



Chicago Title Insurance Company

### SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA }  
COUNTY OF LAKE } S. S.

On this October 13, 1999 before me personally appeared Diane M. Kujawa  
(insert date)

R 68936

99088666

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 surviving tenant by entirety  
(state interest of affiant in the above premises as "owner," "son of other," etc.)
- 3. Said premises were formerly owned as joint tenants or as tenants by the entireties by Stanley J. Kujawa and Diane M. Kujawa

- 4. Said Stanley J. Kujawa  
(fill in name of co-tenant who died)  
died on October 6, 1999

leaving no will;  
(insert "a" or "no"; if will left, attach a copy)

- 5. The legal description of the premises in question is:  
  
Lot 6 in Southwood Estates 2nd Addition to the Town of Griffith,  
as per Plat thereof, recorded June 12, 1980 in Plat Book 52 Page  
22, in the Office of the Recorder of Lake County, Indiana.

(Key No. 26-399-6) (Tax Unit No. 15)

- 6. To the best of affiant's knowledge there is no Federal or State estate or inheritance tax liability by reason of the death of said decedent;
- 7. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced?  
no

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

**FILED**

OCT 18 1999 Affiant's relationship to the deceased was wife

**PETER BENJAMIN  
LAKE COUNTY AUDITOR**

Signature: Diane M. Kujawa  
Diane M. Kujawa  
Address: 433 South Park Drive  
Griffith, IN 46319

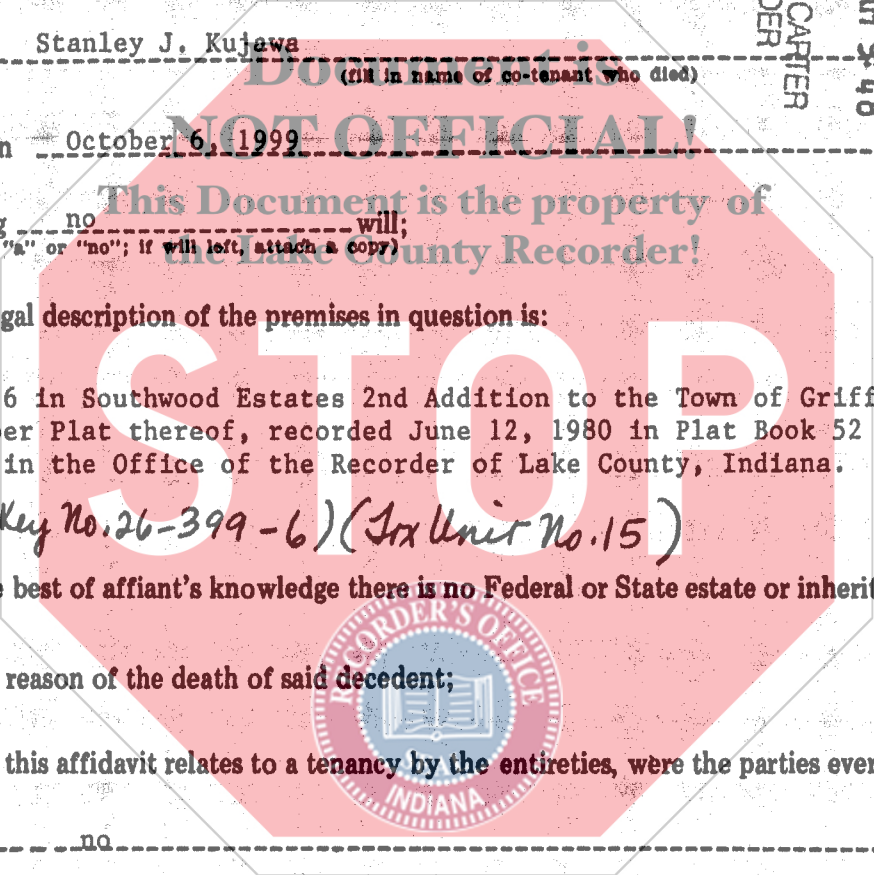
Subscribed and sworn to before me by the affiant  
this October 13, 1999  
(insert date)  
Joanne M. Jones  
Joanne M. Jones, Notary Public  
My County of Residence: Lake  
My Commission Expires 08-16-00

CTIC Has made an accommodation recording of the instrument. We Have made no examination of the instrument or the land affected.

001125

This instrument prepared by Joanne M. Jones, Attorney at Law

12.00  
hmc  
ej



STATE OF INDIANA  
LAKE COUNTY,  
FILED FOR REC'D  
99 OCT 19 AM 9:48  
MORIS W. CARTER  
RECORDER

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

State No. ....

Local No. 2285-99

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-10-3

#268845  
TYPE/PRINT  
IN  
PERMANENT  
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First Middle Last) <b>STANLEY J. KUJAWA</b>				2 SEX <b>Male</b>	3a TIME OF DEATH <b>7:48 P M</b>	3b DATE OF DEATH (Month Day Yr) <b>October 6, 1999</b>	
4 *SOCIAL SECURITY NUMBER <b>312-50-2954</b>	5a AGE—Last Birthday (Years) <b>46</b>	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo Day Yr) <b>Dec. 10, 1952</b>	7 BIRTHPLACE (City and State or Foreign Country) <b>East Chicago, Indiana</b>		
8a WAS DECEDENT A US VETERAN? <b>No</b>	8b YEAR LAST SERVED IN US ARMED FORCES? <b>None</b>	9a PLACE OF DEATH (Check only one See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA		9b 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) <b>Community Hospital</b>			9c CITY, TOWN OR LOCATION OF DEATH <b>Munster</b>	9d COUNTY OF DEATH <b>Lake</b>			
10 MARITAL STATUS (Specify) <b>Married</b>	11 SURVIVING SPOUSE (If wife, give maiden name) <b>Diane M. Macocha</b>	12a DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Terminal Manager</b>		12b KIND OF BUSINESS/INDUSTRY <b>Steel Hauler</b>			
13a RESIDENCE—STATE <b>Indiana</b>	13b COUNTY <b>Lake</b>	13c CITY TOWN OR LOCATION <b>Griffith</b>		13d STREET AND NUMBER <b>433 South Park Drive</b>			
13e ZIP CODE <b>46319</b>	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? <b>U.S.A.</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 DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>1</b> College (1-4 or 5+)		
18 FATHER'S NAME (First Middle Last) <b>John J. Kujawa</b>			19 MOTHER'S NAME (First Middle Maiden Surname) <b>Loretta Raczowski</b>				
20a INFORMANT'S NAME (Type/Print) <b>Diane M. Kujawa</b>		20b MAILING ADDRESS (Street and Number or Rural Route Number City or Town State Zip Code) <b>433 South Park Drive, Griffith, IN 46319</b>		20c Relationship <b>Wife</b>			
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <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>October 9, 1999 Holy Cross Cemetery</b>		21c LOCATION—City or Town State <b>Calumet City, Illinois</b>			
22a EMBALMER'S NAME <b>Larry D. Anthony</b>		22b EMBALMER'S LICENSE NO <b>01001447</b>		23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
24a SIGNATURE OF FUNERAL DIRECTOR <i>Larry D. Anthony</i>		24b LICENSE NUMBER (of Licensee) <b>01001447</b>		25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME <b>Anthony &amp; Dziadowicz F.H. #83002916 9445 Calumet Ave, Munster, IN 46321</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 <b>Vascular collapse</b> DUE TO (OR AS A CONSEQUENCE OF) b <b>Due to arteriosclerotic heart and vascular disease</b> 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						Approximate Interval Between Onset and Death <b>Unknown</b>	
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)	
29a CERTIFIER (Check only one) <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"/> DEPUTY 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>Loretta Raczowski</i>				29c MEDICAL LICENSE NO <b>N/A</b>	29d DATE SIGNED (Month Day Year) <b>October 12, 1999</b>		
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>Donna Melyon, Deputy Coroner, 2900 West 93rd Avenue, Crown Point, Indiana 46307</b>							
31 HEALTH OFFICER'S SIGNATURE <i>Alexander S. Williams MD</i>						32 DATE FILED (Month Day Year) <b>October 12, 1999</b>	
33 MANNER OF DEATH <input checked="" 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		
34a PLACE OF INJURY—At home farm street factory office building etc (Specify)			34d LOCATION (Street and Number or Rural Route Number City or Town State)				
34g DATE PRONOUNCED DEAD (Month Day Year) <b>October 6, 1999</b>		34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver passenger pedestrian etc.					

