Chicago Title Insurance Company

STATE OF INDIANA
LAKE COUNTY
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2000 MAR 1 AM 9:50

MORRIS W. CARTER
RECORDER

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA } S. S.
COUNTY OF LAKE

62/647 DA

On this February 18, 2000 (Insert date) before me personally appeared Francis A. Nowak

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

   Francis A. Nowak and Carol J. Nowak;
4. Said Carol J. Nowak (fill in name of co-tenant who died)

   died on January 13, 1988

   leaving no will (insert "a" or "no"; if will left, attach a copy)
5. The legal description of the premises in question is:

   Lot 1, except the East 3 feet thereof, measured by parallel lines to the East line thereof, in Fairmeadow 2nd Addition to the Town of Munster as shown in Plat Book 36, page 45, in Lake County, Indiana.
6. To the best of affiant's knowledge there is no Federal or State estate or inheritance tax liability by reason of the death of said decedent;
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 Husband

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FILED
MAR 01 2000
PETER BENJAMIN
LAKE COUNTY AUDITOR

Signature: Francis A. Nowak

Address: 1600 Bluebird Dr.
Munster, IN. 46321

Subscribed and sworn to before me by the affiant

this February 18, 2000 (Insert date)

Cynthia Skura
Notary Public

My Commission Expires September 17,2007

12.00 CH CT

00032

This instrument prepared by Francis A. Nowak

HAMMOND HEALTH DEPARTMENT.

Local No. 40

JAN 19 1988 — Date Issued

Franklin D. Premuda M.D. — Hammond Health Commissioner

ate No.

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1 DECEASED—NAME FIRST	MIDDLE	LAST	2 SEX	3 DATE OF DEATH (Mo. Day, Yr.)
Carol	J.	Nowak	Female	January 13, 1988

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 (Month, Day, Year)	7 BIRTHPLACE (City and State or Foreign Country)
353-36-6289	42			Oct./18/1945	Chicago, Illinois

8 YEAR LAST SERVED IN US ARMED FORCES? No

9a PLACE OF DEATH (Check only one. See instructions): HOSPITAL: XX Inpatient ☐ ER/Outpatient ☐ DOA; OTHER: ☐ Nursing Home ☐ Residence ☐ Other (Specify)

9b FACILITY NAME (If not institution, give street and number)	9c CITY, TOWN, OR LOCATION OF DEATH	9d COUNTY OF DEATH
St. Margaret Hospital	Hammond	Lake

10 MARITAL STATUS—Married, Never Married, Widowed, Divorced (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	Francis Nowak	Homemaker	Own Home

13a RESIDENCE—STATE	13b COUNTY	13c CITY, TOWN, OR LOCATION	13d STREET AND NUMBER
Indiana	Lake	Munster	1600 Bluebird Drive

13e INSIDE CITY LIMITS? (Yes or no)	13f FARM	13g ZIP CODE	14 WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes—If yes, specify Cuban, Mexican, Puerto Rican, etc.)	15 RACE—American Indian, Black, White, etc. (Specify)	16 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12)	College (1-4 or 5+)
Yes	No	46321	☒ No ☐ Yes	White	12	

PARENTS

17 FATHER'S NAME (First, Middle, Last)	18 MOTHER'S NAME (First, Middle, Maiden Surname)
Henry Kowalkowski	Virginia Ulanski

INFORMANT

19a INFORMANT'S NAME (Type/Print)	19b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	19c Relationship
Francis Nowak	1600 Bluebird Drive, Munster, IN 46321	Husband

DISPOSITION

20a METHOD OF DISPOSITION	20b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	20c LOCATION—City or Town, State
XX Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)	January 16, 1988 Holy Cross Cemetery	Calumet City, Illinois

21a SIGNATURE OF FUNERAL DIRECTOR	21b LICENSE NUMBER (of Licensee)	22 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME
Larry D. Anthony	1001447	Anthony & Dziadowicz F.H. 3002916 9445 Calumet Ave, Munster, IN 46321

PRONOUNCING PHYSICIAN ONLY

Complete items 23a-c only when certifying physician is not available at time of death to certify cause of death

23a To the best of my knowledge, death occurred at the time, date, and place stated. Signature and Title — 23b LICENSE NUMBER — 23c DATE SIGNED (Month, Day, Year)

ITEMS 24-26 MUST BE COMPLETED BY PERSON WHO PRONOUNCES DEATH

24 TIME OF DEATH	25 DATE PRONOUNCED DEAD (Month, Day, Year)	26 WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? (Yes or no)
4:44 P.M.	January 13, 1988	Yes

CAUSE OF DEATH (SEE INSTRUCTIONS)

27 PART I. 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.

IMMEDIATE CAUSE (Final disease or condition resulting in death)

a. Penetrating wound of forehead with skull — Approximate Interval Between Onset and Death: Unknown

DUE TO (OR AS A CONSEQUENCE OF)

b. skull fracture & brain laceration, complicated

DUE TO (OR AS A CONSEQUENCE OF)

c. by pneumonia.

DUE TO (OR AS A CONSEQUENCE OF)

d.

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I

28a WAS AN AUTOPSY PERFORMED? (Yes or no) Yes

28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) Yes

CERTIFIER (SEE INSTRUCTIONS)

29a CERTIFIER (Check only one)

☐ CERTIFYING PHYSICIAN (Physician certifying cause of death when another physician has pronounced death and completed Item 23) To the best of my knowledge, death occurred due to the cause(s) and manner as stated.

☐ PRONOUNCING AND CERTIFYING PHYSICIAN (Physician both pronouncing death and certifying cause of death) To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.

☐ MEDICAL EXAMINER XX CORONER ☐ 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) and manner as stated.

29b SIGNATURE AND TITLE OF CERTIFIER	29c LICENSE NUMBER	29d DATE SIGNED (Month, Day, Year)
Daniel D. Thomas	16120	Jan. 14, 1988

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type/Print): DANIEL D. THOMAS, M.D., CORONER, 2293 NORTH MAIN ST., CROWN POINT, IN. 46307

HEALTH OFFICER

31 HEALTH OFFICER'S SIGNATURE: Franklin D. Premuda M.D. — 32 DATE FILED (Month, Day, Year): JAN 19 1988

CORONER OR MEDICAL EXAMINER USE ONLY

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 ☐ Homocide	Jan.2,1988		No	Object fell from semi into auto windshield

34e PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify): Street

34f LOCATION (Street and Number or Rural Route Number, City or Town, State): Brainard Ave., Burnham, Illinois

SBH06 004 State Form 10110 (R/10-87) DEATH A/PD 1

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