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DULY ENTERED FOR TAXATION SUBJECT TO
STATE OF INDIANA FINAL ACCEPTANCE FOR TRANSFER.
LAKE COUNTY
FILED FOR RECORDING

OCT 18 1999

STATE OF INDIANA)
COUNTY OF LAKE)
89086153)
SS:

99 OCT 20 AM 9:03

PETER BENJAMIN
LAKE COUNTY AUDITOR
MORRIS W. CARTER
RECORDER

AFFIDAVIT OF SURVIVORSHIP

STANLEY J. PIASECKI, being first duly sworn upon his oath, deposes and says:

1. That Affiant's wife, MARY PIASECKI, died on July 23, 1999 at Hammond, Indiana.

2. That he and his wife, MARY PIASECKI, were duly and legally married at the time they acquired titled as husband and wife to the following described real estate:

The South one-half (1/2) of Lot 43 and the North eighteen and three-fourths (18 3/4) feet of Lot No. 42, in Block No. Four (4), of South Park Addition to Whiting, Indiana; a subdivision by Smith-Bader-Davidson Company and others, being that part of the East 657.7 feet of Lot 3, lying Southwest of the center line of Indiana Boulevard and of the West 657.7 feet of Lot 4, except that part lying Northeast of the center line of Indiana Boulevard in Section 7, T. 37 N. R. 9 West of the 2nd P.M. in Lake County, Indiana, as the same is recorded in the Recorder's Office of Lake County, Indiana, in Plat Book 11, page 18, together with all improvements and appurtenances thereto belonging.

Key No.: Commonly known as 2456 White Oak Avenue,
East Chicago, Indiana.
Whiting

3. That the marital relationship which existed between Affiant and his wife at the time they acquired title to said real estate remained in effect and unbroken until the date of his wife's death, and that by operation of law, he then became owner of the above-described real estate in fee simple title absolute, free and clear of any Indiana transfer tax.

4. That all funeral expenses in connection with the death of Affiant's wife have been paid in full.

5. That no federal estate taxes, nor Indiana inheritance taxes, became due as a result of the death of MARY PIASECKI.

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13.00
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6. Further Affiant sayeth not.

Stanley J. Piasecki
STANLEY J. PIASECKI

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

Subscribed and sworn to before me, a Notary Public in and for said County and State,
this 7 day of October, 1999.

Samuel T. Miller

DocuSign
SAMUEL T. MILLER - Notary Public

My Commission Expires: 3/02/00
Resident of Lake County

NOT OFFICIAL!

This Document is the property of
the Lake County Recorder!

This instrument prepared by: Samuel T. Miller, Attorney #9837-45
9335 Calumet Avenue, Munster, IN 46321

STOP



* 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

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

Local No. 588

July 27, 1999
Date Issued
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 (First Middle Last) MARY PIASECKI		2 SEX FEMALE	3a TIME OF DEATH 10:31A_M	3b DATE OF DEATH (Month Day Yr) JULY 23, 1999
4 *SOCIAL SECURITY NUMBER 313-01-7502	5a AGE—Last Birthday (Years) 80	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo. Day Yr) FEB. 3, 1919
8a WAS DECEDENT A US VETERAN? NO	8b YEAR LAST SERVED IN US ARMED FORCES? N/A	9a 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		
9b FACILITY NAME (If not institution, give street and number) ST. MARGARET MERCY HEALTHCARE CENTER/ HAMMOND		9c CITY TOWN OR LOCATION OF DEATH HAMMOND	9d COUNTY OF DEATH LAKE	
10 MARITAL STATUS (Specify) MARRIED	11 SURVIVING SPOUSE (Specify) STANLEY PIASECKI	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during part of working life. Do not use retired) HOMEMAKER		12b KIND OF BUSINESS/INDUSTRY OWN HOME
13a RESIDENCE—STATE INDIANA	13b COUNTY LAKE	13c CITY TOWN OR LOCATION HAMMOND(WHITING P.O.)	13d STREET AND NUMBER 2456 WHITE OAK AVENUE	
13e ZIP CODE 46394	13f INSIDE CITY LIMITS <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? U.S.A.	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) WHITE
17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 10 College (14 or 5+)		18 FATHER'S NAME (First Middle Last) JOHN KULIK		
19 MOTHER'S NAME (First Middle Maiden Surname) CATHERINE GOLAB		20a INFORMANT'S NAME (Type/Print) MR. STANLEY PIASECKI		
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State Zip Code) 2456 WHITE OAK, WHITING, IN 46394		20c Relationship HUSBAND		
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Entombment <input 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) JULY 27, 1999 HOLY CROSS CEMETERY		21c LOCATION—City or Town, State CALUMET CITY, ILL.
22a EMBALMERS NAME MARTIN A. DYBEL		22b EMBALMER'S LICENSE NO. FDE01019456	23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a SIGNATURE OF FUNERAL DIRECTOR <i>Martin A. Dybel</i>		24b LICENSE NUMBER (of Licensee) FDE01019456	25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME BARAN & SON, INC., FDH83007267 1235-119TH, WHITING, IN 46394	
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.				Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) a ACUTE IMMUNE SYSTEM DISORDER				
b ASVD				
Conditions if any, which gave rise to the immediate cause, stating the underlying cause last				
c DUE TO (OR AS A CONSEQUENCE OF)				
d 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) 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/A
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>Franklin J. Premuda</i>			29c MEDICAL LICENSE NO. 24578	29d DATE SIGNED (Month Day Year) JULY 26, 1999
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) RODRIGO R. PANARES, M.D., 7550 HOHMAN AVENUE, MUNSTER, INDIANA 46321				
31 HEALTH OFFICER'S SIGNATURE <i>Franklin J. Premuda M.D.</i>				32 DATE FILED (Month Day Year) July 27, 1999
33 MANNER OF DEATH <input 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		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.		

