

3
199005263 LD

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

(i)

99 OCT 27 AM 9:53

99088248

MORNING CARTER
RECORDER

Chicago Title Insurance Company

Chicago Title Insurance Company

SURVIVORSHIP AFFIDAVIT

On this 8th day of October 1999, before me personally appeared Wilma R. Stypula
(insert date)

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 Owner;
(state interest of affiant in the above premises as "owner", "son of owner", etc.)
3. Said premises were formerly owned as joint tenants or as tenants by the entireties by
Husband and wife;
4. Said Edwin R. Stypula
(fill in name of co-tenant who died)
died on July 2, 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 922 in Lakes of the Four Seasons, Unit No. 6, as per plat thereof, recorded in Plat Book 39 page 12, in the Office of the Recorder of Lake County, Indiana.

6. Is there Federal Estate or State inheritance tax liability by reason of the death of said decedent? Yes No

If yes, then estimated taxes due are \$ _____

The taxes due are paid or unpaid.

DULY ENTERED FOR TAXATION SUBJECT TO
FINAL ACCEPTANCE FOR TRANSFER.

OCT 26 1999

PETER BENJAMIN
LAKE COUNTY AUDITOR

001705

13.00
per
ct

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:

8. Affiant's relationship to the deceased was... Spouse

Signature: Wilma R. Stypula

Printed Name Wilma R. Stypula

Address: 1418 Ammandale Dr.

Nashville, In. 47448

Document is NOT OFFICIAL! This Document is the property of the Lake County Recorder!

Subscribed and sworn to before me by the affiant

this 10-8-99

(insert date)

Charlotte I. White
Notary Public

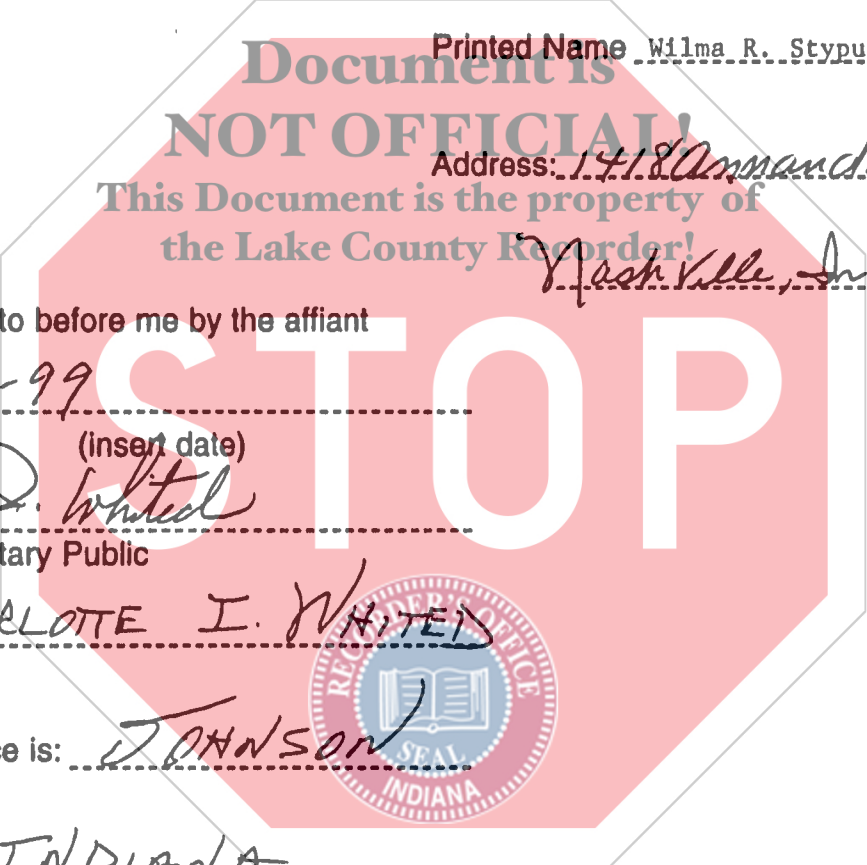
Printed Name CHARLOTTE I. WHITE

My County of Residence is: JOHNSON

In the State of INDIANA

My Commission Expires 01-23-00

This instrument prepared by Wilma R. Stypula



Local # H-6, p. 9

BROWN COUNTY HEALTH DEPT.
P.O. BOX 281
NASHVILLE, INDIANA 47448

CERTIFICATE OF DEATH

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

1 DECEASED-NAME (First Middle Last) Edwin F. Stypula		2 SEX Male	3a. TIME OF DEATH 5:07PM	3b. DATE OF DEATH (Month Day Yr) July 2, 1999
4 SOCIAL SECURITY NUMBER 309-30-6935	5a. AGE - Last Birthday (Years) 65	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo Day Yr) Sep 11, 1933
7. BIRTHPLACE (City and State or Foreign Country) Detroit, MI	8a. WAS DECEDENT A U.S. VETERAN? Yes	8b. YEAR LAST SERVED IN U.S. ARMED FORCES 1954	8c. PLACE OF DEATH (Check only one See Instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence	
9a. FACILITY NAME (If not institution, give street and number) 1418 Annandale Dr.		9b. CITY TOWN OR LOCATION OF DEATH Nashville		9c. COUNTY OF DEATH Brown
10. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Wilma Rose Meredith	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Ford Motor Company		12b. KIND OF BUSINESS INDUSTRY Factory Work
13a. RESIDENCE - STATE IN	13b. COUNTY Brown	13c. CITY TOWN OR LOCATION Nashville	13d. STREET AND NUMBER 1418 Annandale Dr.	
13e. ZIP CODE 47448	13f. INSIDE CITY LIMITS <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes 13g. ON A FARM? <input checked="" type="checkbox"/> No <input 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) <input checked="" type="checkbox"/> 12 College (1-4 or 5+) <input type="checkbox"/>		18. FATHER'S NAME (First, Middle, Last) Frank Stypula		
19. MOTHER'S NAME (First, Middle, Maiden Surname) Bernice Wieleba		20a. INFORMANT'S NAME (Type/Print) Wilma Rose Stypula		
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1418 Annandale Dr., Nashville, IN 47448		20c. Relationship Wife		
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) Jul 7, 1999 Chapel Lawn Memorial Gardens		21c. LOCATION - City or Town State Schereville, IN
22a. EMBALMER'S NAME Richard W. Weaver		22b. EMBALMER'S LICENSE NO. FD01014626		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Richard W. Weaver</i>		24b. LICENSE NUMBER (of Licensee) FD01014626	24c. NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME FH83001067 Barkes, Inlow & Weaver Funeral Homes Inc 4205 Johnathon Moore Pike, Columbus, IN 47201	
25. 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. <u>Lung Cancer</u> DUE TO (OR AS A CONSEQUENCE OF)				
b. _____ DUE TO (OR AS A CONSEQUENCE OF)				
c. _____ DUE TO (OR AS A CONSEQUENCE OF)				
d. _____ DUE TO (OR AS A CONSEQUENCE OF)				
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
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. 01037226	29d. DATE SIGNED (Month Day Year) JULY 1/6/99
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 28) (Type/Print) David P. Gray M.D., 2400 E. 17 Th. Street, Columbus, IN 47201				
31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>				32. DATE FILED (Month Day Year) JULY 12, 1999
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <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 - All home, farm, street, factory, office building, etc. (Specify)		
34f. LOCATION (Street and Number or Rural Route Number City or Town State)				
34g. DATE PHONOUNCED DEAD (Month, Day Year)		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc.		