

Agent File No.: 200003492

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2000 029918

2000 MAY -3 AM 9:28

MORRIS W. CARTER
RECORDER

SURVIVORSHIP AFFIDAVIT

FILED

MAY 03 2000

State of Indiana)
) SS
County of Lake)

**PETER BENJAMIN
LAKE COUNTY AUDITOR**

Delores R. Bobrowski, being of legal age, and duly sworn on her oath, deposes and says:

That Delores R. Bobrowski is the owner in fee simple title of the following described real estate located at 7228 Belmont, Hammond, Indiana in Lake County, Indiana to wit:

LOT TEN (10), BLOCK TWO (2), UNIVERSITY GARDENS SECOND ADDITION, IN THE CITY OF HAMMOND, AS SHOWN IN PLAT BOOK 32, PAGE 57, IN LAKE COUNTY, INDIANA.

Parcel No. 26-36-0511-0010

Affiant further states she and now deceased spouse, Arthur S. Bobrowski, were husband and wife at the time they acquired title to the aforesaid real estate and their marital relationship has remained unbroken until the death of Arthur S. Bobrowski on July 31, 1997, at which time this affiant acquired title to said real estate as a surviving tenant by the entireties.

There has not been any administration upon the estate of Arthur S. Bobrowski, deceased, nor is any administration contemplated.

The estate of Arthur S. Bobrowski was not subject to any Federal Estate Tax.

Affiant makes this affidavit for the purpose of causing the proper transfer of real estate in the Office of the Auditor of Lake County, Indiana to Delores R. Bobrowski.

Delores R. Bobrowski
Delores R. Bobrowski



STATE OF INDIANA

COUNTY OF Lake

BEFORE ME, the undersigned, a Notary Public in and for said County and State, personally appeared Delores R. Bobrowski, and acknowledges the execution of the foregoing instrument and being first duly sworn by me upon his oath, said that the facts alleged under the pains and penalty of perjury are true.

Signed and sealed this 27th day of April, 2000

My commission expires: 4/3/2007

Lance G. Baldrige
Lance G. Baldrige, Notary Public
Residing in Porter County, Indiana

This instrument prepared by David M. Bengs, Attorney At Law

**LANCE G BALDRIDGE
NOTARY PUBLIC STATE OF INDIANA
PORTER COUNTY
MY COMMISSION EXP APR. 13, 2007**

HOLD FOR
Title Express, Inc.
8585 Broadway • Ste. 800
Merrillville, IN 46410

30207

11-00
pm
2028

ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there is no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

Local No. **1591-97**
20086
 TYPE/PRINT
 IN
 PERMANENT
 BLACK INK

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

1. DECEASED—NAME (First, Middle, Last) Arthur B. Bobrowski		2. SEX Male	3a. TIME OF DEATH 6:53 P.M.	3b. DATE OF DEATH (Month, Day, Yr) July 31, 1997	
4. SOCIAL SECURITY NUMBER 309-24-7540	5a. AGE—Last Birthday (Years) 69	5b. UNDER 1 YEAR Months Days 0 0	5c. UNDER 1 DAY Hours Minutes 0 0	6. DATE OF BIRTH (Month, Day, Yr) December 18, 1927	
7. BIRTHPLACE (City and State or Foreign Country) East Chicago, IN					
8a. WAS DECEDENT A U.S. VETERAN? Yes	8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1947	9a. PLACE OF DEATH (Check only one. See instructions) <input type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> Residence			
9b. FACILITY NAME (If not institution, give street and number) Community Hospital		9c. CITY, TOWN OR LOCATION OF DEATH Munster	9d. COUNTY OF DEATH Lake		
10. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Dolores R. Rivich	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) General Foreman		12b. KIND OF BUSINESS/INDUSTRY LTV Steel Co.	
13a. RESIDENCE—STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN OR LOCATION Hammond	13d. STREET AND NUMBER 7228 Belmont Ave.,		
13e. ZIP CODE 46324	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" 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 (0-12) 12 College (1-4 or 5+) 2		18. FATHER'S NAME (First, Middle, Last) Bob Bobrowski			
19. MOTHER'S NAME (First, Middle, Maiden Surname) Not Available		20a. INFORMANT'S NAME (Type/Print) Dolores R. Bobrowski			
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 7228 Belmont Ave., Hammond, IN 46324		20c. Relationship Wife			
21a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" 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 4, 1997 Heritage Crematory		21c. LOCATION—City or Town, State Portage, Indiana	
22a. EMBALMER'S NAME Henry J. Blake		22b. EMBALMER'S LICENSE NO. F001019406		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Edwin B. Arkye</i>		24b. LICENSE NUMBER (w/ License) F001000857	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Lafayette Funeral Home, Inc., FH19400005 6955 Southeastern Ave., Hammond, IN 46324		
26. PART I Enter the disease, injuries, or complications that caused the death. Do not enter nonspecific terms, such as stroke or heart failure. List only one cause on each line. Approximate Interval Between Cause and Death					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		MYOCARDIAL INFARCTION			
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last		DUE TO (OR AS A CONSEQUENCE OF)			
		MAY 03 2000			
		PETER BENJAMIN LAKE COUNTY AUDITOR			
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I GOUT					
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 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.					
29b. SIGNATURE AND TITLE OF CERTIFIER <i>Albert T. Willard, M.D.</i>			29c. MEDICAL LICENSE NO. D1020534	29d. DATE SIGNED (Month, Day, Year) Aug. 1, 1997	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Albert T. Willard, M.D., 50 Indianapolis Blvd., Hammond, IN 46324					
31. HEALTH OFFICER'S SIGNATURE <i>Alexander S. Williams, M.D.</i>					
DATE SIGNED (Month, Day, Year) August 4, 1997					
THIS CERTIFIES THE ABOVE IS A TRUE AND CORRECT COPY OF THE DEATH RECORD AS FILED WITH THE LAKE COUNTY HEALTH DEPT.					
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <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 (If at work, specify employer, position, etc.)
		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, Zip Code) AUG 04 1997	
34g. DATE PRONOUNCED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc. Alexander S. Williams, M.D. LAKE COUNTY HEALTH OFFICER			

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

