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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

Key No.
25-153-39

2000 019130 SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA)
)
COUNTY OF LAKE)

MORRIS W. CARTER
RECORDER
SS:

On this 20th day of March, 2000, before me personally appeared JEANETTE M. SIUKOLA, to me personally known, who being duly sworn on oath did state that:

1. Affiant resides at the address given below affiant's signature;

2. Affiant is the surviving widow of JOHN A. SIUKOLA and, prior to the death of said JOHN A. SIUKOLA, owned jointly with him the following described real estate :

Lot 13 (except the North 40 feet thereof), and the North 45 feet of Lot 14, Knickerbocker Manor Eighth Addition to the Town of Munster, as shown in Plat Book 37, page 13, in Lake County, Indiana.

more commonly known as 8811 Manor Avenue, Town of Munster, Lake County, Indiana.

3. Said JOHN A. SIUKOLA died a resident of Lake County, Indiana, on August 9, 1997.

4. Affiant is the surviving and exclusive owner of the above-described parcel of real property.

5. That Exhibit "A", attached hereto, is a true, correct and authentic copy of the death certificate of the aforesaid JOHN A. SIUKOLA.

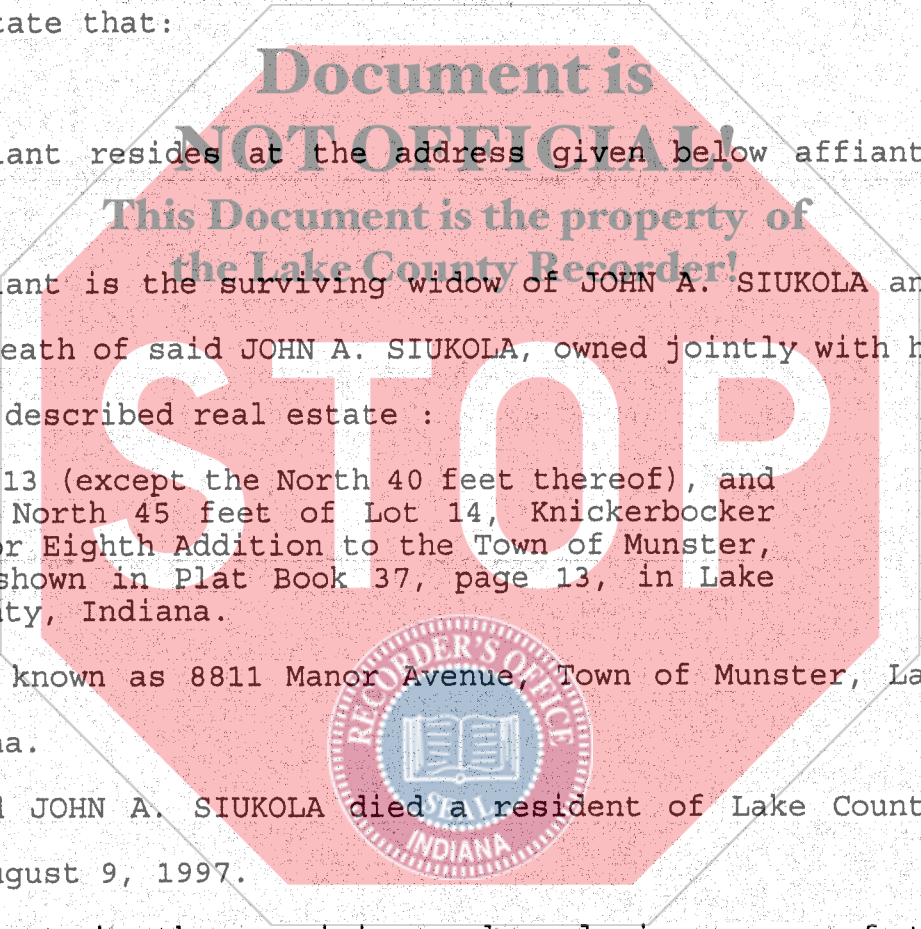
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MAR 21 2000

PETER BENJAMIN
LAKE COUNTY AUDITOR

00407

13.00
120



6. Said real estate described above is not subject to inheritance tax liability or state tax liability.

SIGNATURE:

Janette M. Suikola

ADDRESS:

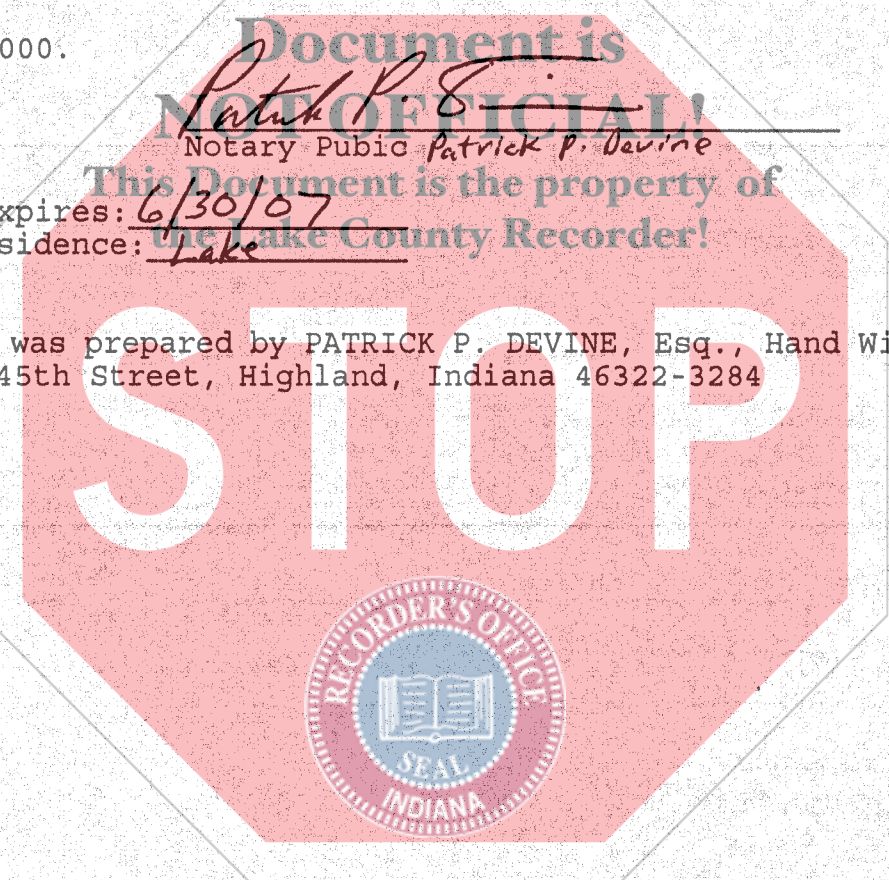
8811 Mansel Avenue
Munster, In 46321

Subscribed and sworn to before me by the Affiant this 20th day of March, 2000.

Patrick P. Devine
Notary Public Patrick P. Devine

My Commission Expires: 6/30/07

My County of Residence: Lake



This instrument was prepared by PATRICK P. DEVINE, Esq., Hand Wilk & Hand, 3235 - 45th Street, Highland, Indiana 46322-3284

* 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. 16-17-97

203099 THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First, Middle, Last) John A. Siukola		2 SEX Male	3a. TIME OF DEATH 4 P M	3b. DATE OF DEATH (Month, Day, Yr) August 9, 1997
4. *SOCIAL SECURITY NUMBER 305-44-4458	5a. AGE—Last Birthday (Years) 53	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr) June 20, 1944
7. BIRTHPLACE (City and State or Foreign Country) East Chicago, IN	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 type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence				
9b. FACILITY NAME (If not institution, give street and number) 8811 Manor Ave.,		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) Jeanette M. Bowater	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Heavy Equipment Operator		12b. KIND OF BUSINESS/INDUSTRY NIPSCO
13a. RESIDENCE—STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION Munster		13d. STREET AND NUMBER 8811 Manor Ave.,
13e. ZIP CODE 46321	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? <input 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+) 1		18. FATHER'S NAME (First, Middle, Last) Arvo N. Siukola		
19. MOTHER'S NAME (First, Middle, Maiden Surname) Sadie E. Hautala		20a. INFORMANT'S NAME (Type/Print) Jeanette M. Siukola		
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 8811 Manor Ave., Munster, IN 46321		20c. Relationship Wife		
21a. METHOD OF DISPOSITION <input type="checkbox"/> Entombment <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 12, 1997 Concordia Cemetery		21c. LOCATION—City or Town, State Hammond, IN
22a. EMBALMER'S NAME Henry J. Blake		22b. EMBALMER'S LICENSE NO. FO01019406		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Edwin B. [Signature]</i>		24b. LICENSE NUMBER (of Licensee) FO01000857		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME LaHayne Funeral Home, Inc., FH19400005 6955 Southeastern Ave., Hammond, IN 46324
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)		Multiple Myeloma		Approximate Interval Between Onset and Death Months
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last		a. DUE TO (OR AS A CONSEQUENCE OF)		
		b. DUE TO (OR AS A CONSEQUENCE OF)		
		c. DUE TO (OR AS A CONSEQUENCE OF)		
		d. 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) 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>John A. Hoehn, MD</i>		29c. MEDICAL LICENSE NO. 02000872		29d. DATE SIGNED (Month, Day, Year) Aug. 10, 1997
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 28) (Type/Print) John A. Hoehn, D.O., 2001 US Route 41, Schererville, IN 46375				
31. HEALTH OFFICER'S SIGNATURE <i>Alexander S. Williams, MD</i>				32. DATE FILED (Month, Day, Year) August 11, 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		34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)
34d. DESCRIPTION OF OCCURRENCE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT.		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) AUG 11 1997		
34g. DATE PRONOUNCED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian Alexander S. Williams, MD LAKE COUNTY HEALTH COMMISSIONER		

Exhibit "A"