

SURVIVORSHIP AFFIDAVIT

On this 6th day of August, 1999, before me personally appeared Valentina Cieply, to me personally known, who being duly sworn upon her oath did say that:

1. I make these representations upon personal knowledge and belief.

2. I reside at 8546 Garfield, Munster, Indiana.

3. I married Peter Cieply the 2nd day of March, 1948, and thereafter was known as Valentina Cieply, and was not divorced from Peter Cieply, and remained married to Peter Cieply until his death on April 17, 1999.

4. I, Valentina Cieply, am the surviving spouse of Peter Cieply.

5. While married to each other, my husband, Peter Cieply, and I acquired the following described real property located in Lake County, Indiana, to wit:

Lot 12 in Rueth Estates 2nd Addition in Block 4 to the Town of Munster, as per plat thereof, recorded in Plat Book 41, page 66, in the office of the Recorder of Lake County, Indiana

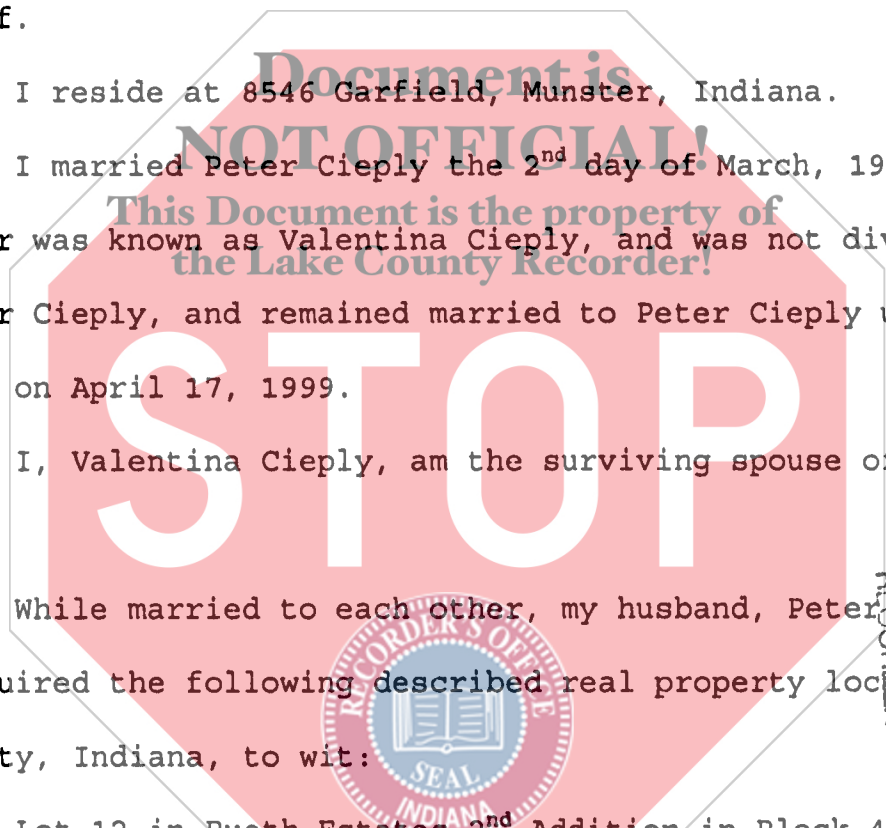
Tax Key Number: 18-28-0327-0012

Commonly known as:

567 Hickory Lane
Munster, IN 46321

which we continued to own until the death of Peter Cieply.

139560.v 1 /8538-00001



9906794

99 AUG 13 AM 9:16
NOTED W. BARTER
RECORDER

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORDING

FILED

AUG 12 1999

PETER BENJAMIN
LAKE COUNTY AUDITOR

14.00
E.I. TL
000950

TLOE. No 204349

PEARSON

6. That all funeral expenses in connection with the death of decedent have been paid in full.

7. That all of the assets of said decedent which would be includable for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life, were not sufficient to necessitate payment of Federal Estate Tax.

8. That all of the assets of said decedent which would be includable for Indiana Inheritance Tax purposes were not sufficient to necessitate payment of Indiana Inheritance Tax.

9. I make this affidavit with respect to the above-described real estate, and do so understanding that grantees and title companies will rely hereon with respect to the entireties and survivorship interest of Valentina Cieply in the real estate.

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)



Valentina Cieply
VALENTINA CIEPLY

SUBSCRIBED and SWORN to before me, a Notary Public, by Valentina Cieply, this 6th day of August, 1999.

Andrew J. Fetsch
Andrew J. Fetsch, Notary Public

My Commission Expires:
10-18-99

County of Residence:
Lake

THIS INSTRUMENT PREPARED BY: Andrew J. Fetsch (6817-45), Beckman, Kelly & Smith, 5920 Hohman Avenue, Hammond, IN 46320

* 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. 718-97

#203015
TYPE/PRINT
IN
PERMANENT
BLACK INK

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

DECEDENT

PARENTS

INFORMANT

DISPOSITION

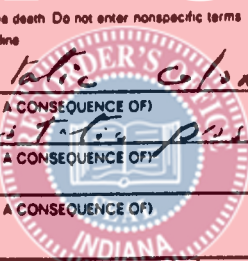
CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First Middle Last) PETER CIEPLY		2 SEX Male	3a TIME OF DEATH 8:35 P M	3b DATE OF DEATH (Month Day Yr) March 17, 1999
4 *SOCIAL SECURITY NUMBER 444-32-7551	5a AGE—Last Birthday (Years) 74	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo Day Yr) May 28, 1924
7 BIRTHPLACE (City and State or Foreign Country) Poland	8a WAS DECEDENT A U.S. VETERAN? No			
8b YEAR LAST SERVED IN U.S. ARMED FORCES? None		8c PLACE OF DEATH (Check only one See instructions) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) Residence		
9a FACILITY NAME (If not institution, give street and number) 567 Hickory Lane		9c CITY TOWN OR LOCATION OF DEATH Munster	9d COUNTY OF DEATH Lake	
10 MARITAL STATUS (Specify) Married	11 SURVIVING SPOUSE (If wife, give maiden name) Valentina Brinsev	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Welder		12b KIND OF BUSINESS/INDUSTRY Tank Car Manufacturer
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY TOWN OR LOCATION Munster	13d STREET AND NUMBER 567 Hickory Lane	
13e ZIP CODE 46321	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
17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 8 College (1-4 or 5+) 		18 FATHER'S NAME (First Middle Last) Basyl Cieply		
19 MOTHER'S NAME (First Middle, Maiden Surname) Antonina Micielek		20a INFORMANT'S NAME (Type/Print) Richard Szprychel		
20b MAILING ADDRESS (Street and Number or Rural Route Number City or Town State Zip Code) 1099 N. 550 E., Westville, IN 46391		20c Relationship Friend		
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) March 20, 1999 Elmwood Cemetery		21c LOCATION—City or Town State Hammond, Indiana
22a EMBALMER'S NAME Larry D. Anthony		22b EMBALMER'S LICENSE NO 01001447	23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
24a SIGNATURE OF FUNERAL DIRECTOR <i>Larry D. Anthony</i>		24b LICENSE NUMBER (of Licensee) 01001447	25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Anthony & Dziadowicz F.H. #83002916 9445 Calumet Ave., Munster, IN 46321	
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. metastatic colon cancer metastatic prostate cancer MAR 18 1999				
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 LABORATORY FINDINGS AN INDICATION TO COME TO THE 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>A. Algor</i>		
29c MEDICAL LICENSE NO 01045439 B		29d DATE SIGNED (Month Day Year) March 18, 1999		
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Asaad Aliandali, M.D. 4712 Madison East Chicago, Indiana 46312				
31 HEALTH OFFICER'S SIGNATURE <i>Alexander S. Williams, M.D.</i>				32 DATE FILED (Month Day Year) March 18, 1999
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		34i		

PEARSON H/D
#99.204349



FILED
AUG 12 1999

PETER BENJAMIN
LAKE COUNTY AUDITOR

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