

FILED

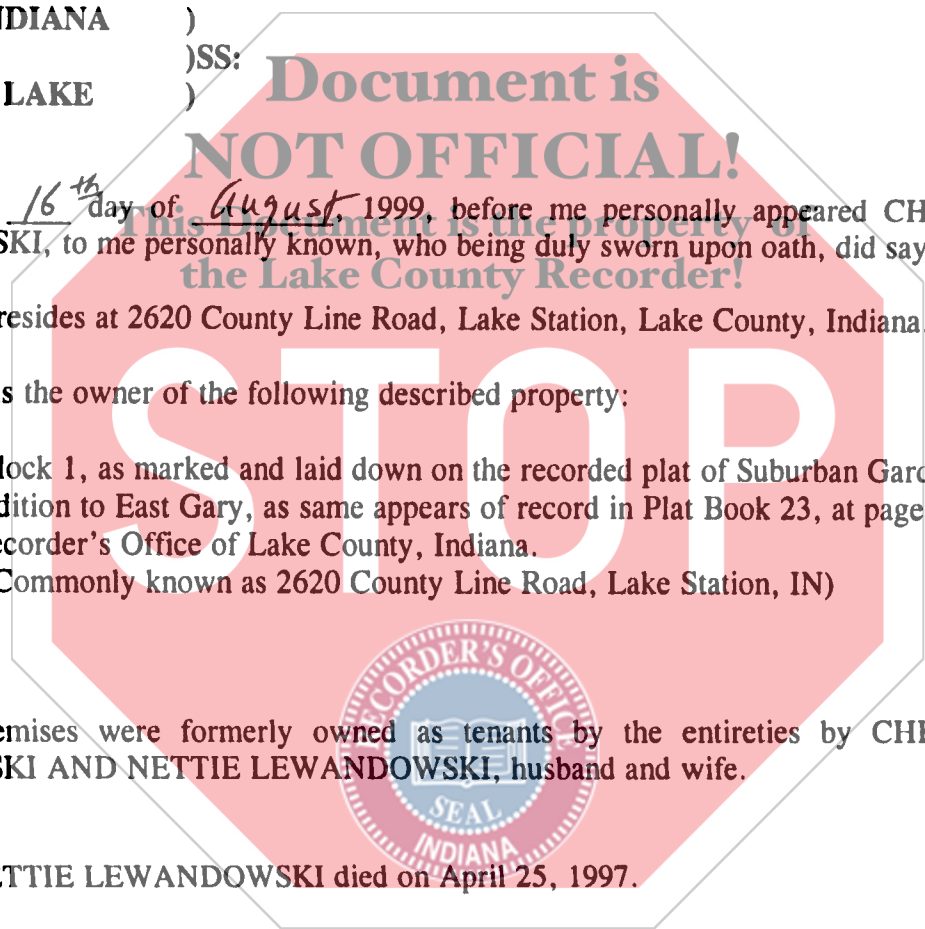
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RECORDER

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)



On the 16th day of August, 1999, before me personally appeared CHESTER J. LEWANDOWSKI, to me personally known, who being duly sworn upon oath, did say that:

1. Affiant resides at 2620 County Line Road, Lake Station, Lake County, Indiana.
2. Affiant is the owner of the following described property:

Lot 1, Block 1, as marked and laid down on the recorded plat of Suburban Gardens First Addition to East Gary, as same appears of record in Plat Book 23, at page 47, in the Recorder's Office of Lake County, Indiana.
(Commonly known as 2620 County Line Road, Lake Station, IN)
3. Said premises were formerly owned as tenants by the entireties by CHESTER J. LEWANDOWSKI AND NETTIE LEWANDOWSKI, husband and wife.
4. Said NETTIE LEWANDOWSKI died on April 25, 1997.
5. That to the best of Affiant's knowledge, there is no estate or inheritance tax liability by reason of the death of said decedent; and all funeral expenses and expenses of last illness have been paid in full.
6. That Affiant and NETTIE LEWANDOWSKI were never divorced, and Affiant is the surviving spouse of said decedent.

FILED

AUG 27 1999

Chester J. Lewandowski
CHESTER J. LEWANDOWSKI

PETER BENJAMIN
LAKE COUNTY AUDITOR

001883

13.00
16.303

SUBSCRIBED and SWORN to before me, by the Affiant, on this 16 day of AUGUST, 1999.

Document is NOT OFFICIAL!
This Document is the property of the Lake County Recorder!

Justin A. Osinski
JUSTIN A. OSINSKI, Notary Public
Resident of LAKE County.

My Commisison Expires:
3/20/00

THIS INSTRUMENT PREPARED BY:
THOMAS L. KIRSCH
131 Ridge Road
Munster, IN 46321
219-836-1384
Attorney No. 5224-45



STOP

This Document Not Valid Unless
 Stamped on Reverse Side and
 Embossed With Raised Seal of
 Porter County

PORTER COUNTY
 CERTIFICATE OF DEATH

PORTER COUNTY HEALTH DEPARTMENT
 155 Indiana Ave.
 Suite 104
 Valparaiso, IN 46383

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) NETTIE LEWANDOWSKI		2 SEX Female	3a TIME OF DEATH 10:00AM	3b DATE OF DEATH (Month Day Yr) April 25, 1997	
4 SOCIAL SECURITY NUMBER 308-28-7819	5a AGE Last Birthday (Years) 69	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo Day Yr) Apr 1, 1928	
7 BIRTHPLACE (City and State or Foreign Country) Gary, IN 46402	8a WAS DECEDENT A U.S. VETERAN? No	8b YEAR LAST SERVED IN U.S. ARMED FORCES N/A	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		
8b FACILITY NAME (If not institution, give street and number) PORTER MEMORIAL HOSPITAL		9c CITY TOWN OR LOCATION OF DEATH Valparaiso		9d COUNTY OF DEATH PORTER	
10 MARITAL STATUS (Specify) Married	11 SURVIVING SPOUSE (If wife give maiden name) CHESTER LEWANDOWSKI	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life Do not use retired) HOMEMAKER		12b KIND OF BUSINESS INDUSTRY OWN HOME	
13a RESIDENCE - STATE IN	13b COUNTY LAKE	13c CITY TOWN OR LOCATION LAKE STATION		13d STREET AND NUMBER 2620 COUNTY LINE ROAD	
13e ZIP CODE 46405	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 13g ON A FARM? <input checked="" type="checkbox"/> No <input 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 DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+)		18 FATHER'S NAME (First, Middle, Last) NICHOLAS MAROVICH			
19 MOTHER'S NAME (First, Middle, Maiden Surname) BERTHA GIERTYCH		20a INFORMANT'S NAME (Type/Print) CHESTER LEWANDOWSKI			
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2620 COUNTY LINE ROAD, LAKE STATION, IN 46405		20c Relationship Husband			
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) Apr 28, 1997 Calvary Cemetery		21c LOCATION - City or Town State Portage, IN	
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>James J. Krause</i>		24b LICENSE NUMBER (of Licensee) FD01006463		25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME 83005613 Rees Funeral Home, Olson Chapel 5341 Central Avenue, Portage, IN 46368	
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 <i>Cardiopulmonary arrest</i> DUE TO (OR AS A CONSEQUENCE OF) b <i>severe ischemic congestive cardiomyopathy</i> DUE TO (OR AS A CONSEQUENCE OF) c DUE TO (OR AS A CONSEQUENCE OF) d Conditions if any which gave rise to the immediate cause stating the underlying cause last FILED				Approximate Interval Between Onset and Death	
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I AUG 27 1999				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 In my opinion, death occurred at the time, date, and place and due to the cause(s) as stated. <input type="checkbox"/> CORONER In my opinion, death occurred at the time, date, and place and due to the cause(s) and manner as stated. PETER BENJAMIN LAKE COUNTY AUDITOR					
29b SIGNATURE AND TITLE OF CERTIFIER <i>Peter Benjamin, MD</i>			29c MEDICAL LICENSE NO. 23737	29d DATE SIGNED (Month Day Year) 4-29-97	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type Print) DAVID G. BEISER MD., 2102 E/ EVANS, VALPARAISO, IN 46383					
31 HEALTH OFFICER'S SIGNATURE <i>Gary A. Bobbitt</i>				32 DATE FILED (Month Day Year) April 30, 1997	
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <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.			

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