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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

99 OCT 22 AM 10:34 26-193-5

MORRIS W. CARTER
RECORDER

99087221

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

A F F I D A V I T

JOAN KOMENDAT, being first duly sworn upon her oath, states:

1. She resides at 1640 Norwood Drive, Griffith, Lake County, Indiana
2. She is the surviving widow of Anthony Komendat, who died a resident of Griffith, Lake County, Indiana on July 12, 1998.
3. She is the surviving and exclusive owner of the following parcel of real property, which is located at 1640 Norwood Drive in Griffith, Lake County, Indiana and legally described as:

Lot 5, Crescent Subdivision to the Town of Griffith, as shown in Plat Book 28, Page 44, in the Office of the Recorder of Lake County, Indiana

4. Exhibit "A", attached hereto, is a true, correct and authentic copy of the death certificate of the aforesaid Anthony Komendat.



Joan Komendat

JOAN KOMENDAT

SUBSCRIBED and SWORN to before me, a Notary Public, this 19th day of October, 1999.

Michele A. Ippolito

MICHELE A. IPPOLITO

My Commission Expires: August 8, 2007
County of Residence : Lake

This Document Prepared By: Kenneth M. Wilk, Attorney at Law,
3235 - 45th Street, Highland, IN

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OCT 21 1999

PETER BENJAMIN
LAKE COUNTY AUDITOR

001430

11.00
E.P.
4729

* ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there is no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH 1 HAMMOND HEALTH DEPARTMENT.

CERTIFICATE OF DEATH

Local No. 548

Date Issued July 14, 1998
Franklin S. Brenneke, M.D.
Hammond Health Commissioner

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) <u>Anthony R. Komendat</u>		2 SEX <u>Male</u>	3a TIME OF DEATH <u>10:02 PM</u>	3b DATE OF DEATH (Month Day Year) <u>July 12, 1998</u>
4 SOCIAL SECURITY NUMBER <u>306-28-1236</u>	5a AGE—Last Birthday (Years) <u>66</u>	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo Day Yr) <u>Jul. 11, 1932</u>
7 BIRTHPLACE (City and State or Foreign Country) <u>East Chicago, Indiana</u>	8a WAS DECEDENT A US VETERAN? <u>NO</u>	8b YEAR LAST SERVED IN US ARMED FORCES? <u>N/A</u>	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) <u>St. Margaret Mercy Health Care North</u>		9c CITY TOWN OR LOCATION OF DEATH <u>Hammond</u>	9d COUNTY OF DEATH <u>Lake</u>	
10 MARITAL STATUS (Specify) <u>Married</u>	11 SURVIVING SPOUSE (If wife give maiden name) <u>Joan Jelenish</u>	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <u>Roll Grinder</u>	12b KIND OF BUSINESS/INDUSTRY <u>Steel Co.</u>	
13a RESIDENCE—STATE <u>Indiana</u>	13b COUNTY <u>Lake</u>	13c CITY TOWN OR LOCATION <u>Griffith</u>	13d STREET AND NUMBER <u>1640 Norwood Dr.</u>	
13e ZIP CODE <u>46319</u>	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	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) <u>White</u>
13g ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <u>12</u> College (14 or 5+)			
18 FATHER'S NAME (First Middle Last) <u>Unavailable</u>		19 MOTHER'S NAME (First Middle Maiden Surname) <u>Estella Calandra</u>		
20a INFORMANT'S NAME (Type/Print) <u>Joan Komendat</u>		20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <u>1640 Norwood Dr. Griffith, Indiana</u>	20c Relationship <u>Wife</u>	
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) <u>July 15, 1998</u> <u>Holy Cross Cemetery</u>		21c LOCATION—City or Town, State <u>Calumet City, Illinois</u>
22a EMBALMER'S NAME <u>David Peterson</u>		22b EMBALMER'S LICENSE NO. <u>FDO 8601585</u>	23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a SIGNATURE OF FUNERAL DIRECTOR <u>A. Kuiper</u>		24b LICENSE NUMBER (of Licensee) <u>FDO 1014511</u>	25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME <u>Kuiper Funeral Home 9039 Kreinman Rd. Highland, Indiana FH83007500</u>	
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) Conditions if any which gave rise to the immediate cause stating the underlying cause last		27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) <u>NO</u>		28a WAS AN AUTOPSY PERFORMED? (Yes or no) <u>NO</u>
PART II Other significant findings - Conditions contributing to death but not previously stated in Part I <u>Renal failure</u>		28b PETER BENJAMIN LAKE COUNTY AUDITOR COMPLETION OF CAUSE OF DEATH? (Yes or no) <u>NO</u>		
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 <u>Jeff [Signature]</u>		29c MEDICAL LICENSE NO. <u>1030716</u>
29d DATE SIGNED (Month/Day/Year) <u>July 7/13/98</u>		30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type, Print) <u>Dr. A. Kheirbek M.D. 8668 Broadway Merrillville, Indiana 46419</u>		
31 HEALTH OFFICER'S SIGNATURE <u>Franklin S. Brenneke M.D.</u>		32 DATE FILED (Month Day Year) <u>July 14, 1998</u>		
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 <u>8</u>
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		

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