

Chicago Title Insurance Company

2007 Superior Ave., Hammond/Whiting, IN 46394

STATE OF INDIANA)
COUNTY OF LAKE) SS:

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

H-199004914 LD

SURVIVORSHIP AFFIDAVIT

99083431

99 OCT -8 AM 9:48

On this ~~28~~ day of ~~May~~ ^{SEPT}, 1999 before me personally appeared DONALD C. SKURKA, who being duly sworn upon oath, and did state that:

MORRIS W. CARTER
RECORDER

1. Affiant resides at 8503 HOHMAN, MUNSTER, IN 46321
2. Affiant is the adult SON of MARY SKURKA and ALBERT C. SKURKA, deceased, and is the owner of the real estate described as:

The North 20 feet of Lot 38 and the South 20 feet of Lot 39, in Block 6 in west Park Addition to Hammond, as per plat thereof, recorded in Plat Book 12 page 35, in the Office of the Recorder of Lake County, Indiana.

3. Said premises were formerly owned as tenants by the entireties by MARY SKURKA and ALBERT C. SKURKA, husband and wife.
4. Said MARY SKURKA died on AUGUST 1, 1996, leaving no Will.
5. Said ALBERT C. SKURKA died on NOVEMBER 11, 1998, leaving no Will.
6. That to the best of the affiant's knowledge, there will be estate and/or inheritance tax liability by reason of the death of MARY SKURKA and ALBERT C. SKURKA; All funeral expenses and expenses of last illness have not yet been paid in full.
7. A supervised estate has been opened in the Superior Court of Lake County, Cause Number 45d05-9811-ES-249 for which the Personal Representative has posted the appropriate bond and there will be sufficient revenues to pay all taxes and expenses of the Estate.
8. That MARY SKURKA and ALBERT C. SKURKA were never divorced.

Donald C. Skurka
DONALD C. SKURKA, Personal Representative

FILED

OCT 07 1999

PETER BENJAMIN
LAKE COUNTY AUDITOR

STATE OF INDIANA, COUNTY OF LAKE, SS:

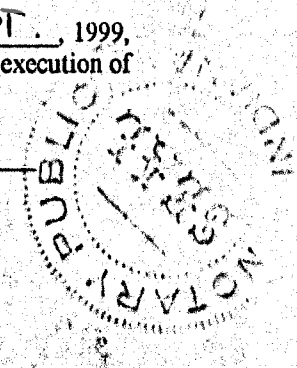
Before me, the undersigned Notary Public for said County and State, on this ~~28~~ day of SEPT., 1999, DONALD C. SKURKA, Personal Representative, personally appeared and acknowledged the execution of the foregoing affidavit. I have hereunto subscribed my name and affixed my official seal.

JOHN M. HUGHES
SEAL: My Commission Expires April 13, 2008
Lake County - Indiana

John M. Hughes
Notary Public

This Instrument Prepared By:

JOHN M. HUGHES, ATTORNEY AT LAW
Thomas L. Kirsch and Associates
131 Ridge Road, Munster, IN 46321



000502

13.00
per
ct

* 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

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

Nov. 17, 1998
 Date Issued *Franklin J. Premuda M.D.*
 Hammond Health Commissioner

Local No. 895

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) Albert C. Skurka,		2 SEX Male	3a TIME OF DEATH 4:50A M	3b DATE OF DEATH (Month Day Year) November 11, 1998	
4 *SOCIAL SECURITY NUMBER 313-20-7993	5a AGE—Last Birthday (Years) 72	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo Day Yr) March 5, 1926	
7 BIRTHPLACE (City and State or Foreign Country) Ellsworth, Pennsylvania	8a WAS DECEDENT A US VETERAN? Yes				
8b YEAR LAST SERVED IN US ARMED FORCES? 1947	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. Margaret Mercy Healthcare Center		9c CITY, TOWN OR LOCATION OF DEATH Hammond	9d COUNTY OF DEATH Lake		
10 MARITAL STATUS (Specify) Widowed	11 SURVIVING SPOUSE (If wife give maiden name) None	12a DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life Do not use retired) Supervisor	12b KIND OF BUSINESS/INDUSTRY LTV Steel Co.		
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY, TOWN OR LOCATION Hammond (Whiting P.O.)	13d STREET AND NUMBER 2007 Superior Avenue		
13a ZIP CODE 46394	13g ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? U.S.A.	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) White	
17 DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <u>12</u> College (14 or 5+) _____		18 FATHER'S NAME (First, Middle, Last) Charles Skurka			
19 MOTHER'S NAME (First, Middle, Maiden Surname) Annary of Chesney		20a INFORMANT'S NAME (Type/Print) Mr. Albert Skurka, Jr.			
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip) 186 Fortune Lk. Cp. Rd., Crystal Falls, MI 49920		20c Relationship Son			
21a METHOD OF DISPOSITION <input type="checkbox"/> Entombment <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) November 13, 1998 Calumet Park Cemetery		21c LOCATION—City or Town State Merrillville, Indiana	
22a EMBALMER'S NAME Martin A. Dybel		22b EMBALMER'S LICENSE NO FDE01019456	23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a SIGNATURE OF FUNERAL DIRECTOR <i>Martin A. Dybel</i>		24b LICENSE NUMBER (of Licensee) FDE01019456	25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Baran & Son, Inc., FDH83007267 1235-119th St., Whiting, IN 46394		
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. <u>Coronary Artery disease - possible Aneurysm</u> DUE TO (OR AS A CONSEQUENCE OF)					
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 <u>End stage Renal disease</u> <u>Septicemia</u> <u>Hypertension</u>					
27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) N/A		28a WAS AN AUTOPSY PERFORMED? (Yes or no) No	28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) N/A		
29a CERTIFIER <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>H. Williams, D.O.</i>		29c MEDICAL LICENSE NO 1030716	29d DATE SIGNED (Month Day Year) 11/12/98 Nov. 17, 1998		
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) A. Kheirbek, M.D. 5454 Hohman Ave. Hammond, Indiana 46320					
31 HEALTH OFFICER'S SIGNATURE <i>Franklin J. Premuda M.D.</i>			32 DATE FILED (Month Day Year) November 16, 1998		
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 FILED OCT 07 1999
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 000502			

LF 91
CF 16624



STATE OF MICHIGAN
DEPARTMENT OF PUBLIC HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER
1183026

TYPE/PRINT
IN
PERMANENT
BLACK INK

NAME OF DECEDENT
FOR USE BY PHYSICIAN OR INSTITUTION

1 DECEDENT'S NAME (First, Middle, Last) MARY SKURKA				2 SEX Female	3 DATE OF DEATH (Month, Day, Year) August 1, 1996
4a AGE - Last Birthday (Years) 77	4b UNDER 1 YEAR MONTHS: _____ DAYS: _____	4c UNDER 1 DAY HOURS: _____ MINUTES: _____	5 DATE OF BIRTH (Month, Day, Year) January 1, 1925		6 COUNTY OF DEATH Iron
7a LOCATION OF DEATH (Enter place officially pronounced dead in 7a, 7b, 7c.) Crystal Falls Community Hospital			7b IF HOSP OR INST Inpatient, Op/Emer Room, DOA (Specify) Inpatient	7c CITY, VILLAGE, OR TOWNSHIP OF DEATH Crystal Falls City	
8 SOCIAL SECURITY NUMBER 313-20-9148		9a USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Secretary		9b KIND OF BUSINESS OR INDUSTRY LTV Steel Co.	
10a CURRENT RESIDENCE - STATE Indiana	10b COUNTY Lake	10c LOCALITY (Check one box and specify) <input checked="" type="checkbox"/> INSIDE CITY OR VILLAGE OF Whiting <input type="checkbox"/> TWP. OF _____		10d STREET AND NUMBER 2007 Superior Ave.	
10e ZIP CODE 46394	11 BIRTHPLACE (City and State or Foreign Country) East Chicago, Indiana	12 MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married	13 SURVIVING SPOUSE (If wife, give name before first married) Albert Skurka	14 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) no	
15 ANCESTRY - Mexican, Puerto Rican, Cuban, Central or South American, Chicano, other Hispanic, Afro-American, Arab, English, French, Finnish, etc. (Specify below) Slovak		16 RACE - American Indian, Black, White, etc. If Asian, give nationality i.e. Chinese, Filipino, Asian Indian, etc. (Specify below) white		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (14 or 5+) _____	
18 FATHER'S NAME (First, Middle, Last) John Suda			19 MOTHER'S NAME (First, Middle, Surname before first married) Mary Durove		
20a INFORMANT'S NAME (Type/Print) Albert Skurka			20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Village, State, ZIP Code) 2007 Superior Ave Whiting, Indiana 46394		
21. METHOD OF DISPOSITION - Burial, Cremation, Removal, Donation, Other (specify) Burial		22a PLACE OF DISPOSITION (Name of Cemetery, Crematory, or other place) Calumet Park Cemetery		22b LOCATION - City or Village, State Meriville, Indiana	
23 SIGNATURE OF FUNERAL SERVICE LICENSEE <i>Joseph P. Nash</i>		24. LICENSE NUMBER (of Licensee) 6323	25. NAME AND ADDRESS OF FACILITY Plow-Nash Funeral Home, Inc. 909 Crystal Crystal Falls, MI 49920		
26 PART I. Enter the diseases, injuries, or complications that caused the death. Do NOT enter the mode of dying, 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) Profusional Irreversible Congestive Heart failure				Approximate Interval Between Onset and Death Several hrs	
Sequentially list conditions, IF ANY, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST Terminal Ischemic Cardiomyopathy				Several yrs	
Diabetes mellitus, insulin dependent				"	
Renal failure				Several mos	
PART II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I				27a WAS AN AUTOPSY PERFORMED? (Yes or No) No	
				27b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No) --	
28 ACTUAL PLACE OF DEATH (Home, Nursing Home, Hospital, Ambulance) (Specify) Hospital		29 WAS CASE REFERRED TO MEDICAL EXAMINER? (Specify Yes or No) No		31a (Check one only) <input type="checkbox"/> The case reviewed and determined not to be a medical examiner's case. <input type="checkbox"/> On the basis of examination and of investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner stated.	
30a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) <i>Joan Luhtanen</i>		30b DATE SIGNED (Mo., Day, Yr.) August 1, 1996	30c TIME OF DEATH 0645 a.m.	31b DATE SIGNED (Mo., Day, Yr.)	31c CASE NUMBER
30d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		31d PRONOUNCED DEAD (Mo., Day, Yr.) ON		31e TIME OF DEATH M	
32a NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type or Print) R.V. Untalan, M.D. 211 4th St. Crystal Falls MI 49920				32b LICENSE NUMBER 036114	
33a ACC. SUICIDE, HOM, NATURAL OR PENDING INVEST. (Specify) Natural		33b DATE OF INJURY (Mo., Day, Yr.)	33c TIME OF INJURY M	33d DESCRIBE HOW INJURY OCCURRED	
33e INJURY AT WORK (Specify Yes or No) No		33f PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		33g LOCATION - Street or RFD No City, Village or Twp State	
34a REGISTRAR'S SIGNATURE <i>Joan Luhtanen</i>				34b DATE FILED (Month, Day, Year) August 2, 1996	

STATE OF MICHIGAN } ss. I, Joan Luhtanen Clerk
COUNTY OF IRON }
of the County of Iron and of the Circuit Court thereof, the same being a Court of Record having a seal, do hereby certify that the following is a copy of the record of Death of MARY SKURKA now remaining in my office, and the whole thereof.
IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of said Circuit Court, the 11th day of March A.D. 1999.

Joan Luhtanen Clerk
By _____ Deputy Clerk

FILED
OCT 07 1999
PETER BENJAMIN
LAKE COUNTY AUDITOR

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