COMMUNITY TITLE COMPANY
— An Indiana Corporation —
421 West 81st Avenue
Merrillville, Indiana 46410
219-736-2810

2000 016649

AFFIDAVIT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

KATHERINE AMBORSKI, being first duly sworn upon oath, deposes and says:

1. That Affiant's spouse, WALTER E. AMBORSKI died (without leaving a will) ~~(leaving a will)~~ on April 25 1994 at The Community Hospital

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

LOT 45 IN C. GORLEY'S ROLLING HILL ESTATES, UNIT NO. 2, AS PER PLAT THEREOF, RECORDED AUGUST 10, 1962 IN PLAT BOOK 35 PAGE 53, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

COMMONLY KNOWN AS 7720 DURBIN DR., SCHERERVILLE, IN. 46375

UNIT 20 KEY NO 13-244-45

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STATE OF INDIANA LAKE COUNTY FILED FOR RECORD
2000 MAR -6 AM 10: 39

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 (his) ~~(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.

FILED
MAR 06 2000
PETER BENJAMIN
LAKE COUNTY AUDITOR

Further affiant sayeth not.

Katherine Amborski
KATHERINE AMBORSKI

Subscribed and sworn to before me, a Notary Public, this 29th day of February, ~~19~~ 2000.

Karen Gatons
Notary Public

My Commission expires:

KAREN GATONS
Notary Public, State of Indiana
County of Lake
My Commission Expires 11/04/2006

County of Residence:

COMMUNITY TITLE COMPANY
FILE NO L18844

11.00 EP.

663

Comm #1241

This Instrument prepared by PATRICK McMANAMA, ATTORNEY AT LAW
9534-45

ATTENTION ESTATE: Disclosure of the SS# we need to pursue our responsibilities is voluntary and there will be no penalty for refusal.

Local No. 0989-94

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. ....

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEDENT—NAME (First Middle Last): Walter E. ~~Ambroski~~ AMBORSKI ~~AMBORKSI~~
2. SEX: Male
3a. TIME OF DEATH: 9:56 P M
3b. DATE OF DEATH (Month Day Yr): April 25, 1994
4. *SOCIAL SECURITY NUMBER: 306-34-5480
5a. AGE—Last Birthday (Years): 60
5b. UNDER 1 YEAR (Months / Days):
5c. UNDER 1 DAY (Hours / Minutes):
6. DATE OF BIRTH (Mo. Day. Yr): Apr. 3, 1934
7. BIRTHPLACE (City and State or Foreign Country): EAST CHICAGO, IN. ~~Unavailable~~
8a. WAS DECEDENT A U.S. VETERAN?: NO
8b. YEAR LAST SERVED IN U.S. ARMED FORCES?: NA
9a. PLACE OF DEATH (Check only one. See instructions): HOSPITAL ☒ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☐ Other (Specify) ☐ Residence
9b. FACILITY NAME (If not institution, give street and number): THE COMMUNITY HOSPITAL
9c. CITY, TOWN OR LOCATION OF DEATH: MUNSTER
9d. COUNTY OF DEATH: LAKE
10. MARITAL STATUS (Specify): MARRIED
11. SURVIVING SPOUSE (If wife, give maiden name): KATHERINE ROE
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): LOADER
12b. KIND OF BUSINESS/INDUSTRY: STEEL COMPANY
13a. RESIDENCE—STATE: INDIANA
13b. COUNTY: LAKE
13c. CITY, TOWN OR LOCATION: SCHERERVILLE
13d. STREET AND NUMBER: 7720 DURBIN
13e. ZIP CODE: 46375
13f. INSIDE CITY LIMITS: ☐ No ☒ Yes
13g. ON A FARM?: ☒ No ☐ Yes
14. CITIZEN OF WHAT COUNTRY?: USA
15. WAS DECEDENT OF HISPANIC ORIGIN? ☒ No ☐ 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+): 0

PARENTS

18. FATHER'S NAME (First, Middle, Last): WALTER J. ~~AMBROSKI~~ AMBORSKI
19. MOTHER'S NAME (First, Middle, Maiden Surname): DOROTHY ADAMS

INFORMANT

20a. INFORMANT'S NAME (Type/Print): KATHERINE ~~AMBROSKI~~ AMBORSKI
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 7720 DURBIN, SCHERERVILLE
20c. Relationship: WIFE

DISPOSITION

21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal from State ☐ Entombment ☐ Donation ☐ Other (Specify)
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): April 28, 1994 Calumet Park Cemetery
21c. LOCATION—City or Town, State: Merrillville, Indiana
22a. EMBALMER'S NAME: Ronald A. Reed
22b. EMBALMER'S LICENSE NO.: FDO 1001081
23. WAS DEATH REPORTED TO CORONER? ☒ No ☐ Yes
24a. SIGNATURE OF FUNERAL DIRECTOR: [signature]
24b. LICENSE NUMBER (of Licensee): FDO 1014511
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: Kuiper Funeral Home 9039 Kleinman Rd Highland, Indiana FDH 300-7500

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.

IMMEDIATE CAUSE (Final disease or condition resulting in death)
a. Acute liver failure
DUE TO (OR AS A CONSEQUENCE OF)
b. Laennecs cirrhosis
DUE TO (OR AS A CONSEQUENCE OF)
c.
DUE TO (OR AS A CONSEQUENCE OF)
d.

Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last

Approximate Interval Between Onset and Death

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I: Hypertension; anemia acidosis

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):

THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT. APR 28 1994 [signature] COMMISSIONER

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: John Lanman
29c. MEDICAL LICENSE NO.: 18203
29d. DATE SIGNED (Month, Day, Year): 4/26/94
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): JOHN LANMAN, M.D. 716 Seberger, Munster, Ind. 46321

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE: Alexander D. Williams, MD
32. DATE FILED (Month, Day, Year): April 28, 199[illegible]

33. MANNER OF DEATH: ☐ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ 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:
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.

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

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