

Chicago Title Insurance Company

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

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99 OCT 15 AM 9:46

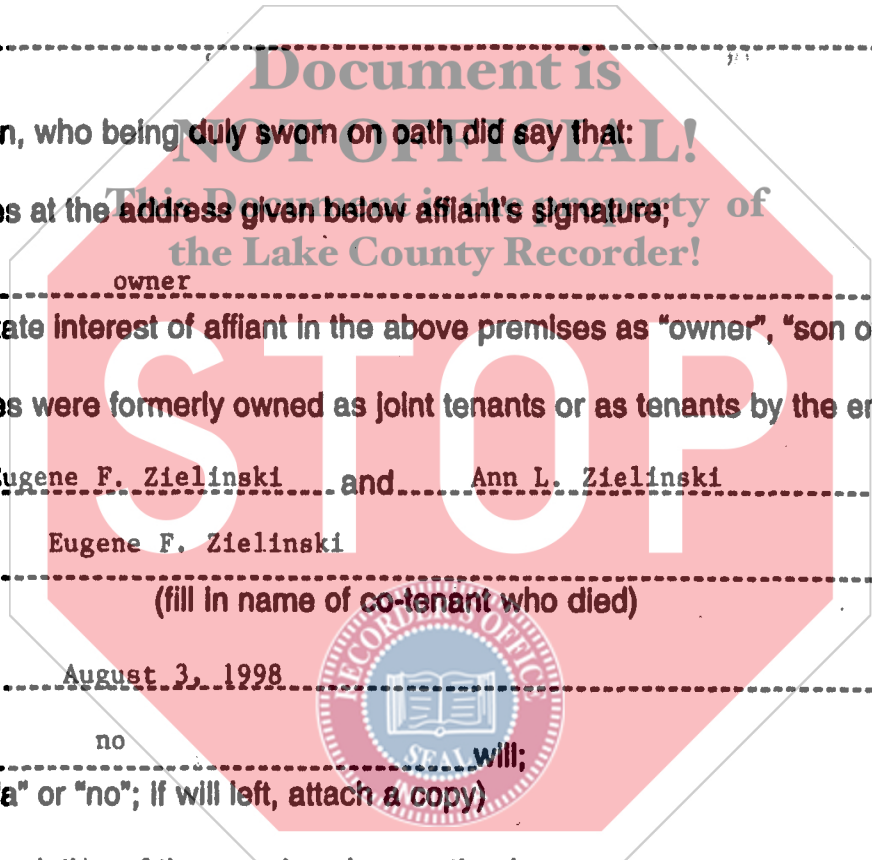
MORRIS W. CARTER  
RECORDER

Chicago Title Insurance Company

C 19905626 LD SURVIVORSHIP AFFIDAVIT

On this 12th day of October 1999 before me personally appeared Ann L. Zielinski  
(Insert date)

to me personally known, who being duly sworn on oath did say that:



- 1. Affiant resides at the address given below affiant's signature;
- 2. Affiant is owner (state interest of affiant in the above premises as "owner", "son of owner", etc.);
- 3. Said premises were formerly owned as joint tenants or as tenants by the entireties by Eugene F. Zielinski and Ann L. Zielinski;
- 4. Said Eugene F. Zielinski (fill in name of co-tenant who died) died on August 3, 1998 leaving no will; (insert "a" or "no"; if will left, attach a copy)

5. The legal description of the premises in question is:  
The East 4.5 feet of the North 85 feet of Lot b, all of lot c and the west half of Lot d in Leimbachs Addition to Hammond, as per plat thereof, recorded in Plat Book 12, page 18, in the Office of the Recorder of Lake County Indiana.

6. Is there Federal Estate or State inheritance tax liability by reason of the death of said decedent?  Yes  No

If yes, then estimated taxes due are \$

The taxes due are  paid or  unpaid.

FILED

OCT 14 1999

PETER BENJAMIN  
LAKE COUNTY AUDITOR

1300  
er

000947

7. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced?

.....

(If answer is "Yes," identify the divorce proceedings:

.....);

8. Affiant's relationship to the deceased was.....wife.....

Signature: *Ann Zielinski*

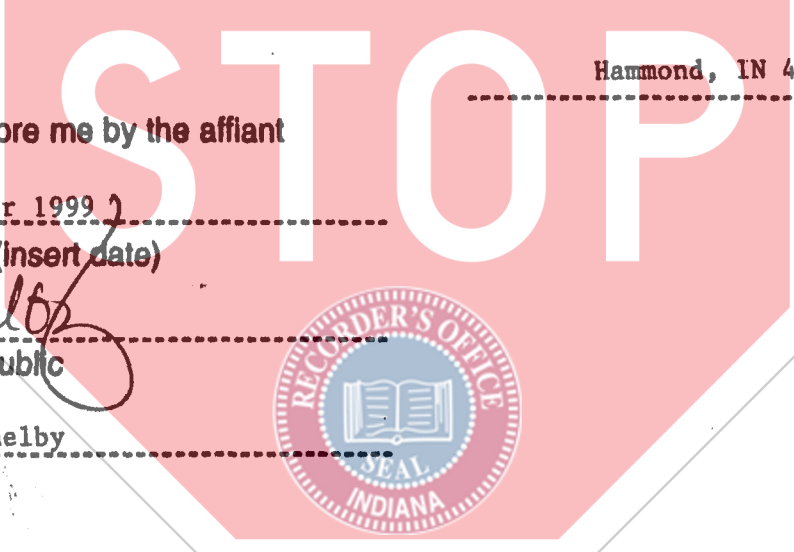
Document is NOT OFFICIAL

Printed Name Ann Zielinski

This Document is the property of the Lake County Recorder!

Address: 536 Gostlin Avenue

Hammond, IN 46327



Subscribed and sworn to before me by the affiant

this 12th day of October 1999 (insert date)

*Lori L. Shelby*  
Notary Public

Printed Name Lori L. Shelby

My County of Residence is: Porter

In the State of Indiana

My Commission Expires 11/11/99

This instrument prepared by Ann Zielinski

FROM : LAKECOUNTYREALTY

PHONE NO. : 2196962126

Oct. 11 1999 12:49PM P4

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

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

Local No. .... 606 .....

CERTIFICATE OF DEATH

SI 886-7-1998 Date Issued *Franklin J. Premuda M.D.* Hammond Health Commission

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 (Print Legible Last)		2 SEX		3a TIME OF DEATH		3b DATE OF DEATH (Month, Day, Year)	
EUGENE F. ZIELINSKI		MALE		9:35 P.M.		AUGUST 3, 1998	
4 SOCIAL SECURITY NUMBER		5a AGE—Last Birthday (Year)		5b UNDER 1 YEAR		5c UNDER 1 DAY	
303-42-2147		56		Months Days		Hours Minutes	
6a WAS DECEDENT A US VETERAN?		6b YEAR LAST SERVED IN US ARMED FORCES?		8 DATE OF BIRTH (Mo., Day, Yr.)		7 BIRTHPLACE (City and State or Foreign Country)	
YES		1960		NOV. 21, 1941		GARY, INDIANA	
9a PLACE OF DEATH (Check only one box and structure)				9b PLACE OF DEATH (Check only one box and structure)			
HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA				OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence			
9c FACILITY NAME (If not institution, give street and number)				9d CITY, TOWN OR LOCATION OF DEATH		9e COUNTY OF DEATH	
536 GOSTLIN STREET				HAMMOND		LAKE	
10 MARITAL STATUS (Specify)		11 SURVIVING SPOUSE (If wife, give maiden name)		12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)		12b KIND OF BUSINESS/INDUSTRY	
MARRIED		ANN DOMALIK		ORDER CONTROL MANAGER		STEEL COMPANY	
13a RESIDENCE—STATE		13b COUNTY		13c CITY, TOWN OR LOCATION		13d STREET AND NUMBER	
INDIANA		LAKE		HAMMOND		536 GOSTLIN STREET	
13e ZIP CODE		13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14 CITIZEN OF WHAT COUNTRY?		15 WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	
46327		13g ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		USA		16 RACE—American Indian, Black, White, etc. (Specify)	
17 DECEDENT'S EDUCATION (Specify only highest grade completed)		18 FATHER'S NAME (First Middle, Maiden Last)		19 MOTHER'S NAME (First Middle, Maiden Surname)			
College (1-4 or 5+)		WALTER ZIELINSKI		CLARA KRUGIELKA			
20a INFORMANT'S NAME (Type/Print)		20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)		20c Relationship			
ANN ZIELINSKI		536 GOSTLIN ST., HAMMOND, INDIANA 46327		WIFE			
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)		21c LOCATION—City or Town, State			
		AUGUST 7, 1998 HOLY CROSS CEMETERY		CALUMET CITY, ILLINOIS			
22a EMBALMER'S NAME		22b EMBALMER'S LICENSE NO.		23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
KEITH D. ANTHONY		01011911					
24a SIGNATURE OF FUNERAL DIRECTOR		24b LICENSE NUMBER (of License)		25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME			
<i>Keith D. Anthony</i>		01011911		ANTHONY A. DZIADOWICZ, PH. 83002835 4404 CAMERON, HAMMOND, INDIANA 46327			
26 PART I Enter the diseases, injuries, or complications that caused the death. Do not use nonspecific terms such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. <span style="float: right;">Approximate Interval Between Onset and Death</span>							
IMMEDIATE CAUSE (Final disease or condition resulting in death)		Vascular collapse				Unknown	
Conditions, if any, which gave rise to the immediate cause stating the underlying cause last		DUE TO (OR AS A CONSEQUENCE OF)				Due to arteriosclerotic heart and vascular disease	
		DUE TO (OR AS A CONSEQUENCE OF)					
		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)		28 WAS AN AUTOPSY PERFORMED? (Yes or No)		29 WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No)			
NO		NO		NO			
30a CERTIFIER <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 checked="" 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.		30b SIGNATURE AND TITLE OF CERTIFIER		30c MEDICAL LICENSE NO.		30d DATE SIGNED (Month, Day, Year)	
Deputy		<i>Franklin J. Premuda</i>		N/A		August 5, 1998	
31 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 201(f), 201(h))							
Donna Melyon, Deputy Coroner, 2293 North Main Street, Crown Point, Indiana 46307							
31a HEALTH OFFICER'S SIGNATURE						31b DATE FILED (Month, Day, Year)	
<i>Franklin J. Premuda M.D.</i>						August 7, 1998	
32 MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		33a DATE OF INJURY (Month, Day, Year)		33b TIME OF INJURY		33c INJURY AT WORK? (Yes or No)	
		33d PLACE OF INJURY—At home farm street factory office building etc. (Specify)		33e LOCATION (Street and Number or Rural Route Number, City or Town, State)			
34a DATE PRONOUNCED DEAD (Month, Day, Year)		34b MOTOR VEHICLE ACCIDENT? (Yes or No) If yes, specify driver, passenger, pedestrian, etc.					
August 3, 1998		No.					

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