

**TICOR TITLE INSURANCE**

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

AFFIDAVIT

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99 OCT 15 AM 9:08

STATE OF INDIANA )  
COUNTY OF LAKE ) SS:

MORRIS W. CARTER  
RECORDER

Dennis Pawlus, being first duly  
sworn upon oath, deposes and says:

1. That Michael Pawlus died on  
April 28, 1991 at Hammond, Indiana.

2. That Michael Pawlus and Josephine Pawlus  
were duly and legally married at the time they acquired title as husband and  
wife to the following described real estate:

Key # 35-144-7

Lot 7 and 8 in North Park Manor, in the City of Hammond,  
as per plat thereof, recorded in Plat Book 18 page 30,  
in the Office of the Recorder of Lake County, Indiana.

the Lake County Recorder!

3. That the marital relationship which existed between them at the time they  
acquired title to said real estate remained in effect and unbroken until the  
date of (his) (her) death.

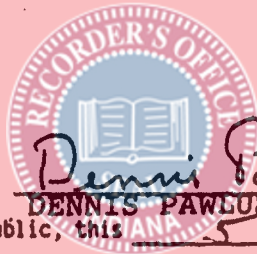
DULY ENTERED FOR TAXATION SUBJECT TO  
FINAL ACCEPTANCE FOR TRANSFER.

4. That all of the assets of said decedent which would be includable for  
Federal Estate Tax purposes, including joint bank accounts and life insurance  
on decedent's life were not sufficient to necessitate payment of Federal Estate  
Tax.

OCT 14 1999

PETER BENJAMIN  
LAKE COUNTY AUDITOR

Further affiant sayeth not.



Subscribed and sworn to before me, a Notary Public, this 5 day of  
OCTOBER, 1999.

David E. Mears  
Notary Public  
DAVID E. MEARS  
LAKE CO.

My Commission expires:

1/17/2001

County of Residence:

LAKE

This instrument prepared by David E. Mears, Attorney at Law  
3527 Ridge Road, Highland, IN 46322  
Atty No. 9119-45

11.00  
11.00  
11.00

TICOR No 206876  
MIZESK

**INDIANA STATE BOARD OF HEALTH  
CERTIFICATE OF DEATH**

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

St Oct 6, 1991  
Date Issued Hammond Health Commissioner

cal No. .... 322 .....

TYPE/PRINT IN PERMANENT BLACK INK  
DECEDENT  
PARENTS  
FORMANT  
DISPOSITION  
CAUSE OF DEATH  
CERTIFIER  
HEALTH OFFICER  
CORONER USE ONLY

1 DECEASED—NAME (First Middle Last) <b>Michael Pawlus</b>		2 SEX <b>Male</b>	3a TIME OF DEATH <b>4:45 P M</b>	3b DATE OF DEATH (Month Day Yr) <b>April 28, 1991</b>
4 SOCIAL SECURITY NUMBER <b>309-09-3714</b>	5a A.I.E.—Last Birthday (Year) <b>78</b>	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo Day Yr) <b>MAY 28, 1912</b>
7 BIRTHPLACE (City and State or Foreign Country) <b>WHITING, INDIANA</b>	8a WAS DECEDENT A U.S. VETERAN? <b>NO</b>			
8b YEAR LAST SERVED IN U.S. ARMED FORCES? <b>—</b>	8c 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			
9a FACILITY NAME (If not institution, give street and number) <b>ST. MARGARET HOSPITAL</b>		9c CITY TOWN OR LOCATION OF DEATH <b>HAMMOND</b>	9d COUNTY OF DEATH <b>LAKE</b>	
10 MARITAL STATUS (Specify) <b>MARRIED</b>	11 SURVIVING SPOUSE (If wife give maiden name) <b>JOSEPHINE STRZEMPKA</b>	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>PIPEFITTER</b>	12b KIND OF BUSINESS/INDUSTRY <b>OIL REFINERY</b>	
13a RESIDENCE—STATE <b>INDIANA</b>	13b COUNTY <b>COOK</b>	13c CITY TOWN OR LOCATION <b>HAMMOND</b>	13d STREET AND NUMBER <b>619 HUEHN STREET</b>	
13e ZIP CODE <b>46327</b>	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? <b>USA</b>	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) <b>WHITE</b>
17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (10-12) <b>12</b> College (14 or 16) <b>—</b>		18 FATHER'S NAME (First Middle Last) <b>MICHAEL PAWLUS</b>		
19 MOTHER'S NAME (First Middle Maiden Surname) <b>VICTORIA FORMAN</b>		20a INFORMANT'S NAME (Type/Print) <b>JOSEPHINE PAWLUS</b>		
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>619 HUEHN STREET, HAMMOND, IN 46327</b>		20c Relationship <b>WIFE</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>MAY 1, 1991 HOLY CROSS CEMETERY</b>		21c LOCATION—City or Town, State <b>CALUMET CITY, ILLINOIS</b>
22a EMBALMER'S NAME <b>KEITH D, ANTHONY</b>		22b EMBALMER'S LICENSE NO. <b>01011911</b>	23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a SIGNATURE OF FUNERAL DIRECTOR <i>Keith D. Anthony</i>		24b LICENSE NUMBER (of Licensor) <b>01011911</b>	25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME <b>ANTHONY &amp; DZIADOWICZ FH 83002835 4404 CAMERON, HAMMOND, IN 46327</b>	
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>W. Pericardial Effusion, Myocardial Infarction</i> b. <i>two Stage Renal Disease</i> c. <i>Coronary Disease</i> Conditions if any, which gave rise to the immediate cause, stating the underlying cause last d. <i>—</i>				
26 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) <b>NO</b>		28a WAS AN AUTOPSY PERFORMED? (Yes or no) <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>[Signature]</i>		29c MEDICAL LICENSE NO. <b>848-A</b>	29d DATE SIGNED (Month Day Year) <b>April 30, 1991</b>	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>Dr. S. Mischel 5454 Hohman Avenue Hammond, Indiana 46320</b>				
31 HEALTH OFFICER'S SIGNATURE <i>Franklin D. Jermuda, M.D.</i>			32 DATE FILED (Month Day Year) <b>APR 30 1991</b>	
33 MANNER OF DEATH <input 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
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.		

**FILED**

**OCT 14 1990**

**000922**

**PETER BENJAMIN  
LAKE COUNTY AUDITOR**

FILED IN 206876 M132821