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STATE OF INDIANA)

COUNTY OF LAKE)

SS: 99081784

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

99 OCT -5 AM 10: 01

MONNIS W. CARTER
RECORDER

AFFIDAVIT OF SURVIVORSHIP

MARY KULIG, being first duly sworn upon her oath, deposes and says:

1. That Affiant's husband, WALTER KULIG, died on June 13, 1999 at East Chicago, Indiana.

2. That she and her husband, WALTER KULIG, were duly and legally married at the time they acquired titled as husband and wife to the following described real estate:

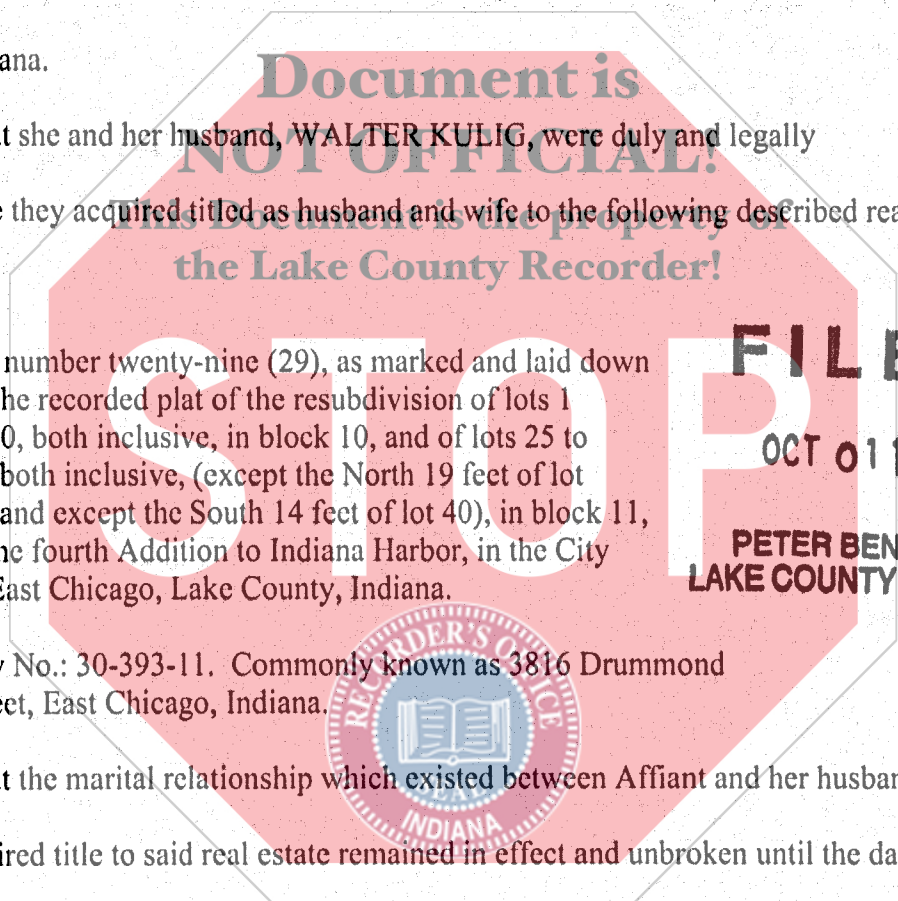
Lot number twenty-nine (29), as marked and laid down on the recorded plat of the resubdivision of lots 1 to 20, both inclusive, in block 10, and of lots 25 to 44, both inclusive, (except the North 19 feet of lot 39, and except the South 14 feet of lot 40), in block 11, in the fourth Addition to Indiana Harbor, in the City of East Chicago, Lake County, Indiana.

Key No.: 30-393-11. Commonly known as 3816 Drummond Street, East Chicago, Indiana.

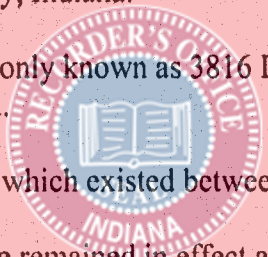
3. That the marital relationship which existed between Affiant and her husband at the time they acquired title to said real estate remained in effect and unbroken until the date of her husband's death, and that by operation of law, she then became owner of the above-described real estate in fee simple title absolute, free and clear of any Indiana transfer tax.

4. That all funeral expenses in connection with the death of Affiant's husband have been paid in full.

5. That no federal estate taxes, nor Indiana inheritance taxes, became due as a result of the death of WALTER KULIG.



FILED
OCT 01 1999
PETER BENJAMIN
LAKE COUNTY AUDITOR



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6. Further Affiant sayeth not.

Mary Kulig
MARY KULIG

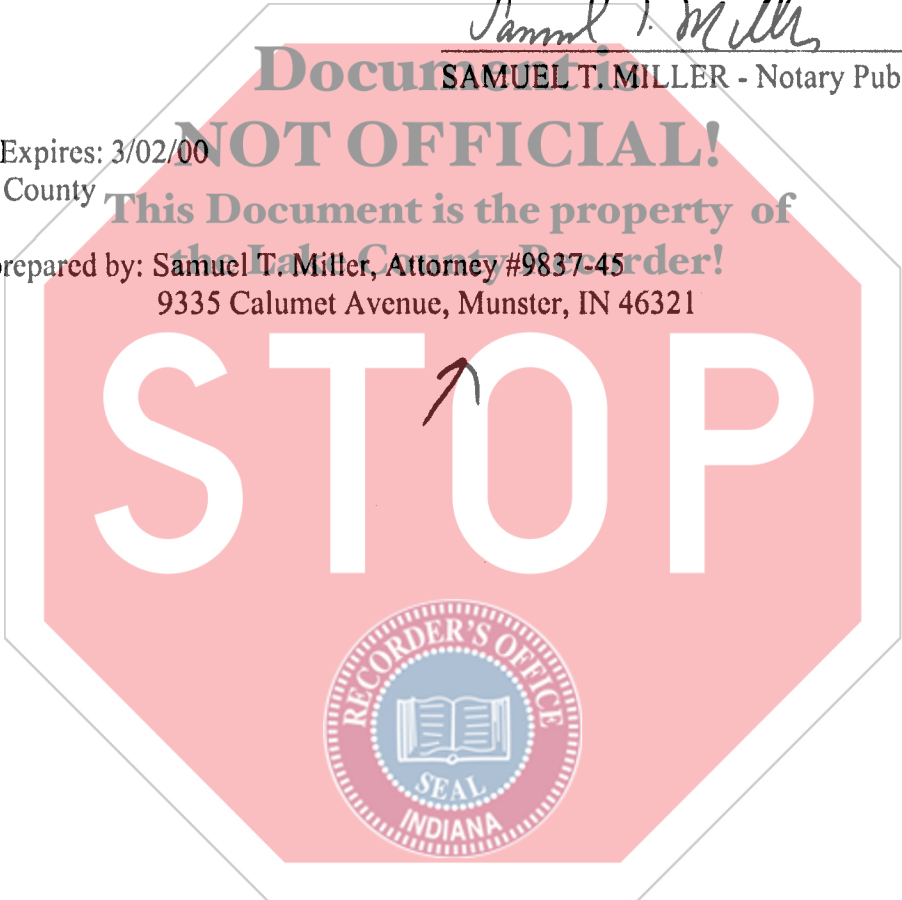
STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

Subscribed and sworn to before me, a Notary Public in and for said County and State,
this 16 day of SEPTEMBER, 1999.

Samuel T. Miller
SAMUEL T. MILLER - Notary Public

My Commission Expires: 3/02/00
Resident of Lake County

This instrument prepared by: Samuel T. Miller, Attorney #9837-45
9335 Calumet Avenue, Munster, IN 46321



* 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. 161

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) Walter Kulig		2 SEX male	3a TIME OF DEATH 1:00A M	3b DATE OF DEATH (Month Day, Yr) June 13, 1999	
4. *SOCIAL SECURITY NUMBER 312-09-0438A	5a AGE—Last Birthday (Years) 83	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo. Day, Yr) April 26, 1916	
7 BIRTHPLACE (City and State or Foreign Country) East Chicago	8a WAS DECEDENT A US VETERAN? no	8b YEAR LAST SERVED IN US ARMED FORCES? none	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		
9b FACILITY NAME (If not institution, give street and number) St. Catherine		9c CITY, TOWN OR LOCATION OF DEATH East Chicago	9d COUNTY OF DEATH Lake		
10 MARITAL STATUS (Specify) married	11 SURVIVING SPOUSE (If wife, give maiden name) Mary Herwat	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Police Officer	12b KIND OF BUSINESS/INDUSTRY City Police Dept.		
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY, TOWN, OR LOCATION East Chicago	13d STREET AND NUMBER 3816 Drummond St.		
13e ZIP CODE 46312	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) N/A College (1-4 or 5+) N/A		18 FATHER'S NAME (First, Middle, Last) Joseph Kulig			
19 MOTHER'S NAME (First, Middle, Maiden Surname) N/A		20a INFORMANT'S NAME (Type/Print) Mary Kulig			
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3816 Drummond St. E. Chicago In. 46312		20c Relationship wife			
21a METHOD OF DISPOSITION <input 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) June 16, 1999 ST. John Cemetery		21c LOCATION—City or Town, State Hammond Indiana	
22a EMBALMER'S NAME Henry Blake		22b EMBALMER'S LICENSE NO. FDO1019406	23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a SIGNATURE OF FUNERAL DIRECTOR <i>Eric Prusiecki</i>		24b LICENSE NUMBER (of Licensee) FDO1022431	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Prusiecki Funeral Home P.O. Box E. Chicago In. 46312 FDH3001562		
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. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. (2) lobe pneumonia / sepsis DUE TO (OR AS A CONSEQUENCE OF) b. heart disease DUE TO (OR AS A CONSEQUENCE OF) c. advanced alzheimer DUE TO (OR AS A CONSEQUENCE OF) d.				Approximate Interval Between Onset and Death FILED OCT 01 1999	
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 WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO CONCLUSION OF CAUSE OF DEATH? (Yes or no) no				PETER BENJAMIN LAKE COUNTY AUDITOR	
29a CERTIFIER (Check only one) <input 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. Stger</i>			29c MEDICAL LICENSE NO. 01045439B	29d DATE SIGNED (Month, Day, Year) 6.15.99.	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 28) (Type/Print) 4712 Magoun Ave, East Chicago, In. 46312					
31 HEALTH OFFICER'S SIGNATURE <i>Mrs. Timothy Pawlowski</i>			32 DATE FILED (Month, Day, Year) 6-15-99		
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) 6-13-99	34b TIME OF INJURY	34c INJURY AT WORK? (Yes or no)	34d DESCRIBE HOW INJURY OCCURRED
34a 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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