

mail

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2007 CALUMET AVE
WHITING, IN 46394

2000 003563
AFFIDAVIT OF HEIRSHIP

2000 JAN 18 PM 4:01

JOSE L. CASANOVA

MORRIS W. CARTER
RECORDER

FILED

JAN 18, 2000

PETER BENJAMIN
LAKE COUNTY AUDITOR

3

JEFFERY ZATORSKI, being first duly sworn deposes and states as follows:

1. That he is the son of **JOHN ZATORSKI**, a/k/a **JAN ZATORSKI**, and that **JOHN ZATORSKI**, died on May 1, 1996. (copy of death certificate is attached hereto)

2. That **JOHN ZATORSKI**, was married to **SABINA MARIE ZATORSKI**, who predeceased him. That 2 children were born to the parties, namely;

- a. **JEFFERY ZATORSKI**, and
- b. **MICHAEL ZYGMUNT ZATORSKI**, and

and that **JOHN ZATORSKI**, was not the father of any other children and he never adopted any children.

3. That based on the foregoing the following of the heirs of **JOHN ZATORSKI**

- a. **JEFFERY ZATORSKI**, -son
- b. **MICHAEL ZYGMUNT ZATORSKI**, -son

4. That at the time of his death **JOHN ZATORSKI** was the sole owner of a certain parcel of real estate legally described as follows:

Lots 13 and 14, Block 11, Subdivision of the East part of the North Side Addition to the City of Hammond, as shown in Plat Book 1, page 97 in Lake County, Indiana.

PIN: 35-155-010 (Tax Unit No. 26)

and commonly known as 4615 Hohman Avenue, Hammond, Indiana.

00047

14.00
E.P.

25 X 10

5. That there are no pending claims of the estate of **JOHN ZATORSKI**, no unpaid creditors and no inheritance taxes are due.

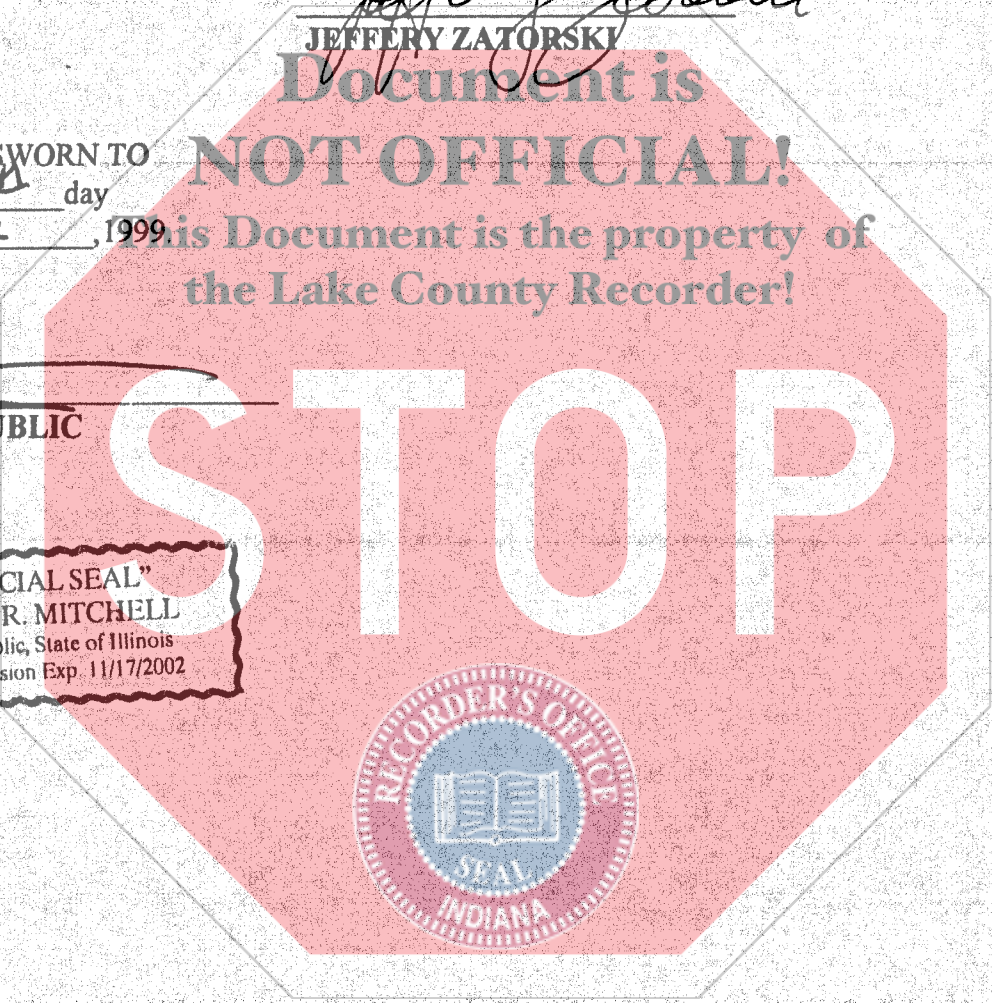
Jeffery Zatorski
JEFFERY ZATORSKI

SUBSCRIBED and SWORN TO
before me this 11th day
of October, 1999

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

Joseph R. Mitchell
NOTARY PUBLIC

"OFFICIAL SEAL"
JOSEPH R. MITCHELL
Notary Public, State of Illinois
My Commission Exp. 11/17/2002



JOSEPH R. MITCHELL-22726
3501 E. 106TH STREET,
SUITE 205
CHICAGO, ILLINOIS 60617
(312) 734-5062

CERTIFICATION OF VITAL RECORD

City of Houston, Texas

STATE OF TEXAS CERTIFICATE OF DEATH STATE FILE NUMBER

1 NAME OF DECEASED (a) FIRST (b) MIDDLE (c) LAST		(d) MAIDEN	5 SEX	6 DATE OF DEATH
JAN ZATORSKI			MALE	5-01-1996
4 DATE OF BIRTH	5 AGE (IN YEARS) MO. DAYS	IF UNDER 1 YR. IF UNDER 1 DAY HOURS MIN.	8 BIRTH PLACE (CITY & STATE OR FOREIGN COUNTRY)	7 SOCIAL SECURITY NO.
5-16-1901	94		POLAND	306-36-9534
9 RACE	10 WAS THE DECEDENT EVER IN U.S. ARMED FORCES? YES NO	11 EDUCATION (SPECIFY HIGHEST GRADE COMPLETED, ELEM. OR SECONDARY (10-12) COLLEGE (13-16, 17+)		
CAUCASIAN	NO	5		
12 MARITAL STATUS (a) MARRIED (b) WIDOWED (c) DIVORCED (d) SEPARATED	13 SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	14a DECEDENT'S USUAL OCCUPATION	14b KIND OF BUSINESS OR INDUSTRY	
WIDOWED		WELDER	STEEL	
15a RESIDENCE STREET ADDRESS			15b CITY OR TOWN	
4615 HOHMAN AVE.			HAMMOND	
15c COUNTY	15d STATE	15e ZIP CODE	15f INSIDE CITY LIMITS	
LAKE	INDIANA	46327	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
16 FATHER'S NAME		17 MOTHER'S MAIDEN NAME		
JAN ZATORSKI		(NOT AVAILABLE)		
18 PLACE OF DEATH (CHECK ONLY ONE)				
HOSPITAL <input type="checkbox"/> INPATIENT <input type="checkbox"/> OUTPATIENT <input type="checkbox"/> LODGE <input type="checkbox"/> OTHER <input type="checkbox"/> RESIDENCE <input checked="" type="checkbox"/> OTHER (SPECIFY)				
19 COUNTY OF DEATH	20 CITY OR TOWN (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO.)	21 NAME OF HOSPITAL OR INSTITUTION (IF NOT IN INSTITUTION, SHOW STREET ADDRESS)		
HARRIS	HOUSTON	10722 TARRINGTON		
22 INFORMANT - SIGNATURE & RELATIONSHIP		23 MAILING ADDRESS OF INFORMANT		
JEFFREY ZATORSKI (SON)		10722 TARRINGTON, HOUSTON, TX. 77024		
24 METHOD OF DISPOSITION		25a PLACE OF DISPOSITION (NAME OF CEMETERY, CREMATORY, ETC.)	25b NAME & ADDRESS OF FUNERAL HOME	
<input type="checkbox"/> BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL FROM STATE <input type="checkbox"/> DONATION <input type="checkbox"/> OTHER SPECIFY		EARTHMAN RESTHAVEN CREMATORY	EARTHMAN FUNERALS P.O. BOX 1598 HOUSTON, TX. 77251-1598	
26 LOCATION (CITY, STATE)		27 SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	28 DATE OF DISPOSITION	
HOUSTON, TEXAS		<i>Ronald (Pho) 777</i>	5-06-1996	
30 CERTIFIER				
<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) AND MANNER AS STATED				
<input type="checkbox"/> MEDICAL EXAMINER ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION, DEATH OCCURRED AT THE TIME, DATE, PLACE, AND DUE TO THE CAUSE(S) AND MANNER AS STATED				
<input type="checkbox"/> JUSTICE OF THE PEACE				
31 SIGNATURE & TITLE OF CERTIFIER		32 DATE SIGNED	33 TIME OF DEATH	
<i>Price M.D.</i>		5 2 96	10:20 P.M.	
34 PRINT NAME & ADDRESS OF CERTIFIER		35 PART 1 ENTER THE DISEASES, INJURIES OR COMPLICATIONS THAT CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE.		
HARRY N. PRICE M.D. 6448 FANNIN HOUSTON TX 77030		IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Bone Metastasis 5 years		
		b. Adeno Carcinoma Prostate 7 years		
		c. DUE TO (OR AS A LIKELY CONSEQUENCE OF)		
36 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1 (e.g., substance abuse, diabetes, smoking, etc.)		38a AUTOPSY?	38b AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
37 DID TOBACCO USE CONTRIBUTE TO DEATH?	38 DID ALCOHOL USE CONTRIBUTE TO DEATH?	39 WAS DECEDENT PREGNANT?		
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	AT TIME OF DEATH <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		
<input type="checkbox"/> PROBABLY <input type="checkbox"/> UNKNOWN	<input type="checkbox"/> PROBABLY <input type="checkbox"/> UNKNOWN	WITHIN LAST 18 MO. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		
40 MANNER OF DEATH		41a DATE OF INJURY	41b TIME OF INJURY	41c INJURY AT WORK
<input checked="" type="checkbox"/> NATURAL				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<input type="checkbox"/> ACCIDENT		41d PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE, ETC. (SPECIFY)		
<input type="checkbox"/> SUICIDE		41e LOCATION (STREET AND NUMBER, CITY OR TOWN, STATE)		
<input type="checkbox"/> HOMICIDE		41f DESCRIBE HOW INJURY OCCURRED		
<input type="checkbox"/> PENDING INVESTIGATION				
<input type="checkbox"/> COULD NOT BE DETERMINED				
42a REGISTRAR FILE NO.	42b DATE RECEIVED BY LOCAL REGISTRAR	42c SIGNATURE OF LOCAL REGISTRAR		
02 05947	MAY 06, 1996	<i>R.W. Hanks</i>		

CERTIFIED COPY OF VITAL RECORDS

STATE OF TEXAS

COUNTY OF HARRIS

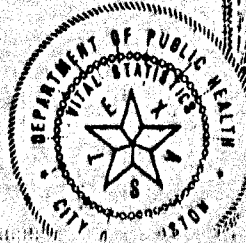
DATE ISSUED

MAY 06 1996

This is a true and exact reproduction of the document officially registered and placed on file in the BUREAU OF VITAL STATISTICS, HOUSTON HEALTH AND HUMAN SERVICES DEPARTMENT.

R.W. Hanks
R. W. Hanks, Registrar
BUREAU OF VITAL STATISTICS

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.
LAMINATION MAY VOID CERTIFICATE.



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