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2000 MAR 27 AM 10:02

SURVIVORSHIP AFFIDAVIT
RECORDED

COMES NOW the affiant, Helen Pachowicz, who being first sworn and upon his/her oath and under the penalties for perjury, solemnly swears and states that:

1. He/she is the legal title owner of the real estate located at 3720 Towle Ave Hammond IN 46327 more particularly described as follows, to-wit:
SEE APPENDIX A

2. He/she acquired title to the aforementioned real estate with his/her husband/wife by Warranty Deed dated June 24 1987 and recorded June 28 1987, Instrument No. 930317 in the Office of the Recorder of Lake County, Indiana.

3. He/she and his/her husband/wife, Andrez Pachowicz, held title by the entireties until the date of his/her death on July 30 1998.

4. By virtue of the operation of law in the he/she is the survivor of them, the affiant should now be shown as the sole owner of the real estate.

5. The total value of my late husband's/wife's estate, including the proceeds of life insurance, and interests in jointly owned real estate, was not large enough to be subject to federal estate tax.

Affiant makes these statements to induce the appropriate governmental authorities to cause the title to the real estate to be shown in the sole name of the affiant and that all tax records be shown accordingly.

FILED

3-24-2000
Date

MAR 27 2000

Helen Pachowicz
(Print Name)

STATE OF INDIANA)
COUNTY OF Lake)

SS: PETER BENJAMIN
LAKE COUNTY AUDITOR

before me, a Notary Public, in and for said State and County, personally appeared the affiant herein, Helen Pachowicz, who acknowledged the truthfulness of the contents herein.

Done this 24 day of march - 2000, 1995.

My Commission Expires:

OFFICIAL SEAL
KRISTIN R. CANADAY
NOTARY PUBLIC
STATE OF INDIANA
MY COMMISSION EXPIRES 11/5/00

Kristin R. Canaday
Notary Public

02033

Resident of Lake County

Prepared by: Helen Pachowicz

13:00
M227
HOWMETED

ATTENTION ESTATE: The Social Security # is requested by this state agency in order to fulfill its statutory responsibility. Disclosure is mandatory and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

THIS CERTIFIES THE FOLLOWING IS A TRUE & COMPLETE COPY OF DEATH ON FILE WITH 1 HAMMOND HEALTH DEPARTMENT.

006.10.1998 *Franklin D. Premer, M.D.*
Date Issued Hammond Health Commissioner

File No. 612

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

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1 DECEASED—NAME (First Middle Last) ANDRZEJ ANDY PACHOWICZ				2 SEX MALE	3a TIME OF DEATH 6:32 P M	3b DATE OF DEATH (Month Day Yr) JULY 30, 1998	
4 SOCIAL SECURITY NUMBER 311-78-7082	5a AGE—Last Birthday (Year) 46	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo. Day Yr) FEB. 18, 1952	7 BIRTHPLACE (City and State or Foreign Country) POLAND		
8a WAS DECEDENT A U.S. VETERAN? NO	8b YEAR LAST SERVED IN U.S. ARMED FORCES?	9a PLACE OF DEATH (Check only one See instructions) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input checked="" type="checkbox"/> 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) 4836 BIRCH AVENUE			9c CITY, TOWN OR LOCATION OF DEATH HAMMOND	9d COUNTY OF DEATH LAKE			
10 MARITAL STATUS (Specify) MARRIED	11 SURVIVING SPOUSE (If wife, give maiden name) HELEN WALCZAK	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) FOREMAN		12b KIND OF BUSINESS/INDUSTRY RAILCAR MANUFACTURER			
13a RESIDENCE—STATE INDIANA	13b COUNTY LAKE	13c CITY, TOWN OR LOCATION HAMMOND		13d STREET AND NUMBER 4836 BIRCH AVENUE			
13e ZIP CODE 46327	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? USA	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 (K-12) 2 College (1-4 or 5+)		
18 FATHER'S NAME (First Middle Last) MARIAN PACHOWICZ			19 MOTHER'S NAME (First Middle, Maiden Surname) MARY KEWK				
20a INFORMANT'S NAME (Type/Print) HELEN PACHOWICZ		20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 4836 BIRCH AVE., HAMMOND, INDIANA 46327			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 3, 1998 HOLY CROSS CEMETERY		21c LOCATION—City or Town, State CALUMET CITY, ILLINOIS			
22a EMBALMER'S NAME KEITH D. ANTHONY		22b EMBALMER'S LICENSE NO. 01011911		23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
24a SIGNATURE OF FUNERAL DIRECTOR <i>Keith D Anthony</i>		24b LICENSE NUMBER (of Licensee) 01011911		25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME ANTHONY & DZIADOWICZ FH 83002835 4404 CAMERON, HAMMOND, INDIANA 46327			
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 Unknown	
IMMEDIATE CAUSE (Final disease or condition resulting in death) Severe coronary atherosclerosis		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)					
DUE TO (OR AS A CONSEQUENCE OF)							
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) Yes	28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) Yes	
29a CERTIFIER (Check only one) <input 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 checked="" 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 Deputy		29b SIGNATURE AND TITLE OF CERTIFIER <i>Deputy</i>		29c MEDICAL LICENSE NO. N/A	29d DATE SIGNED (Month Day Year) August 6, 1998		
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 28) (Type/Print) Donna Melyon, Deputy Coroner, 2293 North Main Street, Crown Point, Indiana 46307							
31 HEALTH OFFICER'S SIGNATURE <i>Franklin D. Premer, M.D.</i>					32 DATE FILED (Month Day Year) August 10, 1998		
33 MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <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 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					

Appendix A

THE NORTH 18 FEET OF LOT 33 AND LOT 34, EXCEPT THE NORTH 10 FEET THEREOF, IN BLOCK 6,
DOUGLAS PARK MANOR, HAMMOND, AS PER PLAT THEREOF, AS RECORDED IN PLAT BOOK 17, PAGE
26, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

