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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

99069378

99 AUG 19 AM 8:58

MORRIS W. CARTER  
RECORDER

STATE OF INDIANA )  
                          ) ss:  
COUNTY OF LAKE )

RE: JOSEPH G. WILNUSKIATIS  
DATE OF DEATH: NOV. 27, 1997

**AFFIDAVIT AS TO  
TENANCY BY ENTIRETIES**

Joseph G. Wilnuskiatis, II, being first duly sworn upon oath, deposes and says:

That he is an adult and the named Executor of the Estate of Joseph G. Wilnuskiatis, who died on the 27th day of November, 1997.

That he has personal knowledge that the decedent and his wife, JEAN M. WILNUKIATIS, were owners by the entireties of the following described real estate, to wit:

All of Lots 45 and 46, Block 2, Ballards Addition to the Town of Griffith, Lake County, Indiana

Commonly known as: 241 N. Arbogast Ave., Griffith, IN 46319

Key # 26-52-46

That said parties were husband and wife when they took title to the above described real estate; and that both remained in title and lived continuously together as husband and wife until his death, testate, on the date above given.

Affiant further states that he knows of his own knowledge that the value of the gross estate of the above decedent, at the time of his death, within the meaning of the Federal Estate laws, was less than that required for the filing of a Federal Estate Tax Return, and that the estate of said decedent was not subject to any Federal Estate taxes.

**FILED**

AUG 16 1999

PETER BENJAMIN  
LAKE COUNTY AUDITOR

001180 13.00  
PK  
23025

Affiant further states that all outstanding debts and obligations of the decedent, including funeral expenses and expense of last illness were fully paid and discharged and that there is no estate proceeding pending and there are no outstanding claims or obligations against said decedent.

*Joseph G. Wilnuskiatis II*  
JOSEPH G. WILNUSKIATIS, II  
Affiant

This Document is the property of  
Subscribed and sworn to before me, a Notary Public residing in  
Lake County, Indiana, on this *12<sup>th</sup>* day of *August*, 1998.

*Kathryn M. Murphy*  
KATHRYN M. MURPHY  
Notary Public

My Commission Expires: 4-27-2000

My County of Residence: Lake



This Instrument Prepared By:

JOHN F. HILBRICH #7513-45  
HILBRICH, CUNNINGHAM & SCHWERD  
2637 - 45th Street  
Highland, IN 46322  
Phone: (219) 924-2427



\* 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. *0482-97*

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) <b>Joseph G. Wilnuskiatis Sr.</b>		2 SEX <b>Male</b>	3a TIME OF DEATH <b>7:45 P M</b>	3b DATE OF DEATH (Month, Day, Yr) <b>November 27, 1997</b>
4 SOCIAL SECURITY NUMBER <b>040-16-1810</b>	5a AGE—Last Birthday (Years) <b>80</b>	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr) <b>April 17, 1917</b>
7 BIRTHPLACE (City and State or Foreign Country) <b>Scranton, PA</b>	8a WAS DECEDENT A U.S. VETERAN? <b>Yes</b>	8b YEAR LAST SERVED IN U.S. ARMED FORCES? <b>N/A</b>	8c PLACE OF DEATH (Check only one See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence	
9a FACILITY NAME (If not institution give street and number) <b>Lutheran Retirement Village</b>		9b CITY, TOWN OR LOCATION OF DEATH <b>Crown Point</b>	9c COUNTY OF DEATH <b>Lake</b>	
10 MARITAL STATUS (Specify) <b>Married</b>	11 SURVIVING SPOUSE (If wife give maiden name) <b>Genevieve Marie Rinaldi Millwright</b>	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life Do not use retired)		12b KIND OF BUSINESS/INDUSTRY <b>Steel</b>
13a RESIDENCE—STATE <b>Indiana</b>	13b COUNTY <b>Lake</b>	13c CITY, TOWN OR LOCATION <b>Griffith</b>	13d STREET AND NUMBER <b>241 N. Arbogast</b>	
13e ZIP CODE <b>46319</b>	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? <b>USA</b>	15 WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	16 RACE—American Indian, Black, White, etc. (Specify) <b>White</b>
17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>12</b> College (1-4 or 5+)		18 FATHER'S NAME (First, Middle, Last) <b>John Wilnuskiatis</b>		
19 MOTHER'S NAME (First, Middle, Maiden Surname) <b>Eva</b>		20a INFORMANT'S NAME (Type/Print) <b>Joseph W. Wilnuskiatis II</b>		
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>241 N. Arbogast, Griffith, Indiana 46319</b>		20c Relationship <b>Son</b>		
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) <b>December 3, 1997 Cathedral Cemetery</b>		21c LOCATION—City or Town, State <b>Scranton, PA</b>
22a EMBALMER'S NAME <b>Henry Blake</b>		22b EMBALMER'S LICENSE NO. <b>FD01019406</b>	23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a SIGNATURE OF FUNERAL DIRECTOR <i>Fagen-Miller</i>		24b LICENSE NUMBER (of Licensee) <b>FD01006015</b>	25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>Fagen-Miller Funeral Home FH83003035 2828 Highway Ave; Highland, IN 46322</b>	
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 <b>Carcinoma of the lung, metastatic</b> <b>unknown</b>		
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				
<b>Chronic obstructive lung disease, Blind, Anemia, Senile stroke</b>		27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) <b>No</b>	28a WAS AN AUTOPSY PERFORMED? (Yes or no) <b>No</b>	28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <b>No</b>
29a CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN On the basis 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>Alexander Williams</i>		29c MEDICAL LICENSE NO. <b>21732</b>	29d DATE SIGNED (Month, Day, Year) <b>12-1-97</b>	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)				
31 HEALTH OFFICER'S SIGNATURE <i>Alexander Williams M.D.</i>		32 DATE FILED (Month, Day, Year) <b>December 1, 1997</b>		
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) <b>AUG 16 1999</b>	34b TIME OF INJURY	34c INJURY AT WORK? (Yes or no)
34d DESCRIPTION OF INJURY—(Specify) COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT		34e PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify) <b>PETER BENJAMIN LAKE COUNTY AUDITOR</b>		
34f LOCATION (Street and Number or Rural Route Number, City or Town, State) <b>DEC 1 1997 001181</b>		34g DATE PRONOUNCED DEAD (Month, Day, Year)		
34h MOTOR VEHICLE ACCIDENT? (Yes or no)		34i PASSENGER, PEDESTRIAN, ETC. <i>Alexander Williams M.D.</i> LAKE COUNTY HEALTH COMMISSIONER		

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER