

2000 023343

STATE OF INDIANA  
LAKE COUNTY  
FILED  
APR - 6 AM  
MONIE W. CARTER  
RECORDER

# TICOR TITLE INSURANCE FILED

APR 05 2000

AFFIDAVIT

PETER BENJAMIN  
LAKE COUNTY AUDITOR

STATE OF INDIANA )  
COUNTY OF LAKE ) SS:

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

1. That WALTER J. MICHALOWSKI died on  
02-14-98, 1998 at ST. ANTHONY MEDICAL CT. CROWN POINT

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

SEE LEGAL ATTACHED

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the Lake County Recorder!

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 28TH day of  
MARCH, 19/ 2000

Karen Kane  
KAREN KANE Notary Public

My Commission expires: 09-12-07

County of Residence: PORTER

This Instrument prepared by WALTER A. MICHALOWSKI

13:00 P.M.

03195

92600187-CP  
TICOR TITLE INSURANCE  
Crown Point, Indiana

3



\* 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. *0572 216*

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>WALTER J. MICHALOWSKI</b>		2 SEX <b>Male</b>	3a TIME OF DEATH <b>12:15A M</b>	3b DATE OF DEATH (Month Day Yr) <b>February 14, 1998</b>
4 SOCIAL SECURITY NUMBER <b>346-18-3278</b>	5a AGE—Last Birthday (Years) <b>82</b>	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo Day Yr) <b>January 13, 1916</b>
7 BIRTHPLACE (City and State or Foreign Country) <b>Pittsburg, Pennsylvania</b>	8a WAS DECEDENT A U.S. VETERAN? <b>Yes</b>	8b YEAR LAST SERVED IN U.S. ARMED FORCES? <b>1945</b>	9a PLACE OF DEATH (Check only one See instructions) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence	
9b FACILITY NAME (If not institution, give street and number) <b>St. Anthony Medical Center</b>		9c CITY, TOWN, OR LOCATION OF DEATH <b>Crown Point</b>	9d COUNTY OF DEATH <b>Lake</b>	
10 MARITAL STATUS (Specify) <b>Widower</b>	11 SURVIVING SPOUSE (If wife, give maiden name) <b>N/A</b>	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Truck Driver</b>		12b KIND OF BUSINESS/INDUSTRY <b>L.C. Highway Dept.</b>
13a RESIDENCE—STATE <b>Indiana</b>	13b COUNTY <b>Lake</b>	13c CITY, TOWN, OR LOCATION <b>Hebron Creek Township</b>	13d STREET AND NUMBER <b>16231 County Line Road</b>	
13e ZIP CODE <b>46341</b>	13f INSIDE CITY LIMITS <input 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>8th</b>		17 College (11-4 or 5 +)		
18 FATHER'S NAME (First Middle Last) <b>Alfonse Michalowski</b>		19 MOTHER'S NAME (First Middle Maiden Surname) <b>Harriet Zinic</b>		
20a INFORMANT'S NAME (Type/Print) <b>Walter A. Michalowski</b>		20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>312 Santa Anita Ave., Pasadena, CA. 91103</b>		20c Relationship <b>Son</b>
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <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>February 18, 1998 Elmwood Cemetery</b>		21c LOCATION—City or Town State <b>Hammond, Indiana</b>
22a EMBALMER'S NAME <b>Dean G. Wagner</b>		22b EMBALMER'S LICENSE NO. <b>8800057</b>	23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a SIGNATURE OF FUNERAL DIRECTOR <i>Dean G. Wagner</i>		24b LICENSE NUMBER (of Licensee) <b>8800057</b>	25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME <b>Solan Funeral Home FH83002893 7109 Calumet Ave., Hammond, IN. 46324</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. IMMEDIATE CAUSE (Final disease or condition resulting in death) Conditions if any, which gave rise to the immediate cause stating the underlying cause last		a <i>Cerebral palsy embolism suspected</i>		Approximate Interval Between Onset and Death <b>1 day</b>
		b <i>Open heart surgery</i>		<b>6 weeks</b>
		c <i>Convey at the scene</i>		<b>year</b>
		d		
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I <i>cardiac arrest</i>		27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no)	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)
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>Ernest C. Mirich M.D.</i>		29c MEDICAL LICENSE NO. <b>IN 18811</b>
29d DATE SIGNED (Month Day Year) <b>February 18, 1998</b>		30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>Ernest C. Mirich, M.D. 9001 Broadway Ave., Merrillville, IN 46410</b>		
31 HEALTH OFFICER'S SIGNATURE <i>Alexander S. Hallinan M.D.</i>		THIS CERTIFIES THE ABOVE IS A TRUE AND CORRECT COPY OF THE DEATH RECORD FILED IN THE HEALTH DEPARTMENT. <b>February 18, 1998</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		34a DATE OF INJURY (Month Day Year)	34b TIME OF INJURY	34c INJURY AT WORK? (Yes or no)
		34d DESCRIBE HOW INJURY OCCURRED <b>February 18 1998</b>		
34e PLACE OF INJURY—At home farm street factory office building, etc. (Specify)		34f LOCATION (Street and Number, Rural Route Number, City or Town, State) <b>Alexander S. Hallinan M.D. 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 and part of the East 1/2 of the Northwest 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 1016.93 feet to the point of beginning; thence South 00 degrees 43 minutes 41 seconds East, along the East line thereof 316.93 feet to the Southeast corner of said Northeast 1/4 of the Southeast 1/4; thence North 89 degrees 53 minutes 15 seconds West along the South line thereof 1994.13 feet to the Southwest corner of the East 1/2 of the Northwest 1/4 of the Southeast 1/4; thence North 00 degrees 44 minutes 49 seconds West along the West line thereof 667.34 feet; thence South 89 degrees 52 minutes 33 seconds East along the mid line of said East 1/2 and the North line of said South 1/2, 1371.36 feet; thence South 00 degrees 43 minutes 41 seconds East parallel with said East line 350.00 feet; thence South 89 degrees 52 minutes 33 seconds East parallel with said North line 623.00 feet to the point of beginning, in Lake County, Indiana.

