

2000 016598

2000 MAR -9 AM 9:46
AFFIDAVIT OF HEIRSHIP
MORTON W. CARTER
RECORDER

State of Illinois
County of Cook

Re Order No. 620000509

620000509 LD

LUCIA D. MC ALLISTER, herinafter referred to as Affiant, being first duly sworn upon oath, deposes and states that Affiant resides at 1843 Milton Ave., Northbrook, Illinois 60062.

That Affiant is the daughter of Harriet F. Kondziela, deceased, who at the time of her death, owned 1/2 interest in the property in Lake County, Indiana, legally described as per Exhibit A attached hereto.

That the decedent died on December 31, 1999, as evidenced by a certified copy of death certificate attached hereto leaving no Last Will and Testament.

That the decedent was married once and only once to Julian B. Kondziela, who predeceased decedent.

That only one child was born to decedent and Julian B. Kondziela, a daughter born January 5, 1934, Lucia D. McAllister (nee Kondziela).

That any and all claims of creditors and expenses of last illness and death have been paid in full.

That the total value of the estate of the decedent does not exceed the sum of \$ 90,000.00 held in her name solely.

That no Indiana Inheritance Tax and no Federal Estate Tax shall be due herein.

That no estate proceedings are contemplated or required herein.

That the Affiant makes this affidavit to induce Chicago Title Insurance Company to issue its policy of Title Insurance on the above-described property to the Purchaser set forth in the above commitment no.

Lucia D. McAllister
Affiant Lucia D. McAllister

Subscribed and sworn to before me this
29th day of February, 2000

OFFICIAL SEAL
KATHLEEN M. GRAMLICH
Notary Public — State of Illinois
My Commission Expires March 27, 2003

Kathleen M Gramlich
NOTARY PUBLIC

THIS INSTRUMENT PREPARED BY LUCIA D. MC ALLISTER 1843 Milton Ave., Northbrook, Il. 60062

FILED

MAR 08 2000

PETER BENJAMIN
LAKE COUNTY AUDITOR

60800

13.00 gm CT

Chicago Title Insurance Company

* 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. 3002-99

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

#260019

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First, Middle, Last) HARRIET KONDZIELA		2 SEX Female	3a TIME OF DEATH 12:10 A.M.	3b DATE OF DEATH (Month, Day, Yr.) December 31, 1999	
4 *SOCIAL SECURITY NUMBER 306-10-9229	5a AGE—Last Birthday (Years) 88	5b UNDER 1 YEAR Months: Days	5c UNDER 1 DAY Hours: Minutes	6 DATE OF BIRTH (Mo, Day, Yr.) Jan. 22, 1911	
7 BIRTHPLACE (City and State or Foreign Country) Lublin, Poland	8a WAS DECEDENT A U.S. VETERAN? No	8b YEAR LAST SERVED IN U.S. ARMED FORCES? None	9a PLACE OF DEATH (Check only one. See instructions.) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence		
9b FACILITY NAME (If not institution, give street and number) Hartsfield Care Center		9c CITY, TOWN, OR LOCATION OF DEATH Munster	9d COUNTY OF DEATH Lake		
10 MARITAL STATUS (Specify) Widowed	11 SURVIVING SPOUSE (If wife, give maiden name) None	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Homemaker	12b KIND OF BUSINESS/INDUSTRY Own Home		
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY, TOWN, OR LOCATION Munster	13d STREET AND NUMBER 8750 Harrison Avenue, #205		
13e ZIP CODE 46321	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" 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) 12 College (1-4 or 5 +)					
18 FATHER'S NAME (First, Middle, Last) Louis Glos		19 MOTHER'S NAME (First, Middle, Maiden Surname) Helena Zielinski			
20a INFORMANT'S NAME (Type/Print) Lucia McAllister		20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1843 Milton Avenue, Northbrook, IL 60062	20c Relationship Daughter		
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) January 3, 2000 Holy Cross Cemetery		21c LOCATION—City or Town, State Calumet City, Illinois	
22a EMBALMER'S NAME Larry D. Anthony		22b EMBALMER'S LICENSE NO. 01001447	23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a SIGNATURE OF FUNERAL DIRECTOR <i>Larry D. Anthony</i>		24b LICENSE NUMBER (of Licensee) 01001447	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Anthony & Dziadowicz F.H. #83002916 9445 Calumet Ave, Munster, IN 46321		
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) congestive heart failure -					
MIDDLE CAUSE (Disease or condition) Coronary V. Valvular heart disease					
CONDITIONAL CAUSE (Disease or condition) dementia					
DATE OF DEATH JAN 04 2000					
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. 01026043	
29d DATE SIGNED (Month, Day, Year) December 31, 1999					
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 28) (Type/Print) M. A. Rahmany, M.D., 3801 Ridge Road, Highland, Indiana 46322					
31 HEALTH OFFICER'S SIGNATURE <i>Alexander S. Williams, MD</i>			32 DATE FILED (Month, Day, Year) January 4, 2000		
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) MAR 08 2000	34d DESCRIBE HOW INJURY OCCURRED
34e PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify) PETER BENJAMIN LAKE COUNTY AUDITOR		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.			

LEGAL DESCRIPTION

Apartment 205, in Harrison Heights Condominium, in the Town of Munster, a Horizontal Property Regime, established under the Declaration recorded as document no. 252280, on May 22, 1974, as amended by document no. 750390, recorded March 27, 1984, document no. 065505, recorded October 27, 1989, and document no. 93067298, recorded October 13, 1993, and as shown in Plat Book 44, page 64, being a part of Lot 1, Petso Subdivision, recorded in Plat Book 41, page 38, in the Office of the Recorder of Lake County, Indiana, together with an undivided 1.55673 percent interest in the common area and facilities.

