

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

620000772

2000 018320

2000 MAR 17 AM 9:51

MORTIS W. CARTER
RECORDER

Chicago Title Insurance Company

*
620000772 600184-000 SURVIVORSHIP AFFIDAVIT
De Motte State Bank

On this 8th before me personally appeared
(insert date)

Thomas J. Milanowski

to me personally known, who being duly sworn on oath did say that:

- Affiant resides at the address given below affiant's signature;
- Affiant is Owner; (state interest of affiant in the above premises as "owner", "son of owner", etc.)
- Said premises were formerly owned as joint tenants or as tenants by the entireties by Thomas J. Milanowski and Barbara A. Milanowski;
- Said Barbara A. Milanowski (fill in name of co-tenant who died) died on July 30, 1997 leaving No will; (insert "a" or "no"; if will left, attach a copy)

5. The legal description of the premises in question is:

See attached.

FILED

MAR 16 2000

PETER BENJAMIN
LAKE COUNTY AUDITOR

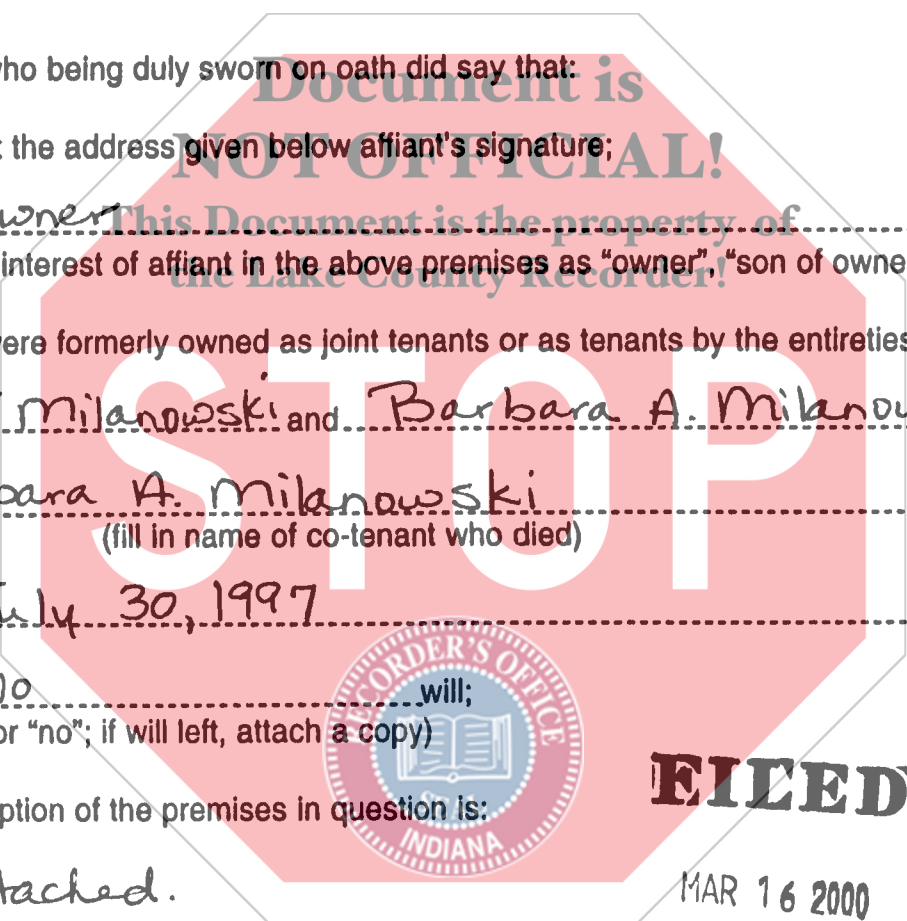
6. Is there Federal Estate or State inheritance tax liability by reason of the death of said

decendent? Yes No

If yes, then estimated taxes due are \$ _____

The taxes due are paid or unpaid.

Chicago Title Insurance Company



01140

15
2/2
CT

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

Signature: Thomas J. Milenowski

Printed Name THOMAS J. MILENOWSKI

Address: 20286 CALUMET

This Document is the property of LOWELL JR. 46356

Subscribed and sworn to before me by the affiant

this 8th March 2000

(insert date)

Stacey Bright
Notary Public

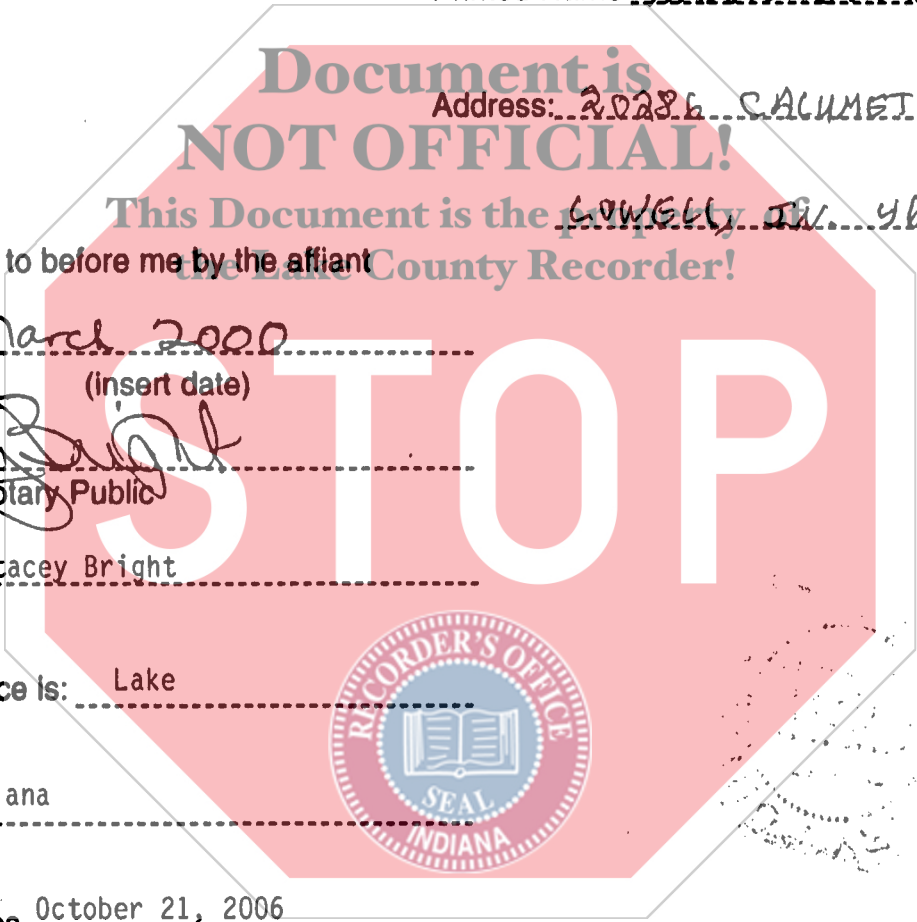
Printed Name Stacey Bright

My County of Residence is: Lake

In the State of Indiana

My Commission Expires October 21, 2006

This instrument prepared by Thomas J. Milenowski



10

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-10-9

WARRANTY: The Social Security # is requested by this state agency in order to provide its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

Local No. 1613-97

200831
TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEASED

PARENTS

INFORMANT

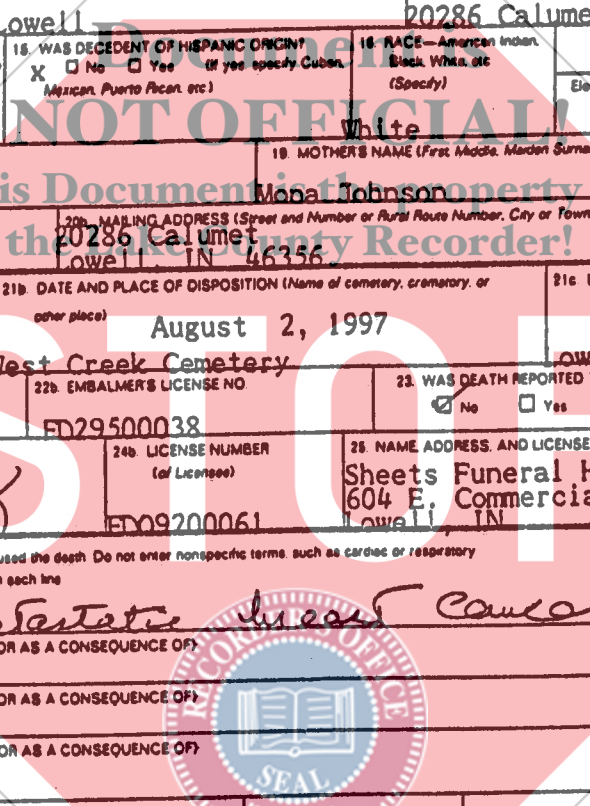
DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First, Middle, Last) Barbara A. Milanowski		2. SEX Female	3a. TIME OF DEATH 09:55A	3b. DATE OF DEATH (Month, Day, Yr) July 30, 1997
4. SOCIAL SECURITY NUMBER 336-38-1374	5a. AGE—Last Birthday (Years) 50	5b. UNDER 1 YEAR Months: Days	5c. UNDER 1 DAY Hours: Minutes	6. DATE OF BIRTH (Mo, Day, Yr) Mar 30, 1947
7. BIRTHPLACE (City and State or Foreign Country) Hammond, IN	8a. PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence			
8a. WAS DECEASED A U.S. VETERAN? No	8b. YEAR LAST SERVED IN U.S. ARMED FORCES? N/A	9a. CITY, TOWN, OR LOCATION OF DEATH Munster		9b. COUNTY OF DEATH Lake
9c. FACILITY NAME (If not institution, give street and number) Community Hospital		10. MARRIAGE STATUS (Specify) Married		
11. SURVIVING SPOUSE (If wife, give maiden name) Thomas Milanowski		12a. DECEASED'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 IN		13b. COUNTY Lake		13c. CITY, TOWN, OR LOCATION Lowell
13d. STREET AND NUMBER 20286 Calumet		14. CITIZEN OF WHAT COUNTRY? USA		
13e. ZIP CODE 46356	13f. INSIDE CITY LIMITS <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	13g. ON A FARM? <input type="checkbox"/> No <input type="checkbox"/> Yes	15. WAS DECEASED 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. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (10-12) 12 College (1-4 or 5+)		18. FATHER'S NAME (First, Middle, Last) Walter M. Smith		
19. MOTHER'S NAME (First, Middle, Maiden Surname) Mona Johnson		20a. INFORMANT'S NAME (Type/Print) Thomas Milanowski		
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 20286 Calumet Lowell, IN 46356		20c. Relationship Husband		
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) August 2, 1997 West Creek Cemetery		21c. LOCATION—City or Town, State Lowell, IN
22a. EMBALMER'S NAME Byron C. Hawkins		22b. EMBALMER'S LICENSE NO. ED29500038		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Malcolm E. Hawkins</i>		24b. LICENSE NUMBER (of Licensee) ED09200061		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Sheets Funeral Home, FH83004277 604 E. Commercial Ave. Lowell, IN
26. PART I: Enter the disease, 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) Metastatic breast cancer DUE TO (OR AS A CONSEQUENCE OF) CONDITIONS if any, which gave rise to the immediate cause, stating the underlying cause last PART II: Other significant conditions - Conditions contributing to death but not previously stated in Part I				
27. WAS DECEASED 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) N/A
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. MEDICAL LICENSE NO. 1027970		29c. DATE SIGNED (Month, Day, Year) 8-6-97
29d. SIGNATURE AND TITLE OF CERTIFIER <i>Salman Gallani</i>		30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 28) (Type/Print) Salman Gallani, 11 Columbia Ave., Munster, IN 46321		
31. HEALTH OFFICER'S SIGNATURE <i>Alexander S. Williams, M.D.</i>		32. DATE FILED (Month, Day, Year) August 6, 1997		
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. PLACE OF INJURY—At home, farm, street, factory, office, building, etc (Specify)		34e. LOCATION (Street and Number or Rural Route Number, City or Town, State) AUG 06 1997		
34g. DATE PRONOUNCED DEAD (Month, Day, Year) 07/30/97		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc. <i>Alexander S. Williams, M.D.</i> LAKE COUNTY HEALTH COMMISSIONER		



LEGAL DESCRIPTION

The South 268.26 feet of the following described parcel in its entirety. The Northeast Quarter of the Southeast Quarter of Section 1, Township 32 North, Range 10 West of the 2nd Principal Meridian in Lake County, Indiana, and a part of the West Half of the Southwest Quarter of Section 6, Township 32 North, Range 9 West of the 2nd Principal Meridian, described as follows: Commencing at the Southwest corner of the Northwest Quarter of the Southwest Quarter of said Section 6; thence North 0 degrees 59 minutes 47 seconds East along the West line of said Section 6 to a point that is 146 rods (2409.00 feet) North of the Southwest corner of said Section, said point is also the centerline of a county road, now known as Calumet Avenue; thence South 18 degrees 26 minutes 37 seconds East along the centerline, 231.69 feet; thence South 16 degrees 11 minutes 45 seconds East along said centerline, 904.81 feet to the South line of the Northeast Quarter of the Southeast Quarter of Section 1, Township 32 North, Range 10 West of the 2nd Principal Meridian, extended East; thence North 88 degrees 50 minutes 30 seconds West along said South line extended East, 344.56 feet to the point of commencement.

