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STATE OF INDIANA

County of ~LAKE

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

SS:

99081647

SURVIVORSHIP AFFIDAVIT

99 OCT -5 AM 9:20

~ BARBARA PASCO, of full legal age, being first duly sworn upon his/her oath, deposes and says:

1. That he/she is the owner in fee simple of the following described Real Estate located in Lake County, Indiana:

*B.P.*  
Lot 21 in Block 5 in Country Club Estates Subdivision, as per plat thereof, recorded in Plat Book 20 page 41, in the Office of the Recorder of Lake County, Indiana.

*K#17-84-21*

2. That said Real Estate was formerly owned as ~joint tenants ~tenants by entireties by ~ JOE CISMAN, JR. and ~GUSSIE MERLE CISMAN, ~joint tenant(s) ~ spouse as acquired by deed of conveyance recorded ~ as Instrument Number ~ in the office of the Recorder of Lake County, Indiana.

3. ~JOE CISMAN, JR. died on 7-17-99 ~ leaving ~a ~no will, and:

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**This Document is the property of the Lake County Recorder!**

(A) \_\_\_\_\_ The marital relationship, which existed between ~, husband, and ~, wife, remained continuously and unbroken from the time they acquired title of said Real Estate until ~ death.

(B) \_\_\_\_\_ Upon the death of ~, Affiant became the sole owner of the fee simple title to said Real Estate as ~heir ~surviving tenancy by the entireties ~ surviving joint tenant.

(C) \_\_\_\_\_ ~ and ~ were divorced on ~ under cause number ~ in ~ County, ~.

4. The total value of ~ estate, taking into consideration in the evaluation thereof, the value of all his/her gifts in contemplation of death, including all gifts made by him/her in the three (3) years next preceding his/her death, together with the value of all his/her investments in joint properties and estates by entireties, including the Real Estate above described, plus the proceeds of all insurance on his/her life, did not equal or exceed the sum subject to Federal Estate Tax. All funeral expenses, debts of the estate and inheritance tax have been paid.

5. Affiant makes this affidavit for the sole purpose of clarifying the title to the above described real estate and to induce the Auditor of Lake County to correct the records to show that title is in the name of ~ and to induce TICOR TITLE INSURANCE COMPANY to provide title insurance for the above described ~Real Estate ~Mortgage Security.

Further Affiant saith not.

**FILED**

OCT 04 1999

*Barbara Pasco*  
BARBARA PASCO ~

PETER BENJAMIN  
LAKE COUNTY AUDITOR

STATE OF INDIANA, COUNTY OF LAKE SS:

Subscribed and sworn to before me, a Notary Public on this 30TH day of SEPTEMBER, 1999

*Jacalyn L. Smith*  
JACALYN L. SMITH Notary

My Commission Expires: 12-08-99

000121

13.00  
E.P.  
11

TICOR TITLE INSURANCE  
Crown Point, Indiana  
99205713-463

County of Residence: LAKE

This document prepared by: BARBARA PASCO



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. 1737-99

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) <b>JOSEPH CISMAN</b>		2 SEX <b>Male</b>	3a TIME OF DEATH <b>03:17 PDM</b>	3b DATE OF DEATH (Month, Day, Yr) <b>July 17, 1999</b>
4 *SOCIAL SECURITY NUMBER <b>306-03-8565</b>	5a AGE—Last Birthday (Years) <b>93</b>	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr) <b>January 26, 1906</b>
7 BIRTHPLACE (City and State or Foreign Country) <b>Ohio</b>	8a WAS DECEDENT A US VETERAN? <b>No</b>			
8b YEAR LAST SERVED IN US ARMED FORCES?		9a PLACE OF DEATH (Check only one. See instructions)		
9b FACILITY NAME (If not institution, give street and number) <b>Sebo's Nursing Home</b>		9c CITY, TOWN, OR LOCATION OF DEATH <b>Hobart</b>		9d COUNTY OF DEATH <b>Lake</b>
10 MARITAL STATUS (Specify) <b>Married</b>	11 SURVIVING SPOUSE (If wife, give maiden name) <b>Gussie Lewis</b>	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Steelworker</b>		12b KIND OF BUSINESS/INDUSTRY <b>Steelmill</b>
13a RESIDENCE—STATE <b>Indiana</b>	13b COUNTY <b>Lake</b>	13c CITY, TOWN, OR LOCATION <b>Hobart</b>		13d STREET AND NUMBER <b>108 N. Wisconsin Street</b>
13e ZIP CODE <b>46342</b>	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? <b>USA</b>	15 WAS DECEDENT OF HISPANIC ORIGIN? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes specify Cuban, Mexican, Puerto Rican, etc)	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>N/A</b> College (1-4 or 5+) <b>N/A</b>		18 FATHER'S NAME (First, Middle, Last) <b>JOSEPH CISMAN</b>		
19 MOTHER'S NAME (First, Middle, Maiden Surname) <b>N/A</b>		20a INFORMANT'S NAME (Type/Print) <b>BARBARA PASCO</b>		20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>1039 OLDMILL CIRCLE, ROSEVILLE, CA. 95747</b>
20c Relationship <b>STEP-DAUGHTER</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>July 20, 1999 Calumet Park Cemetery</b>		21c LOCATION—City or Town, State <b>Merrillville, Indiana</b>		
22a EMBALMERS NAME		22b EMBALMER'S LICENSE NO		23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input type="checkbox"/> Yes
24a SIGNATURE OF FUNERAL DIRECTOR <i> Gordon L. Jones</i>		24b LICENSE NUMBER (of Licensee) <b>FD01010711</b>		25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME <b>Burns Funeral Home 701 E. 7th Street, Hobart, Indiana FH83002380 46342-</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. <b>Cerebral Vascular Accident</b> <b>Stroke</b> <b>JUL 28 1999</b>				Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>Stroke</b>				<b>FILED</b> <b>OCT 04 1999</b>
Conditions if any which gave rise to the immediate cause stating the underlying cause last <b>Stroke</b>				
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I				27 WAS DECEDENT PREGNANT OR IN PARTURITION? <b>No</b>
28a WAS AN AUTOPSY PERFORMED? <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 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> Alexander S. Hillman</i>		29c MEDICAL LICENSE NO <b>01027933</b>
29d DATE SIGNED (Month, Day, Year) <b>7/28/99</b>		30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>Dr. Desai 2640 Hamstrom Rd. Portage, Indiana 46368</b>		
31 HEALTH OFFICER'S SIGNATURE <i> Alexander S. Hillman MD</i>				32 DATE FILED (Month, Day, Year) <b>July 28, 1999</b>
33 MANNER OF DEATH <input checked="" 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 <b>000122</b>		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) <b>July 17, 1999</b>		
34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc				