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# TICOR TITLE INSURANCE

RECORDED

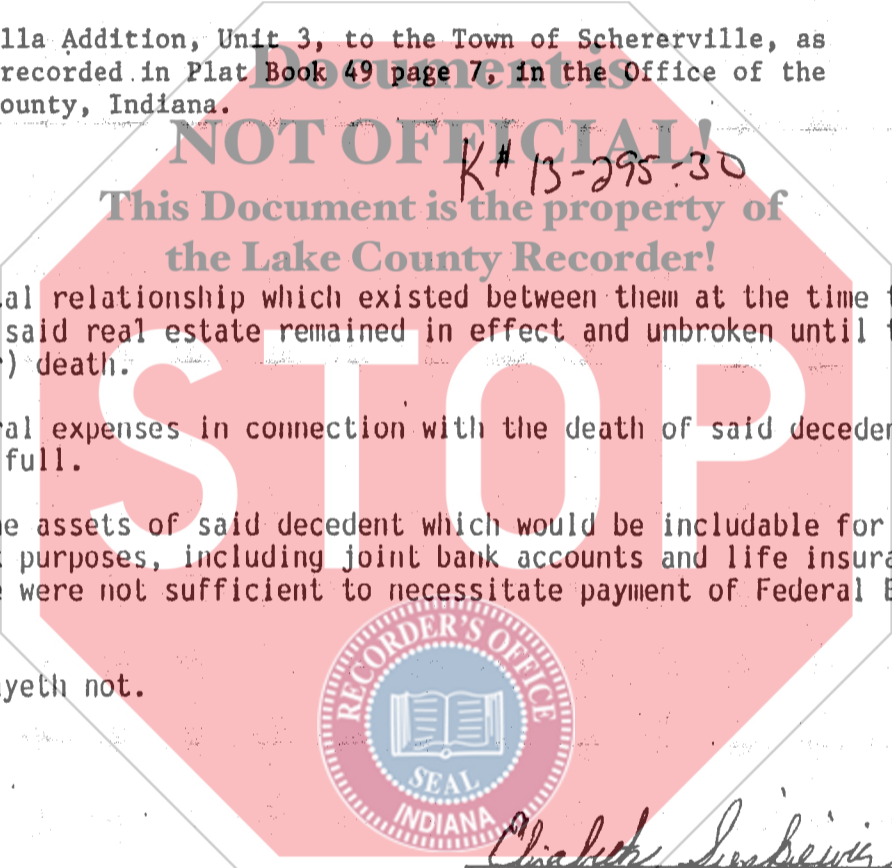
## AFFIDAVIT

STATE OF INDIANA )  
                          ) SS:  
COUNTY OF LAKE )

Elizabeth Sienkiewicz, being first duly sworn upon oath, deposes and says:

1. That Gregory M. Sienkiewicz died on April 30, 1999 at St Margaret Mercy.
2. That Gregory M. Sienkiewicz and Elizabeth Sienkiewicz were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

Lot 100 in Casa Bella Addition, Unit 3, to the Town of Schererville, as per plat thereof, recorded in Plat Book 49 page 7, in the Office of the Recorder of Lake County, Indiana.



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.

Further affiant sayeth not.



Elizabeth Sienkiewicz  
Elizabeth Sienkiewicz

Subscribed and sworn to before me, a Notary Public, this 16th day of March, 19 2000.

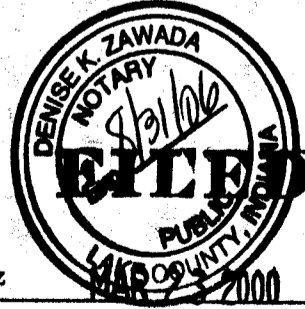
Denise K. Zawada  
Notary Public  
Denise K. Zawada

My Commission expires:

8/31/2006

County of Residence:

Lake



11.00  
E.P.  
T.

This Instrument prepared by Elizabeth Sienkiewicz

92000935 - 50

PETER BENJAMIN  
LAKE COUNTY AUDITOR 01608

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

INDIANA STATE DEPARTMENT OF HEALTH

Local No. 1093-99

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

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED-NAME (First Middle Last) <b>Gregory Mark Sienkiewicz</b>		2. SEX <b>Male</b>	3a. TIME OF DEATH <b>2:10PM</b>	3b. DATE OF DEATH (Month Day Yr) <b>April 30, 1999</b>
4. SOCIAL SECURITY NUMBER <b>314-44-7692</b>	5a. AGE - Last Birthday (Years) <b>53</b>	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo Day Yr) <b>May 9, 1945</b>
7. BIRTHPLACE (City and State or Foreign Country) <b>Hammond, IN</b>	8a. PLACE OF DEATH (Check only one. See instructions)			
8a. WAS DECEDENT A U.S. VETERAN? <b>Yes</b>	8b. YEAR LAST SERVED IN U.S. ARMED FORCES <b>1966</b>	HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA		
9b. FACILITY NAME (If not institution, give street and number) <b>St. Margaret Mercy Hosp. South</b>		9c. CITY TOWN OR LOCATION OF DEATH <b>Dyer</b>	9d. COUNTY OF DEATH <b>Lake</b>	
10. MARITAL STATUS (Specify) <b>Married</b>	11. SURVIVING SPOUSE (If wife, give maiden name) <b>Elizabeth Joan Drozd</b>	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Heating &amp; Air Conditioning Mec</b>		12b. KIND OF BUSINESS INDUSTRY <b>General Maintenance</b>
13a. RESIDENCE - STATE <b>Indiana</b>	13b. COUNTY <b>Lake</b>	13c. CITY TOWN OR LOCATION <b>Schererville</b>	13d. STREET AND NUMBER <b>2431 Sorrento Dr.</b>	
13e. ZIP CODE <b>46375</b>	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? <b>USA</b>	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) <b>White</b>
17. DECEDENT'S EDUCATION (Specify only highest grade completed)		17. DECEDENT'S EDUCATION (Specify only highest grade completed) <b>12</b>		
18. FATHER'S NAME (First, Middle, Last) <b>Adam Sienkiewicz</b>		19. MOTHER'S NAME (First, Middle, Maiden Surname) <b>Josephine Zundlo</b>		
20a. INFORMANT'S NAME (Type/Print) <b>Elizabeth Joan Sienkiewicz</b>		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>2431 Sorrento Dr., Schererville, IN 46375</b>		20c. Relationship <b>Wife</b>
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <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) <b>May 6, 1999 Chapel Lawn Memorial Gardens</b>		21c. LOCATION - City or Town State <b>Schererville, Indiana</b>
22a. EMBALMER'S NAME <b>James W. Gholston</b>		22b. EMBALMER'S LICENSE NO. <b>FDE1004194</b>	23. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input type="checkbox"/> Yes	
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Joseph J. Johnson</i>		24b. LICENSE NUMBER (of Licensee) <b>FDE8900006</b>	25. NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME <b>Virgil Huber Funeral Home 7051 Kennedy Av., Hammond, IN 46323</b>	
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 resulting in death) <b>Myocardial Infarction</b>				
DUE TO (OR AS A CONSEQUENCE OF)				
CONDITIONS IF ANY WHICH GAVE RISE TO THE IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST				
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) <b>No</b>		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) <b>No</b>	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <b>No</b>	
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.		<b>FILED</b>		
29b. SIGNATURE AND TITLE OF CERTIFIER <i>Fatima E. Jaffer M.D.</i>		29c. LICENSE NO. <b>01044403</b>	29d. DATE SIGNED (Month Day Year) <b>MAR 23 2000</b>	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>Fatima Jaffer, 2068 Lucas Parkway, Lowell, IN 46356</b>				<b>PETER BENJAMIN LAKE COUNTY AUDITOR</b>
31. HEALTH OFFICER'S SIGNATURE <i>Alvin S. Williams M.D.</i>				32. DATE FILED (Month Day Year) <b>5/14/99</b>
33. MANNER OF DEATH <input checked="" 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)
34d. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		34e. DESCRIBE HOW INJURY OCCURRED <b>MAY 04 1999</b>		
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. <b>01609</b>		

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