardial Infarction</u>		29. DATE SIGNED <u>February 29, 1980</u>	
30. SIGNATURE OF PHYSICIAN <u>William Yocum, M.D.</u>		31. PHYSICIAN'S ADDRESS <u>3550 Grant St., Gary, Indiana</u>	
32. HEALTH OFFICER'S SIGNATURE <u>Coronary Occlusion</u>		33. DATE RECEIVED BY LOCAL HEALTH OFFICER <u>3-4-80</u>	
34. SIGNATURE OF DEATH INVESTIGATOR <u>Rudden</u>		35. THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT.	
36. SIGNATURE OF DEATH INVESTIGATOR <u>Rudden</u>		37. DATE <u>JUL 27 1980</u>	

889 68-603  
REV. 10/77 State Form 28420

*Alvin J. Williams, M.D.*  
LAKE COUNTY HEALTH COMMISSIONER