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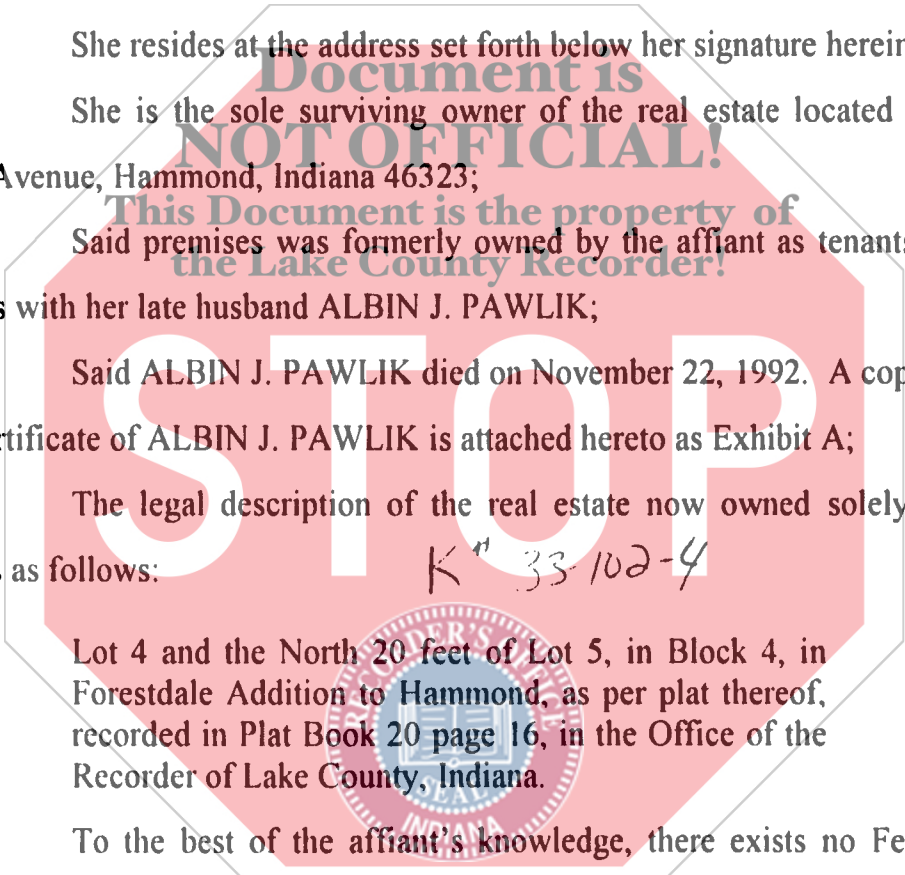
STATE OF INDIANA)
COUNTY OF LAKE) SS: 99072749

99 SEP -2 AM 9:19

AFFIDAVIT OF SURVIVORSHIP

On this 23rd day of August, 1999,
before me personally appeared JEAN PAWLIK, who is personally known to me,
who being sworn upon oath did say that:

1. She resides at the address set forth below her signature herein;
2. She is the sole surviving owner of the real estate located at 6706 Wicker Avenue, Hammond, Indiana 46323;
3. Said premises was formerly owned by the affiant as tenants by the entireties with her late husband ALBIN J. PAWLIK;
4. Said ALBIN J. PAWLIK died on November 22, 1992. A copy of the death certificate of ALBIN J. PAWLIK is attached hereto as Exhibit A;
5. The legal description of the real estate now owned solely by the affiant is as follows: K# 33-102-4
Lot 4 and the North 20 feet of Lot 5, in Block 4, in Forestdale Addition to Hammond, as per plat thereof, recorded in Plat Book 20 page 16, in the Office of the Recorder of Lake County, Indiana.
6. To the best of the affiant's knowledge, there exists no Federal or Indiana estate or inheritance tax liabilities by reason of the death of said decedent:



Tice. No 265237 CARDOJO

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PETER BENJAMIN
LAKE COUNTY AUDITOR

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7. As to the tenancy by the entireties, the affiant and the deceased owner were never divorced.

I AFFIRM, under the penalties for perjury, that the above representations are true and correct.

Jean Pawlik

Affiant

6706 Wicker Ave.

Hammond, Indiana 46523

Affiant's Address

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

Subscribed and sworn to before me by the affiant, JEAN PAWLIK, this 23rd
day of August, 1999.

America L. McAlpin

Notary Public

My Commission Expires: 02/11/00

My County of Residence: Lake

America L. McAlpin
Printed Name

This instrument prepared by America L. McAlpin, Attorney at Law, 9006 Indianapolis Boulevard, Highland, Indiana 46322.

THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE COMMONWEALTH HEALTH DEPARTMENT.

INDIANA STATE BOARD OF HEALTH
CERTIFICATE OF DEATH

Local No. 1020

Dec. 1, 1992
Date Issued
Hammond Health Commissioner

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

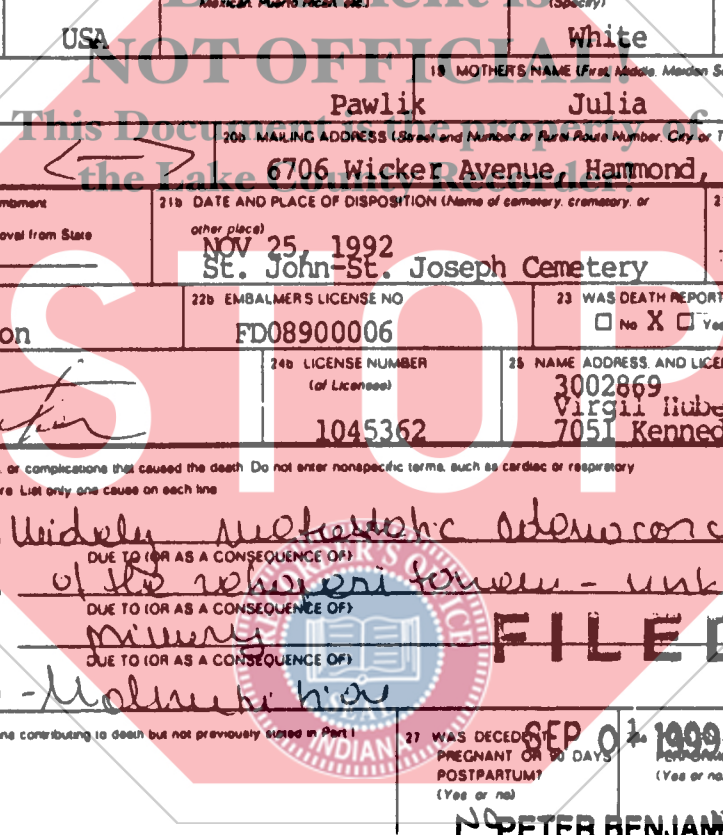
HEALTH OFFICER

CORONER USE ONLY

1 DECEASED—NAME (First, Middle, Last) Albin John Pawlik		2 SEX Male	3a TIME OF DEATH 11:00A	3b DATE OF DEATH (Month, Day, Year) November 22, 1992	
4 SOCIAL SECURITY NUMBER 312-14-2057	5a AGE—Last Birthday (Year) 72	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr) JUN 30, 1920	
7 BIRTHPLACE (City and State or Foreign Country) East Chicago, Indiana	8a WAS DECEDENT A U.S. VETERAN? Yes				
8b YEAR LAST SERVED IN U.S. ARMED FORCES? 1945	8c PLACE OF DEATH (Check only one. See instructions.) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> OOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence				
9a FACILITY NAME (If not residence, give street and number) 6706 Wicker Ave.		9b CITY, TOWN OR LOCATION OF DEATH Hammond	9c COUNTY OF DEATH Lake		
10 MARITAL STATUS (Specify) Married	11 SURVIVING SPOUSE (If wife, give maiden name) Jean Lesiowski	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Machinist		12b KIND OF BUSINESS/INDUSTRY Steel	
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY, TOWN OR LOCATION Hammond	13d STREET AND NUMBER 6706 Wicker Avenue		
13e ZIP CODE 46323	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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16 RACE—American Indian, Black, White, etc. (Specify) White	
17 FATHER'S NAME (First, Middle, Last) John Pawlik		18 MOTHER'S NAME (First, Middle, Maiden Surname) Julia Kanach			
20a INFORMANT'S NAME (Type/Print) Jean Pawlik		20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 6706 Wicker Avenue, Hammond, IN 46323		20c Relationship Wife	
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) NOV 25, 1992 St. John-St. Joseph Cemetery		21c LOCATION—City or Town, State Hammond, Indiana	
22a EMBALMER'S NAME George J. Johnson		22b EMBALMER'S LICENSE NO. FD08900006	23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
24a SIGNATURE OF FUNERAL DIRECTOR <i>John Huber</i>		24b LICENSE NUMBER (of Licensee) 1045362	25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME 3002869 Virgil Huber Funeral Home 7051 Kennedy, Hammond, IN 46323		
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. Widely metastatic adenocarcinoma years			
b. of the unknown primary - unknown		DUE TO (OR AS A CONSEQUENCE OF)			
c. myringitis		DUE TO (OR AS A CONSEQUENCE OF)			
d. Malignant tumor		DUE TO (OR AS A CONSEQUENCE OF)			
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			
27a WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		27b AUTOPSY PERFORMED? (Yes or no) NO		27c WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) NO	
28a 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.		28b SIGNATURE AND TITLE OF CERTIFIER LAKE COUNTY AUDITOR			
29a SIGNATURE AND TITLE OF CERTIFIER <i>T. Vokes</i>		29b MEDICAL LICENSE NO. 01036951	29c DATE SIGNED (Month, Day, Year) 11/30/92		
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) T.J. Vokes, 7905 Calumet Avenue, Hammond Clinic, Munster, Indiana 46321					
31 HEALTH OFFICER'S SIGNATURE <i>Dr. Albin S. Prasad, M.D.</i>			32 DATE FILED (Month, Day, Year) December 1, 1992		
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accidents <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 PLACE OF INJURY—At home, farm, street, factory, etc. (Specify) SEP 4 1990	
34d DATE PRONOUNCED DEAD (Month, Day, Year)		34e MAJOR VEHICLE ACCIDENT? (Yes or No) (Specify vehicle, driver, passenger, etc.) NO			

EXHIBIT A

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H/O
#99 305337



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