

FILED

OCT 18 1999

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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

~~AFFIDAVIT OF RECEIPT FOR TRANSFER OF REAL PROPERTY~~

99 OCT 19 AM 9:05

PETER BENJAMINA)
LAKE COUNTY AUDITOR) SS:
COUNTY OF LAKE)

MOSES W. CARTER
RECORDER

On this 12th day of October, 1999, before me personally appeared Frank Koshar to me personally known, who being duly sworn upon oath did say that:

1. Affiant resides at the address given below affiant's signature;

2. Affiant is the son and sole surviving heir of Frank J. Koshar and Eleanor J. Koshar, who died on June 20, 1987, and April 21, 1997, respectively leaving no will;

3. That more than forty-five (45) days have elapsed since the death of the decedent.

4. That no application or petition for the appointment of a personal representative is pending or has been granted in any jurisdiction.

5. The above mentioned decedents were never divorced during their lifetime, nor did Eleanor J. Koshar remarry following the death of her husband, Frank J. Koshar.

6. That the value of the decedents' gross probate estate, less liens and encumbrances, does not exceed the sum of the allowance provided by I.C. 29-1-4-1, the costs and expenses of administration and reasonable funeral expenses.

7. That among the decedents' assets is a partial of real estate which was owned by the decedents located in Lake County, Indiana, more particularly described as follows:

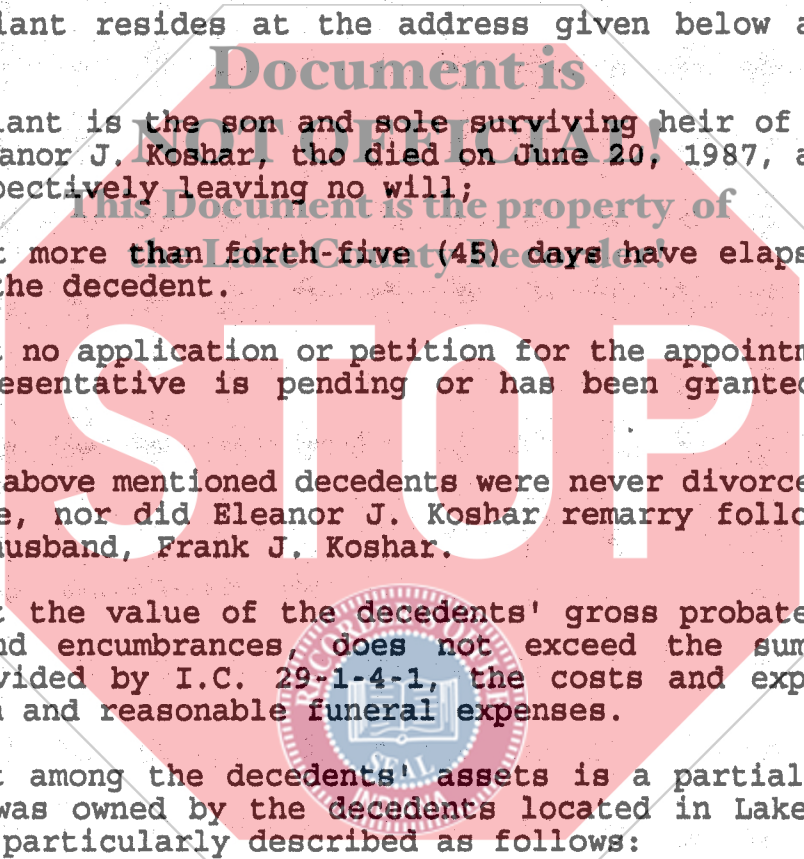
The West 5 feet of Lot 5, all of Lot 6, and the East 10 feet of Lot 7 in Block 11, in South Gary Subdivision, in the City of Gary, as per plat thereof, recorded in Plat Book 7, Page 13, in the Office of the Recorder of Lake County, Indiana.

Commonly known as: 1071-77 East 35th Place, Gary, IN 46408

8. That the undersigned, Frank Koshar, is the sole surviving heir of the decedents, and said decedents left no other child or children, nor decedents of any predeceased child or children.

9. The total value of the taxable estate of said decedents, including joint tenancies, tenancies by the entireties, individual

99207004
TICOR TITLE INSURANCE
Crown Point, Indiana



Key 47-100-4

16.00
E.P.

001119 Ti

ownerships of both real and personal property, and insurance does not exceed the sum of Ten Thousand and 00/100 (\$10,000.00) Dollars and to best of Affiant's knowledge there is no estate or inheritance tax liability by reason of the death of the said decedents.

10. That the statement made in this Affidavit are true and complete insofar as the Affiant knows and are made for the purpose of establishing the heirship of Frank Koshar and Eleanor J. Koshar in the undersigned Affiant, Frank Koshar, the son of said decedents.

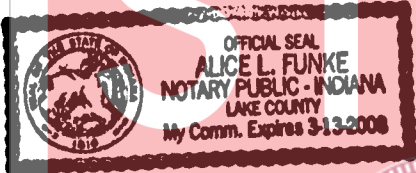
Docum Frank Koshar
FRANK KOSHAR

1071 East 35th Place
Gary, IN 46408

NOT OF PUBLIC RECORD

Before, the undersigned a Notary Public in and for said County and State, this 1st day of October, 1999, personally appeared FRANK KOSHAR and acknowledged the execution of the foregoing Affidavit of Heirship for Transfer of Real Property.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my official seal.



Alice L. Funke
ALICE L. FUNKE, NOTARY PUBLIC

This Instrument Prepared by: Angelo A. Buoscio, Attorney at Law



Embossed With Raised Seal of Porter County

CERTIFICATE OF DEATH

Suite 104 Valparaiso, IN 46383

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 10-1-10-3

TYPE/PRINT IN PERMANENT INK

PRECEDENT

ARENTS

FORMANT

POSITION

USE OF BIRTH

RTIFIER

ALTHICER

1 DECEASED—NAME (First Middle Last) Eleanor Koshar		2 SEX Female	3a TIME OF DEATH 8:25A	3b DATE OF DEATH (Month Day, Yr) April 21, 1997	
4 SOCIAL SECURITY NUMBER 316-05-4794	5a AGE—Last Birthday (Years) 76	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Month Day, Yr) November 2, 1920	
7 BIRTHPLACE (City and State or Foreign Country) Gary, IN.	8a WAS DECEDENT A U.S. VETERAN? No				
8b YEAR LAST SERVED IN U.S. ARMED FORCES? None		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) Porter Memorial		9b CITY, TOWN OR LOCATION OF DEATH Valparaiso	9c COUNTY OF DEATH Porter		
10 MARITAL STATUS Widowed	11 SURVIVING SPOUSE (If wife, give maiden name) None	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Home Maker		12b KIND OF BUSINESS/INDUSTRY Self	
12a RESIDENCE—STATE IN.	12b COUNTY Lake	12c CITY, TOWN OR LOCATION Gary	12d STREET AND NUMBER 1071 E. 35th Pl.		
12e ZIP CODE 46409	12f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	12g ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	13 CITIZEN OF WHAT COUNTRY? U.S.A.	14 WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	
15 RACE—American Indian, Black, White, etc. (Specify) White		17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) 8 College (11-12 or 13+)			
18 FATHER'S NAME (First Middle Last) Joseph Piaseczny		19 MOTHER'S NAME (First Middle Maiden Surname) Joanna Porturalski			
20a INFORMANT'S NAME (Type/Print) Frank Koshar		20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1071 E. 35th Pl. Gary, IN. 46409		20c Relationship Son	
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) April 24, 1997 Calumet Park Cemetery		21c LOCATION—City or Town, State Merrillville, IN.	
22a EMBALMER'S NAME Leonard Gregorczyk		22b EMBALMER'S LICENSE NO. FD08800305		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a SIGNATURE OF FUNERAL DIRECTOR <i>Richard A. Swier</i>		24b LICENSE NUMBER (of Licensee) FD29500093	25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Stilnovich & Wiatrolik 7535 Taft St. Merrillville, IN. 464		
26 PART I Bear 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. Approximate Interval Between Onset and Death					
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. <i>Myocardial Infarction</i> b. <i>MI as a consequence of</i> c. <i>MI as a consequence of</i> d. <i>MI as a consequence of</i>					
PART II Other significant conditions - Conditions contributing to death but not previously listed in Part I <i>Cerebral bleed Icterus</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) N	
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. 01024990	29d DATE SIGNED (Month, Day, Year) April 22, 1997		
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 26) (Type/Print) Dr. Swarner 1101 E. Glendale Blvd. Valparaiso, IN. 464.9054					
31 HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>				32 DATE FILED (Month, Day, Year) April 25, 1997	
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be determined		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.			

TYPE OR PRINT
LAINLY WITH
NFADING INK
THIS IS A
PERMANENT
RECORD

for State Office Use

LICENSE No. FDE-1004194

James Cholston

EMBALMER'S NAME

FUNERAL HOME

FUNERAL DIRECTOR'S

FUNERAL DIRECTOR'S SIGNATURE *Robert Wiatrolik*

LICENSE No. FDH3004455

LICENSE No. FDE1001293

Local No. 87-0394

INDIANA STATE BOARD OF HEALTH
CORONER'S CERTIFICATE OF DEATH

State No. _____

1. DECEASED—NAME FRANK J. KOSHAR Sr.		SEX Male		DATE OF DEATH (month, day, year) June 20, 1987	
2. RACE White		AGE—Last birthday 71		DATE OF BIRTH (month, day, year) June 23, 1916	
3. CITY, TOWN OR LOCATION OF DEATH Gary		HOSPITAL OR OTHER INSTITUTION—Name of institution, street and number Methodist Hospital Northlake		IF HOSP. OR INST., NUMBER OF ROOM Inpatient	
4. STATE OF BIRTH Minnesota		CITIZEN OF WHAT COUNTRY U.S.A.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married	
5. SOCIAL SECURITY NUMBER 469-12-2623		USUAL OCCUPATION Retired		SUPPORTING SPOUSE (name, date of birth) Eleanor Piaseczny	
6. RESIDENCE—STATE Indiana		COUNTY Lake		KIND OF BUSINESS OR INDUSTRY U.S. Steel	
7. CITY, TOWN OR LOCATION Gary		STREET AND NUMBER 1071 East 35th Place		IS RESIDENCE ON A FARM NO	
8. IS DECEASED OF SPANISH DESCENT NO		IF YES, GIVE RACE, COLOR, HAIR, EYES, ETC.		RESIDE CITY LIMITS (YES OR NO) Yes	
9. FATHER—NAME Frank Koshar		MOTHER—MARRIED NAME N/A			
10. INFORMANT—NAME Eleanor Koshar		RELATIONSHIP Wife		MARLINE ADDRESS (street or R.F.D.) 1071 East 35th Place, Gary, Indiana 46409	
11. BURIAL, CREMATION, REMOVAL, OTHER Burial		CEMETERY OR CREMATORY—FUNERAL HOME Calumet Park Cemetery		LOCATION Merrillville, Indiana	
12. DATE (month, day, year) June 23, 1987		FUNERAL HOME—NAME AND ADDRESS Stilingovich & Wiatrolik 7535 Taft, Merr. IN 46410		CITY ON FORM (month, day, year) 6/23/87	
13. NAME AND ADDRESS OF CERTIFIER Dr. Daniel Thomas, 2293 N. Main Street, Crown Point, Indiana		DATE SIGNED (month, day, year) 6/23/87		HOUR OF DEATH 5:55 A.M.	
14. NAME AND ADDRESS OF LOCAL HEALTH OFFICER James F. Redick, Jr.		DATE RECEIVED BY LOCAL HEALTH OFFICER JUN 24 1987			
15. CAUSE Cardiac arrest		PART I Due to arteriosclerotic heart & vascular disease & abdominal aortic aneurysm.		Manner between death and death Undetermined	
16. OTHER SIGNIFICANT OBSERVATIONS—Conditions contributing to death but not related to those given in PART I No		17. ACCIDENT, SUICIDE, HOMICIDE, UNSTATED OR UNKNOWN CAUSE Natural		18. DATE OF BURN (month, day, year) None	
19. HOURS OF BURN None		20. HOURS OF BURN None		21. DESCRIBE HOW BURN OCCURRED None	
22. BURN AT WORK (month, day, year) None		23. PLACE OF BURN None		24. LOCATION (street or R.F.D.) None	

Document is the property of the Lake County Recorder



Embalment Permit
Provisional Certificate
Yes No