

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

**SURVIVORSHIP AFFIDAVIT**

2000 022370

2000 APR -3 AM 9:07

On this 6<sup>th</sup> day of August, 1999, before me personally appeared Valentina Cieply, to me personally known, who being duly sworn upon her oath did say that:

1. I make these representations upon personal knowledge and belief.

2. I reside at 8546 Garfield, Munster, Indiana.

3. I married Peter Cieply the 2<sup>nd</sup> day of March, 1948, and thereafter was known as Valentina Cieply, and was not divorced from Peter Cieply, and remained married to Peter Cieply until his death on ~~April~~ <sup>March</sup> 17, 1999.

4. I, Valentina Cieply, am the surviving spouse of Peter Cieply.

5. While married to each other, my husband, Peter Cieply, and I acquired the following described real property located Lake County, Indiana, to wit:

Lot 12 in Rueth Estates 2<sup>nd</sup> Addition in Block 4 to the Town of Munster, as per plat thereof recorded in Plat Book 41, page 66, in the office of the Recorder of Lake County, Indiana

Tax Key Number: 18-28-0327-0012

Commonly known as:

567 Hickory Lane  
Munster, IN 46321

which we continued to own until the death of Peter Cieply.

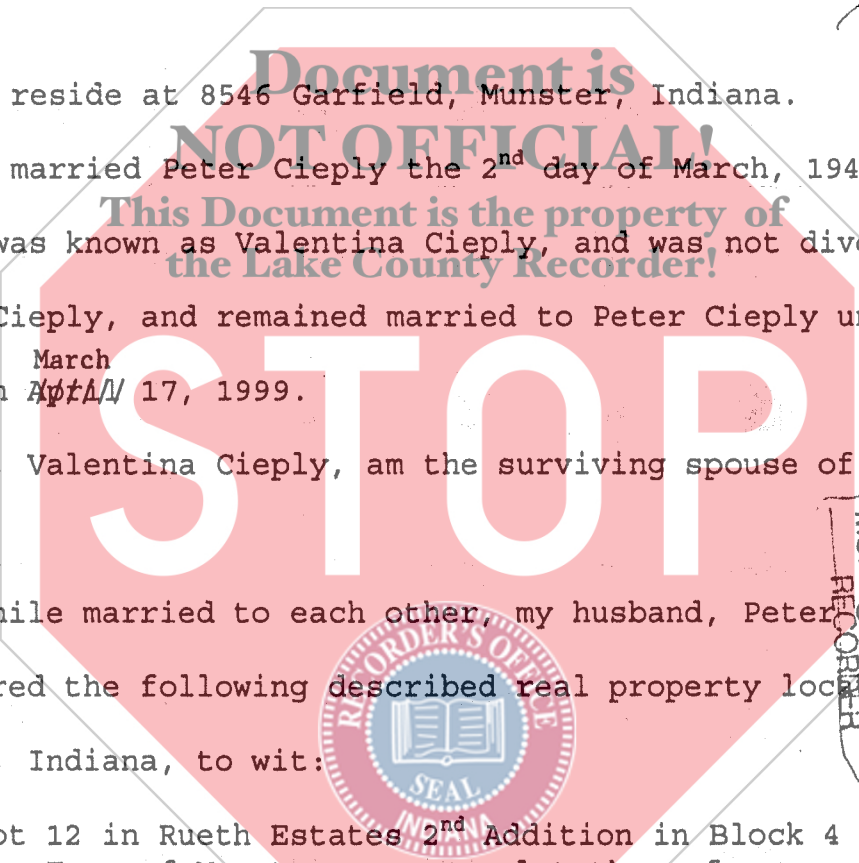
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\*This document is being re-recorded to correct the date of death of the deceased, Peter Cieply.

02322

TICOR No 204349

PEARSON



9906794

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
MORRIS W. PARTER  
RECORDER  
99 AUG 13 AM 9:16

**FILED**

MAR 31 2000

PETER BENJAMIN  
LAKE COUNTY AUDITOR

**FILED**  
AUG 12 1999  
PETER BENJAMIN  
LAKE COUNTY AUDITOR

1400  
E.P.T.  
15.00  
000950

6. That all funeral expenses in connection with the death of decedent have been paid in full.

7. 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.

8. That all of the assets of said decedent which would be includable for Indiana Inheritance Tax purposes were not sufficient to necessitate payment of Indiana Inheritance Tax.

9. I make this affidavit with respect to the above-described real estate, and do so understanding that grantees and title companies will rely hereon with respect to the entireties and survivorship interest of Valentina Cieply in the real estate.

STATE OF INDIANA )  
 ) SS:  
COUNTY OF LAKE )



Valentina Cieply  
VALENTINA CIEPLY

SUBSCRIBED and SWORN to before me, a Notary Public, by Valentina Cieply, this 6<sup>th</sup> day of August, 1999.

Andrew J. Fetsch  
Andrew J. Fetsch, Notary Public

My Commission Expires:

10-18-99

County of Residence:

Lake

THIS INSTRUMENT PREPARED BY: Andrew J. Fetsch (6817-45), Beckman, Kelly & Smith, 5920 Hohman Avenue, Hammond, IN 46320

\* 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

Local No. 718-97

State No. ....

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

#203015  
TYPE/PRINT  
IN  
PERMANENT  
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

PEARSON H/6  
#99.204349

1. DECEASED—NAME (First, Middle, Last) <b>PETER CIEPLY</b>		2. SEX <b>Male</b>	3a. TIME OF DEATH <b>8:35 P M</b>	3b. DATE OF DEATH (Month, Day, Yr) <b>March 17, 1999</b>
4. *SOCIAL SECURITY NUMBER <b>444-32-7551</b>	5a. AGE—Last Birthday (Years) <b>74</b>	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr) <b>May 28, 1924</b>
7. BIRTHPLACE (City and State or Foreign Country) <b>Poland</b>	8a. WAS DECEDENT A U.S. VETERAN? <b>No</b>			
8b. YEAR LAST SERVED IN U.S. ARMED FORCES? <b>None</b>	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 checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <b>XX Residence</b>			
9b. FACILITY NAME (If not institution, give street and number) <b>567 Hickory Lane</b>		9c. CITY, TOWN, OR LOCATION OF DEATH <b>Munster</b>		9d. COUNTY OF DEATH <b>Lake</b>
10. MARITAL STATUS (Specify) <b>Married</b>	11. SURVIVING SPOUSE (If wife, give maiden name) <b>Valentina Brinsev</b>	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Welder</b>		12b. KIND OF BUSINESS/INDUSTRY <b>Tank Car Manufacturer</b>
13a. RESIDENCE—STATE <b>Indiana</b>	13b. COUNTY <b>Lake</b>	13c. CITY, TOWN, OR LOCATION <b>Munster</b>		13d. STREET AND NUMBER <b>567 Hickory Lane</b>
13e. ZIP CODE <b>46321</b>	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? <b>U.S.A.</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) Elementary/Secondary (0-12) <b>8</b>		College (1-4 or 5+) <b></b>		
18. FATHER'S NAME (First, Middle, Last) <b>Basyl Cieply</b>		19. MOTHER'S NAME (First, Middle, Maiden Surname) <b>Antonina Miciclk</b>		
20a. INFORMANT'S NAME (Type/Print) <b>Richard Szprychel</b>		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>1099 N. 550 E., Westville, IN 46391</b>		20c. Relationship <b>Friend</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>March 20, 1999 Elmwood Cemetery</b>		21c. LOCATION—City or Town, State <b>Hammond, Indiana</b>
22a. EMBALMER'S NAME <b>Larry D. Anthony</b>		22b. EMBALMER'S LICENSE NO. <b>01001447</b>		23. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Larry D. Anthony</i>		24b. LICENSE NUMBER (of Licensee) <b>01001447</b>		25. NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME <b>Anthony &amp; Dziadowicz F.H. #83002916 9445 Calumet Ave., Munster, IN 46321</b>
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. COMPLETE COPY FOR THE COUNTY OF LAKE COUNTY.				
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. <b>metastatic colon cancer</b> DUE TO (OR AS A CONSEQUENCE OF) b. <b>metastatic prostate cancer</b> DUE TO (OR AS A CONSEQUENCE OF) c. <b>MI 18 1999</b> DUE TO (OR AS A CONSEQUENCE OF) Conditions if any rise to the immediate cause stating the underlying cause last <i>Alexander S. Milane</i>				
PART II. Other significant conditions contributing to death but not previously stated in Part I <b>MAR 31 2000</b>				
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 LABORATORY FINDINGS COMPLETED PRIOR TO 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, the time, date, and place and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER On the basis of my examination and/or investigation, 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>A. Pearson</i> <b>PETER BENJAMIN LAKE COUNTY AUDITOR</b>		29c. MEDICAL LICENSE NO. <b>01045439 B</b>		29d. DATE SIGNED (Month, Day, Year) <b>March 18, 1999</b>
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>Asaad Aliandali, M.D., 4712 Madison East, Chicago, IL 60612</b>				
31. HEALTH OFFICER'S SIGNATURE <i>Alexander S. Milane</i> <b>PETER BENJAMIN LAKE COUNTY AUDITOR</b>				32. DATE FILED (Month, Day, Year) <b>March 18, 1999</b>
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) <b>MAR 31 2000</b>	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no) <b>MAR 31 2000</b>
34d. DESCRIBE HOW INJURY OCCURRED		34a. PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify) <b>PETER BENJAMIN LAKE COUNTY AUDITOR</b>		
34g. DATE PRONOUNCED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc. <b>62323</b>		

FILED  
AUG 12 1999

PETER BENJAMIN  
LAKE COUNTY AUDITOR

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