

STATE OF INDIANA  
LAKE COUNTY  
FILED

2000 02 16 57  
**TICOR TITLE INSURANCE**

2000 MAR 30 AM 09:05  
MORTGAGE CENTER  
RECORDING

AFFIDAVIT

STATE OF INDIANA )  
                          ) SS:  
COUNTY OF LAKE )

WALTER A. MICHALOWSKI, being first duly  
sworn upon oath, deposes and says:

1. That WALTER J. MICHALOWSKI died on  
02-14-98, 19   at ST. ANTHONY MEDICAL CROWN POINT.

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

SEE LEGAL ATTACHED

**NOT OFFICIAL!**  
This Document is the property of  
the Lake County Recorder!

*LA 5-27-17*

*(Ave)*

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.

*Walter A. Michalowski*

Subscribed and sworn to before me, a Notary Public, this 27TH day of  
MARCH, 19 2000 **WALTER A. MICHALOWSKI**

*Karen Kane*

KAREN KANE

Notary Public

**FILED**

My Commission expires: 09-12-07  
RESIDING IN PORTER COUNTY

MAR 29 2000

County of Residence:

PETER BENJAMIN  
LAKE COUNTY AUDITOR

This Instrument prepared by WALTER A. MICHALOWSKI

2191

13.00  
E.F.

*Tier CP  
926000877*

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ATTENTION: STATE: 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 failure.

# INDIANA STATE DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH

State No. ....

Local No. 0542 248

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)<br><b>WALTER J. MICHALOWSKI</b>  |   | 2 SEX<br><b>Male</b>   | 3a TIME OF DEATH<br><b>12:15A M</b>   | 3b DATE OF DEATH (Month, Day, Yr)<br><b>February 14, 1998</b>   |  |
| 4 SOCIAL SECURITY NUMBER<br><b>346-18-3278</b>   | 5a AGE—Last Birthday (Years)<br><b>82</b>   | 5b UNDER 1 YEAR<br>Months Days   | 5c UNDER 1 DAY<br>Hours Minutes   | 6 DATE OF BIRTH (Mo, Day, Yr)<br><b>January 13, 1916</b>  |  |
| 7 BIRTHPLACE (City and State or Foreign Country)<br><b>Pittsburg, Pennsylvania</b>   | 8a WAS DECEDENT A US VETERAN?<br><b>Yes</b>   |  |   |   |  |
| 8b YEAR LAST SERVED IN US ARMED FORCES?<br><b>1945</b>   | 9a PLACE OF DEATH (Check only one. See instructions)<br>HOSPITAL <input checked="" type="checkbox"/> Inpatient<br><input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA<br>OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify)<br><input type="checkbox"/> Residence |  |   |   |  |
| 9b FACILITY NAME (If not institution, give street and number)<br><b>St. Anthony Medical Center</b>   |   | 9c CITY, TOWN OR LOCATION OF DEATH<br><b>Crown Point</b>   |   | 9d COUNTY OF DEATH<br><b>Lake</b>   |  |
| 10 MARITAL STATUS (Specify)<br><b>Widower</b>  | 11 SURVIVING SPOUSE (If wife, give maiden name)<br><b>N/A</b>   | 12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)<br><b>Truck Driver</b>                  |   | 12b KIND OF BUSINESS/INDUSTRY<br><b>L.C. Highway Dept.</b>  |  |
| 13a RESIDENCE—STATE<br><b>Indiana</b>  | 13b COUNTY<br><b>Lake</b>   | 13c CITY, TOWN, OR LOCATION<br><b>Hebron Creek Township</b>  | 13d STREET AND NUMBER<br><b>16231 County Line Road</b>  |   |  |
| 13e ZIP CODE<br><b>46341</b>   | 13f INSIDE CITY LIMITS<br><input type="checkbox"/> No <input type="checkbox"/> Yes  | 13g ON A FARM?<br><input type="checkbox"/> No <input type="checkbox"/> Yes   | 14 CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>  | 15 WAS DECEDENT OF HISPANIC ORIGIN?<br><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)<br><b>White</b>  |   | 17 DECEDENT'S EDUCATION (Specify only highest grade completed)<br>Elementary/Secondary (0-12) <b>8th</b> College (1-4 or 5+)                     |   |   |  |
| 18 FATHER'S NAME (First, Middle, Last)<br><b>Alfonse Michalowski</b>   |   | 19 MOTHER'S NAME (First, Middle, Maiden Surname)<br><b>Harriet Zinic</b>   |   |   |  |
| 20a INFORMANT'S NAME (Type/Print)<br><b>Walter A. Michalowski</b>  |   | 20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)<br><b>312 Santa Anita Ave., Pasadena, CA. 91103</b> |   | 20c Relationship<br><b>Son</b>  |  |
| 21a METHOD OF DISPOSITION<br><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)<br><b>February 18, 1998<br/>Elmwood Cemetery</b>                 |   | 21c LOCATION—City or Town, State<br><b>Hammond, Indiana</b>   |  |
| 22a EMBALMER'S NAME<br><b>Dean G. Wagner</b>   |   | 22b EMBALMER'S LICENSE NO.<br><b>8800057</b>   |   | 23 WAS DEATH REPORTED TO CORONER?<br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |  |
| 24a SIGNATURE OF FUNERAL DIRECTOR<br><i>Dean G. Wagner</i>   |   | 24b LICENSE NUMBER (of Licensee)<br><b>8800057</b>   |   | 25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME<br><b>Solan Funeral Home FH83002893<br/>7109 Calumet Ave., Hammond, IN. 46321</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.<br><br>IMMEDIATE CAUSE (Final disease or condition resulting in death)<br><br>Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last   |   | a <i>Acute pulmonary embolism suspected</i><br>DUE TO (OR AS A CONSEQUENCE OF)   |   | Approximate Interval Between Onset and Death<br><b>1 day</b>  |  |
|  |   | b <i>Open heart surgery</i><br>DUE TO (OR AS A CONSEQUENCE OF)   |   | <b>1 week</b>   |  |
|  |   | c <i>Coronary atherosclerosis</i><br>DUE TO (OR AS A CONSEQUENCE OF)   |   | <b>year</b>   |  |
|  |   | d  |   |   |  |
| PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I<br><i>acute renal failure</i>  |   | 27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no)  |   | 28a WAS AN AUTOPSY PERFORMED? (Yes or no)<br><b>NO</b>  |  |
| 28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)   |   |  |   |   |  |
| 29a CERTIFIER (Check only one)<br><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.<br><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.<br><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<br><i>Ernest C. Mirich, M.D.</i>  |   | 29c MEDICAL LICENSE NO.<br><b>IN 18811</b>  |  |
|  |   | 29d DATE SIGNED (Month, Day, Year)<br><b>February 18, 1998</b>   |   |   |  |
| 30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)<br><b>Ernest C. Mirich, M.D. 9001 Broadway Ave., Merrillville, IN</b>  |   |  |   |   |  |
| 31 HEALTH OFFICER'S SIGNATURE<br><i>Alexander S. Williams, M.D.</i>  |   |  |   |   |  |
| THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE DEATH RECORD FILED WITH THE LAKE COUNTY HEALTH DEPARTMENT<br><b>February 18, 1998</b>  |   |  |   |   |  |
| 33 MANNER OF DEATH<br><input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation<br><input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined<br><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<br><b>FEB 18 1998</b> |
| 34a PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)   |   |  | 34i LOCATION (Street and Number, Rural Route Number, City or Town, State, Zip Code)<br><b>Alexander S. Williams, M.D.<br/>LAKE COUNTY HEALTH COMMISSIONER</b> |   |  |
| 34g DATE PRONOUNCED DEAD (Month, Day, Year)  |   | 34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc.   |   |   |  |

### LEGAL DESCRIPTION

Part of the South 1/2 of the Northeast 1/4 of the Southeast 1/4 of Section 9, Township 33 North, Range 7 West of the 2nd Principal Meridian, described as follows:

Commencing at the Northeast corner of said Northeast 1/4 of the Southeast 1/4; thence South 00 degrees 43 minutes 41 seconds East, along the East line thereof 666.93 feet, to the Northeast corner of said South 1/2, said point being the point of beginning of this description; thence South 00 degrees 43 minutes 41 seconds East, along the East line thereof 350.00 feet; thence North 89 degrees 52 minutes 33 seconds West, parallel with the North line of said South 1/2, 623.00 feet; thence North 00 degrees 43 minutes 41 seconds West, parallel with said East line, 350.00 feet to the North line of said South 1/2; thence South 89 degrees 52 minutes 33 seconds East along said North line, 623.00 feet to the point of beginning, in Lake County, Indiana.

