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TICOR TITLE INSURANCE
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STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

PETER BENJAMIN
LAKE COUNTY AUDITOR

LAVERNE M. PRUZNAK, being first duly
sworn upon oath, deposes and says:

1. That STEVEN A. PRUZNAK died on
July 4, 1998 at East Chicago, Indiana.

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

LOT 21 AND THE SOUTH 1/2 OF LOT 20, BLOCK 19, AS MARKED AND LAID DOWN ON THE
RECORDED PLAT OF A SUBDIVISION OF THAT PART OF THE EAST 4/7THS OF THE SOUTHWEST 1/4
OF SECTION 29, TOWNSHIP 37 NORTH, RANGE 9 WEST OF THE 2ND PRINCIPAL MERIDIAN,
LYING SOUTH OF CHICAGO AVENUE, EXCEPT THE EAST 201 FEET THEREOF, IN THE CITY
OF EAST CHICAGO, LAKE COUNTY, INDIANA AS PER PLAT THEREOF RECORDED IN PLAT
BOOK 2 PAGE 15, 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.

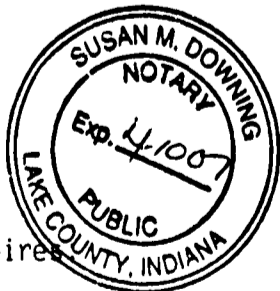
4. That all of the assets of said decedent which would be includable for
Federal Estate Tax purposes, including joint bank accounts and life insurance
on decedent's life were not sufficient to necessitate payment of Federal Estate
Tax.

Further affiant sayeth not.



Laverne M. Pruznak
LAVERNE M. PRUZNAK

Subscribed and sworn to before me, a Notary Public, this 3RD day of
APRIL, 192000.



Susan M. Downing
Notary Public
SUSAN M. DOWNING

My Commission expires
4-10-07

County of Residence:

LAKE

This Instrument prepared by LAVERNE M. PRUZNAK

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2000

11.00
/m
/i

* 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. 151

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) Steven A. Pruznak		2 SEX Male		3a TIME OF DEATH 2 p.m.		3b. DATE OF DEATH (Month, Day, Yr.) July 4, 1998	
4. *SOCIAL SECURITY NUMBER 306-01-8549		5a. AGE—Last Birthday (Years) 83		5b. UNDER 1 YEAR 6 Months 9 Days		5c. UNDER 1 DAY Hours Minutes	
6. DATE OF BIRTH (Mo. Day, Yr.) Dec. 25, 1914		7. BIRTHPLACE (City and State or Foreign Country) Albia, Iowa					
8a. WAS DECEDENT A U.S. VETERAN? Yes		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1945		8c. PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence			
9a. FACILITY NAME (If not institution, give street and number) 4731 Baring Ave.			9c. CITY, TOWN, OR LOCATION OF DEATH East Chicago			9d. COUNTY OF DEATH Lake	
10. MARITAL STATUS (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) LaVerne Spera		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Foreman-Pipefitters		12b. KIND OF BUSINESS/INDUSTRY Compo Atlantic Richfield	
13a. RESIDENCE—STATE Indiana		13b. COUNTY Lake		13c. CITY, TOWN, OR LOCATION East Chicago		13d. STREET AND NUMBER 4731 Baring Ave.	
13e. ZIP CODE 46312		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? U.S.A.		15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	
13g. ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		16. RACE—American Indian, Black, White, etc. (Specify) White		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12th Grade College (1-4 or 5+) 1-Year			
18. FATHER'S NAME (First, Middle, Last) Andrew Pruznak				19. MOTHER'S NAME (First, Middle, Maiden Surname) Anna Kuzma			
20a. INFORMANT'S NAME (Type/Print) Mrs. LaVerne Pruznak			20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 4731 Baring Ave., East Chicago, Ind			20c. Relationship Wife	
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) July 8, 1998 St. John Cemetery		21c. LOCATION—City or Town, State Hammond, Indiana			
22a. EMBALMER'S NAME E. Eugene Johnson		22b. EMBALMER'S LICENSE NO. FDO-1044968		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
24a. SIGNATURE OF FUNERAL DIRECTOR <i>E. Eugene Johnson</i>		24b. LICENSE NUMBER (of Licensee) FDO-1044968		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Huber's Funeral Home-FDH-300153 905 W. Chgo Ave., East Chgo, Ind			
26. PART I. Enter the disease, injury, 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) a. <i>Asphyxia</i> b. <i>malnutrition</i> c. <i>syncope</i> d. <i>syncope</i> CONDITIONS IF ANY WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST PETER BENJAMIN LAKE COUNTY AUDITOR							Approximate Interval Between Onset and Death
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I <i>Asphyxia</i>				27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) No		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) No	
						28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) 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>[Signature]</i>		29c. MEDICAL LICENSE NO. 01019325		29d. DATE SIGNED (Month, Day, Year) 7-6-98	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) 8731 Indianapolis Blvd Highland, IN. 46322							
31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>						32. DATE FILED (Month, Day, Year) 7-6-98	
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)		34b. TIME OF INJURY		34c. INJURY AT WORK? (Yes or no)	
		34d. 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.			

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