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STATE OF INDIANA)
)
COUNTY OF LAKE)

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

FILED

OCT 12 1999

99085602

99 OCT 18 AM 10: 52

PETER BENJAMIN
LAKE COUNTY AUDITOR

MORRIS W. [illegible]
RECORDER

AFFIDAVIT of HEIRSHIP

COMES NOW MARGARET M.ARY LEGENY PONCSAK, IN ORDER TO SATISFY THE PROVISIONS OF IC 29-1-8-3 AND BEING DULY SWORN UPON HER OATH DEPOSES AND SAYS THAT :

1. She is a claimant to the Estate of JOSEPH G. PONCSAK and entitled to the property pursuant to the provisions of IC 29-1-8-3.

2. The property claimed is the North fifty feet of lot 116 in Independence Hill, Third Edition, as per plat thereof, recorded in Plat Book 24 Page 69 in office of the Recorder of Lake County, Indiana. Key # 15-148-45

3. It appears that the decedent's gross probate estate, less liens and encumberances, does not exceed the sum of the following: Twnety-five thousand dollars ($25,000), the costs and expenses of administration, and reasonable funeral expenses.

4. The person entitled to sole ownership of the property as a result of the decedent's death is the Claimant, Margaret M. Poncsak.

5. The Claimant's interest in the property was created under the provisions of the Last Will and Testament of Joseph G. Poncsak dated November 16, 1998.

Margaret Mary Legeny Poncsak
Margaret Mary Legeny Poncsak
MMP

SUBSCRIBED AND SWORN TO BEFORE ME, A NOTARY PUBLIC IN AND FOR SAID COUNTY AND STATE THIS 8th DAY OF October ,1999.

Patricia Ludington
Notary - printed name

Patricia Ludington
Signature

COMMUNITY TITLE COMPANY
FILE NO L 18643 mj

My Commission Expires: 04/15/08
Resident of Lake County

13.00 E.P.
Comm 1095

000763

Last Will and Testament of
Joseph George Poncsak

I, Joseph George Poncsak, of Merrillville, Indiana make and publish this will.

1. I hereby revoke any and all wills and codicils heretofore made by me.

2. I direct that all my just debts, funeral expenses, costs of estate administration and all taxes imposed on my estate be paid by my personal representative.

3. I give the remainder of my estate to my sister-in-law, Margaret Mary Legeny Poncsak. If she does not survive me, I give the remainder of my estate to my nine nieces and nephews.

4. I appoint my sister-in-law, Margaret Mary Legeny Poncsak, Executrix of this will. In the event of her death, or refusal or inability to act, I appoint my niece, Margaret Mary Poncsak Galloway, to act as successor Executrix, with all the rights and duties given to or imposed upon my first Executrix. I direct that neither of them shall be required to furnish bond.

IN WITNESS WHEREOF, I have hereunto set my hand at Merrillville, Indiana, this 16 day of NOVEMBER, 1998.

Joseph George Poncsak

Signed, declared and published by the said testator, Joseph George Poncsak, to be his Last Will and Testament in the presence of each of us who, at the same time and at his request and in his presence and in the presence of each other have hereunto subscribed our names and places of residence as attesting witnesses to said will.

NAME	ADDRESS
MARY M. LEVENDA	8234 Taft St Merrillville In. 46410
Mary M. Levenda	
David E Williams	8215 Taft St Merrillville Ind 46410
David E. Williams	

'99 09/30 10:13 ☎ 317 846 3114 01

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

FILED

CERTIFICATE OF DEATH

Local No. 1767-99

State No. OCT 12 1999

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-13-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1 DECEASED—NAME (First, Middle, Last): JOSEPH G. PONCSAK
2 SEX: MALE
3a TIME OF DEATH: 2:22 P.M.
3b DATE OF DEATH (Month, Day, Yr.): August 2, 1999
4 SOCIAL SECURITY NUMBER: 303-24-5865
5a AGE—Last Birthday (Years): 73
5b UNDER 1 YEAR: Months / Days
5c UNDER 1 DAY: Hours / Minutes
6 DATE OF BIRTH (Mo. Day Yr.): March 20, 1926
7 BIRTHPLACE (City, Town, or State): Gary, Indiana
8a WAS DECEDENT A U.S. VETERAN? Yes
8b YEAR LAST SERVED IN U.S. ARMED FORCES? 1951
9a PLACE OF DEATH (Check only one. See instructions): HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☐ Other (Specify) ☒ Residence
9b FACILITY NAME (If not institution, give street and number): 8326 Ellsworth Place
9c CITY, TOWN OR LOCATION OF DEATH: Merrillville
9d COUNTY OF DEATH: Lake
10 MARITAL STATUS (Specify): Never Married
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): Homebound
12b KIND OF BUSINESS/INDUSTRY: Unemployed
13a RESIDENCE—STATE: Indiana
13b COUNTY: Lake
13c CITY, TOWN OR LOCATION: Merrillville
13d STREET AND NUMBER: 8326 Ellsworth Place
13e ZIP CODE: 46410
13f INSIDE CITY LIMITS? ☐ No ☒ Yes
13g ON A FARM? ☒ No ☐ Yes
14 CITIZEN OF WHAT COUNTRY? U.S.A.
15 WAS DECEDENT OF HISPANIC ORIGIN? ☐ No ☒ 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): ; College (1-4 or 5+): 2

PARENTS

18 FATHER'S NAME (First, Middle, Last): Michael F. Poncsak
19 MOTHER'S NAME (First, Middle, Maiden Surname): Julia Szumutku

INFORMANT

20a INFORMANT'S NAME (Type/Print): Margaret M. Poncsak
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 8211 Taft St. Merrillville, IN 46410
20c Relationship: Sister-in-law

DISPOSITION

21a METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Entombment ☐ Removal from State ☐ Donation ☐ Other (Specify)
21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place): August 4, 1999 Calumet Park Cemetery
21c LOCATION—City or Town, State: Merrillville, Indiana
22a EMBALMER'S NAME: N/A
22b EMBALMER'S LICENSE NO: N/A
23 WAS DEATH REPORTED TO CORONER? ☐ No ☒ Yes
24a SIGNATURE OF FUNERAL DIRECTOR:
24b LICENSE NUMBER (of Licensee): FD29700098
25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME: STILINOVICH & WIATROLIK FH03004455 7535 Taft St. Merrillville, IN 46410

CAUSE OF DEATH

26 PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter nonmedical 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. Vascular collapse — Approximate Interval Between Onset and Death: Unknown
DUE TO (OR AS A CONSEQUENCE OF): b. Due to arteriosclerotic heart and vascular disease
DUE TO (OR AS A CONSEQUENCE OF): c.
DUE TO (OR AS A CONSEQUENCE OF): d.

Conditions, if any, which gave rise to the immediate cause stating the underlying cause last.

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 WAS AN AUTOPSY PERFORMED? (Yes or No): NO
28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No): NO

CERTIFIER

29a CERTIFIER (Check only one): ☐ CERTIFYING PHYSICIAN To the best of my knowledge death occurred at the time, date and place, and due to the cause(s) as stated. ☐ 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. ☒ 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.
Deputy
29b SIGNATURE AND TITLE OF CERTIFIER:
29c MEDICAL LICENSE NO: N/A
29d DATE SIGNED (Month, Day, Year): August 3, 1999
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH ITEM 26? (Type/Print): Donna Melyon, Deputy Coroner, 2900 West 93rd Avenue, Crown Point, Indiana 46307

HEALTH OFFICER

31 HEALTH OFFICER'S SIGNATURE: Alexander S. Wiatrolik, M.D.
32 DATE FILED (Month, Day, Year): 8/3/99

33 MANNER OF DEATH: ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide
34a DATE OF INJURY (Month, Day, Year):
34b TIME OF INJURY:
34c INJURY AT WORK? (Yes or No):
34d DESCRIBE HOW INJURY OCCURRED: COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT
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): AUG 03 1999
34g DATE PRONOUNCED DEAD (Month, Day, Year): August 2, 1999
34h MOTOR VEHICLE ACCIDENT? (Yes or No) If yes, specify driver, passenger, pedestrian:
Alexander S. Wiatrolik, M.D. LAKE COUNTY HEALTH COMMISSIONER

SDH06-004 State Form 10110 (R4/3-93) Deathcer/PD 1

LAKE COUNTY AUDITOR

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