099205371-Ht.

STATE OF INDIANA 2000 002887

SS:

County of LAKE ~

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2000 JAN 14 AM 9:00

MORRIS W. CARTER
RECORDER

FILED

JAN 13 2000

PETER BENJAMIN
LAKE COUNTY AUDITOR

SURVIVORSHIP AFFIDAVIT

ROSE WEGER, of full legal age, being first duly sworn upon his/her oath, deposes and says:

1. That BESSIE KUJAWA is the owner in fee simple of the following described Real Estate located in Lake County, Indiana:

The West 1/2 of Lot 7 in Block 2 in Garden Homes No. 3, as per plat thereof, recorded in Plat Book 23 page 77, in the Office of the Recorder of Lake County, Indiana. KH 50-244-6

2. That said Real Estate was formerly owned as ~tenants by entireties and JOE KUJAWA AND BESSIE KUJAWA, ~spouse as acquired by deed of conveyance recorded ~ as Instrument Number ~ in the office of the Recorder of Lake County, Indiana.

3. JOE KUJAWA died on 11-30-97 leaving ~a ~no will, and:

(Select Appropriate Paragraphs(s))

(A)XX X The marital relationship, which existed between ~, husband, and ~, wife, remained continuously and unbroken from the time they acquired title of said Real Estate until JOE KUJAWA death.

(B)____ Upon the death of ~ , Affiant became the sole owner of the fee simple title to said Real Estate as ~heir ~surviving tenanty by the entireties ~ surviving joint tenant.

(C)____ ~ and ~ were divorced on ~ under cause number ~ in ~ County, ~.

4. The total value of ~ estate, taking into consideration in the evaluation thereof, the value of all his/her gifts in contemplation of death, including all gifts made by him/her in the three (3) years next preceding his/her death, together with the value of all his/her investments in joint properties and estates by entireties, including the Real Estate above described, plus the proceeds of all insurance on his/her life, did not equal or exceed the sum subject to Federal Estate Tax. All funderal expenses, debts of the estate and inheritance tax have been paid.

5. Affiant makes this affidavit for the sole purpose of clarifying the title to the above described real estate and to induce the Auditor of Lake County to correct the records to show that title is in the name of ~ and to induce TICOR TITLE INSURANCE COMPANY to provide title insurance for the above described ~Real Estate ~Mortgage Security. * see attached exhibit "a" for copy of death certificate

Further Affiant saith not.

Rose Weger
ROSE WEGER

JACALYN L. SMITH
NOTARY
12/08/2007
PUBLIC
LAKE COUNTY, INDIANA

STATE OF INDIANA, COUNTY OF LAKE SS:

Subscribed and sworn to before me, a Notary Public on this 11 day of JANUARY, 2000.

03639

JACALYN L. SMITH Notary

18x11 7/98 JA

prepared by: Rose Weger

Ht. Escrow

25x

5 C C's

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

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Local No. 2498-97 State No. ....

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3 * EXHIBIT "A" TCDY-HBT99205371

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED—NAME (First, Middle, Last)	2. SEX	3a. TIME OF DEATH	3b. DATE OF DEATH (Month, Day, Yr)
JOSEPH KUJAWA	Male	9:30P M	November 30, 1997

4. *SOCIAL SECURITY NUMBER	5a. AGE—Last Birthday (Years)	5b. UNDER 1 YEAR Months / Days	5c. UNDER 1 DAY Hours / Minutes	6. DATE OF BIRTH (Mo, Day, Yr)	7. BIRTHPLACE (City and State or Foreign Country)
335-10-4110	81			MAR 15, 1916	EAST CHICAGO, INDIANA

8a. WAS DECEDENT A U.S. VETERAN?	8b. YEAR LAST SERVED IN U.S. ARMED FORCES?	9a. PLACE OF DEATH (Check only one. See instructions)
Yes	1945	HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA — OTHER: ☐ Nursing Home ☐ Other (Specify) ☒ Residence

9b. FACILITY NAME (If not institution, give street and number)	9c. CITY, TOWN, OR LOCATION OF DEATH	9d. COUNTY OF DEATH
49 E. 36TH AVE.	HOBART	LAKE

10. MARITAL STATUS (Specify)	11. SURVIVING SPOUSE (If wife, give maiden name)	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	12b. KIND OF BUSINESS/INDUSTRY
Married	BESSIE KOSTRA	TRUCK DRIVER	LAKE CO. HIGHWAY DEPT

13a. RESIDENCE—STATE	13b. COUNTY	13c. CITY, TOWN, OR LOCATION	13d. STREET AND NUMBER
INDIANA	LAKE	HOBART	49 E. 36TH AVE.

13e. ZIP CODE	13f. INSIDE CITY LIMITS	13g. ON A FARM?	14. CITIZEN OF WHAT COUNTRY?	15. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16. RACE—American Indian, Black, White, etc. (Specify)	17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12)	College (1-4 or 5+)
46342	☐ No ☒ Yes	☒ No ☐ Yes	USA	☒ No ☐ Yes	WHITE	8	

PARENTS

18. FATHER'S NAME (First, Middle, Last)	19. MOTHER'S NAME (First, Middle, Maiden Surname)
JOHN ANTHONY KUJAWA	MICHELINA ZYGOWICZ

INFORMANT

20a. INFORMANT'S NAME (Type/Print)	20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	20c. Relationship
BESSIE KUJAWA	49 E. 36TH AVE., HOBART, IN 46342	Wife

DISPOSITION

21a. METHOD OF DISPOSITION	21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	21c. LOCATION—City or Town, State
☒ Burial ☐ Cremation ☐ Entombment ☐ Removal from State ☐ Donation ☐ Other (Specify)	DEC 3, 1997 CALVARY CEMETERY	PORTAGE, INDIANA

22a. EMBALMER'S NAME	22b. EMBALMER'S LICENSE NO.	23. WAS DEATH REPORTED TO CORONER?
JAMES J. KRAUSE	FD01006463	☒ No ☐ Yes

24a. SIGNATURE OF FUNERAL DIRECTOR	24b. LICENSE NUMBER (of Licensee)	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME
Charles [signature]	FD01006049	FH19300009 REES FUNERAL HOME, BRADY CHAPEL 3781 CENTRAL, LAKE STATION, IN 4640

CAUSE OF DEATH

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. Pulmonary Fibrosis
DUE TO (OR AS A CONSEQUENCE OF)

Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last
b.
DUE TO (OR AS A CONSEQUENCE OF)
c.
DUE TO (OR AS A CONSEQUENCE OF)
d.

PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I

27. WAS DECEDENT PREGNANT OR POSTPARTUM? (Yes or no)	28a. WAS AN AUTOPSY PERFORMED? (Yes or no)	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)
No	No	No

FILED

JAN 13 2000

PETER BENJAMIN
LAKE COUNTY AUDITOR

CERTIFIER

29a. CERTIFIER (Check only one)
☒ CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) as stated.
☐ 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.
☐ 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	29c. MEDICAL LICENSE NO.	29d. DATE SIGNED (Month, Day, Year)
M. Wm Gasparis [signature]	01037515	12-2-97

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)
MILTON S. GASPARIS MD, 1400 S. LAKE PARK AVE., SUITE 301, HOBART, IN 46342

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE	32. DATE FILED (Month, Day, Year)
Alexander S. Williams MD [signature]	December 2, 1997

33. MANNER OF DEATH	34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)	34d. DESCRIBE HOW INJURY OCCURRED
☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide				

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.
	03700

SDH06-004 State Form 10110 (R4/3-93) Deathcer/PD 1

25 x 10