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STATE OF INDIANA
LAKE COUNTY
FILED & RECORDED
2000 MAR 11 PM 12:27
MOTTER V. CARTER
RECORDER

2000 014550
TICOR TITLE INSURANCE

AFFIDAVIT

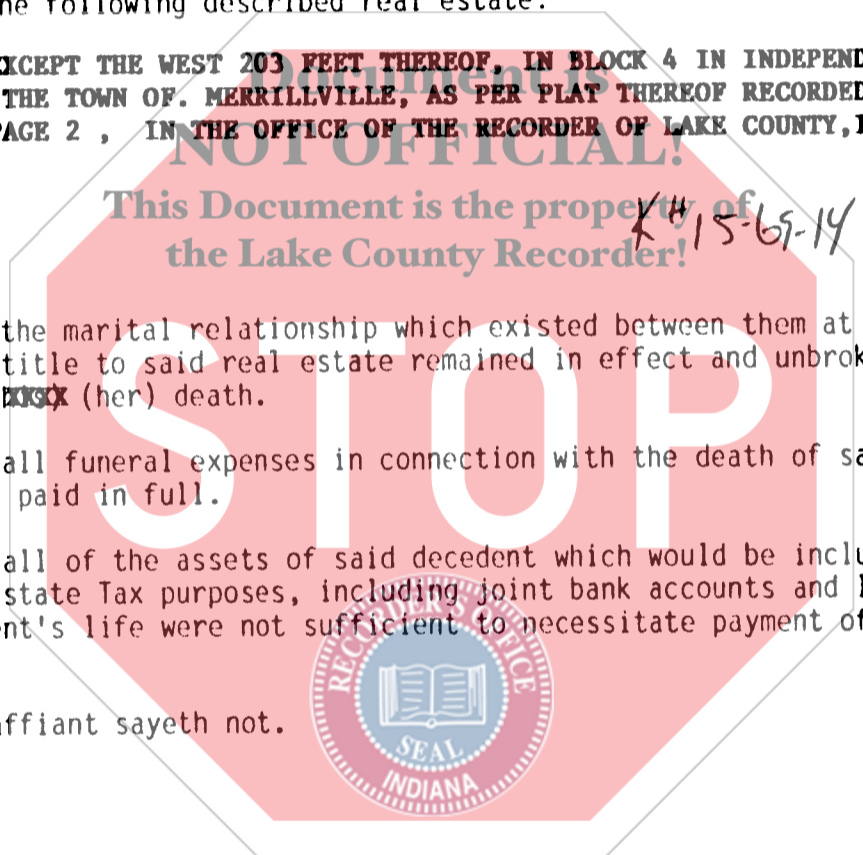
STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

FRANK E. PAWLAK, being first duly
sworn upon oath, deposes and says:

1. That MARY JANE PAWLAK died on
MARCH 3, 19 98 at 2221 W. 78TH AVE
MERRILLVILLE, IND 46410

2. That FRANK C. PAWLAK and MARY JANE PAWLAK
were duly and legally married at the time they acquired title as husband and
wife to the following described real estate:

**LOT 14, EXCEPT THE WEST 203 FEET THEREOF, IN BLOCK 4 IN INDEPENDENCE
HILL, IN THE TOWN OF. MERRILLVILLE, AS PER PLAT THEREOF RECORDED IN PLAT
BOOK 20 PAGE 2 , IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.**



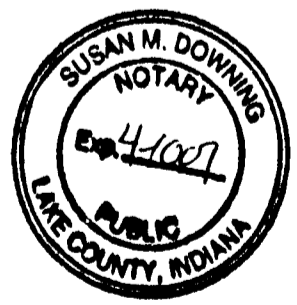
- 3. That the marital relationship which existed between them at the time they
acquired title to said real estate remained in effect and unbroken until the
date of (~~XXXX~~ her) death.
- 4. That all funeral expenses in connection with the death of said decedent
have been paid in full.
- 5. That all of the assets of said decedent which would be includable for
Federal Estate Tax purposes, including joint bank accounts and life insurance
on decedent's life were not sufficient to necessitate payment of Federal Estate
Tax.

Further affiant sayeth not.

92000402-H0
TICOR TITLE INSURANCE
Crown Point, Indiana

Frank E. Pawlak

Subscribed and sworn to before me, a Notary Public, this 24TH day of
FEBRUARY, 1999 2000.



Susan M. Downing
Notary Public

My Commission expires:
4-10-07

County of Residence:
LAKE

This Instrument prepared by FRANK E. PAWLAK

SUSAN M. DOWNING
FILED

MAR 01 2000

PETER BENJAMIN
LAKE COUNTY AUDITOR

11:00
pm
TI

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

State No.

Local No. 0530-98

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 10-1-19-3

119028
TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First Middle Last) MARY JANE PAWLAK		2 SEX Female	3a TIME OF DEATH 12:20pm	3b DATE OF DEATH (Month Day Yr) March 2, 1998	
4 SOCIAL SECURITY NUMBER 305 32 5589	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) November 4, 1932	
7 BIRTHPLACE (City and State or Foreign Country) Gary, IN	8a WAS DECEDENT A US VETERAN? NO				
8b YEAR LAST SERVED IN US ARMED FORCES? N/A		8c PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> OOA <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify)			
9a FACILITY NAME (If not institution, give street and number) 2221 W. 78th Avenue		9b CITY TOWN OR LOCATION OF DEATH Merrillville IN	9c COUNTY OF DEATH Lake		
10 MARITAL STATUS (Specify) Married	11 SURVIVING SPOUSE (If wife give maiden name) Frank Pawlak	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Waitress		12b KIND OF BUSINESS/INDUSTRY Tiebel's Rest.	
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY TOWN OR LOCATION Merrillville	13d STREET AND NUMBER 2221 W. 78th Ave		
13e ZIP CODE 46410	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? USA	15 WAS DECEDENT OF HISPANIC ORIGIN? (If yes specify Cuban Mexican Puerto Rican etc) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	16 RACE—American Indian Black White etc (Specify) WHITE	
17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (10 12) 12		17 College (1-4 or 5)			
18 FATHER'S NAME (First Middle Last) CY ATKINSON		19 MOTHER'S NAME (First Middle Maiden Surname) JUANITA KING			
20a INFORMANT'S NAME (Type/Private) Frank Pawlak		20b MAILING ADDRESS (Street and Number or Rural Route Number City or Town State Zip Code) 2221 W. 78th Ave, Merrillville IN 46410		20c Relationship Husband	
21a METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" 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) March 4, 1998 Calumet Park Crematory		21c LOCATION—City or Town State Merrillville, IN 46	
22a EMBALMER'S NAME N/A		22b EMBALMER'S LICENSE NO. N/A		23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
24a SIGNATURE OF FUNERAL DIRECTOR <i>Anthony A. Rendina</i>		24b LICENSE NUMBER (of Licensee) FD01010402	25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Rendina Funeral Home FH83007 5100 Cleveland St. Gary, IN 464		
26 PART I Enter the disease, injury or combination that caused the death. Do not enter nonspecific terms such as cardiac or respiratory. (This correct check of heart failure, etc. has been found cause on each line. COMPLETE COPY TO THE COUNTY HEALTH DEPT.) IMMEDIATE CAUSE OF DEATH WITH THE LAKE COUNTY HEALTH DEPT METASTATIC LUNG CANCER DUE TO (OR AS A CONSEQUENCE OF) MAR 6 1998 DUE TO (OR AS A CONSEQUENCE OF) 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) VI		28a WAS AN AUTOPSY PERFORMED? (Yes or no) No		28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)	
29a CERTIFIER (Check only one) <input 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>Rogert J. ...</i>		29c MEDICAL LICENSE NO. 01035397	29d DATE SIGNED (Month Day Yr) 3-4-98		
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type Print) ROBERT J. ...					
31 HEALTH OFFICER'S SIGNATURE <i>Alexander S. Williams MD</i>				32 DATE FILED (Month Day Yr) 3/12/98	
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
34a 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)			

926000402 Pawlak H/O