2000 034524

MAY 10 2000

PETER BENJAN LAKE COUNTY AUDITUR

AFFIDAVIT OF SURVIVORSHIP

STATE OF INDIANA COUNTY OF LAKE

ON THIS 26 DAY OF Upil , 2000, personally appeared Alice B. Figurski, the affiant, who being duly sworn upon her oath, did say that:

- 1. Affiant resides at the address given below Affiant's signature;
- 2. Affiant is joint owner of the premises located at 1839 Ridge Road, Munster, Indiana, and described below;
- 3. Said premises were formerly owned as tenants by the entireties by Alice B. Figurski and Edward J. Figurski.
- 4. Said Edward J. Figurski died testate on the 14th day of December, 1998.
- This Document is the property of 5. The legal description of the said premises in question is:

Lot 17 and the West ½ of Lot 18 in Block 15 in Wicker Park, Munster as per plat thereof, recorded in Plat Book 20 page 40 in the office of the Recorder of Lake County, Indiana. Key No. 28 0112 0017

- 6. To the best of affiant's knowledge, there is no Federal or State estate or inheritance tax liability by reason of the death of said decedent.
- 7. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced? No.

If "yes", identify the divorce proceedings: N/A.

8. Affiant's relationship to the deceased was wife.

STATE OF INDIANA COUNTY OF LAKE

SUBSCRIBED AND SWORN before me, a Notary Public in and for said County and State, this 26 day of Up ric, 2000.

My₂Commission expires:

Resident of Lake County.

ally Van Bakelen NOTARY PUBLIC

MY CONGLISSION EXP. APR. 27,2008

41336

	y this state agency in order y responsibility. Disclosure	is IIV	DIANA S	TATE	E DEPA	RTM	ENT O	F HEA	LTH			
oluntary and there	a will be no penalty for refusi 2738 - 48	_	CERTIFICATE OF DEATH					State No				
269718	THE RECORDS IN THIS SE		CONFIDENTIAL PE	R IC 16-1	1-19-3		1					
YPE/PRINT	1 DECEASED—NAME (First M						2 sex Mal	_	3.45A		E OF DEATH (14,1998
	Edward Jerome 4 *social security number		AGE-Last Birthday	Sh U	NDER I YEAR	Sc UNDE			H (Mo Day Yr)			14 / 1330 State or Foreign Country)
ERMANENT BLACK INK	345-10-4456		78		nths Days	Hours	Moutes	10 24	,1920		cago,	
DEACK IINK	Be WAS DECEDENT	86 YEARL	AST SERVED IN						ATH (Check anly and			<u> </u>
	A US VETERAN?	US ARMED FORCES?		HOSPITAL Inpetient					Nursing Home			
	No	None			ER/Outpatient				Residence	10.00	9d COUNTY OF DEATH	
ECEDENT	1839 Ridge						% CITY TOWN ORLOCATION OF DEATH Munster			Lake		
	Marrial status Married Married Married Marriad Marria			ior 120 DECEDENTS Jone during n Pr			ntsusual ding most of wo	TS USUAL OCCUPATION (Give kind of work g most of working life Do not use retired) LESSMAN			b kind of Business/industry Printing	
	130 RESIDENCE-STATE	Take	ake Munster			104	13d STREET AN			Ridge Road		
	136 ZIP CODE 13F INSIDE CI	TY LIMITS	14 CITIZEN OF WHAT COUNTRY	7	AS DECEDENT	es Of yes	ORIGIN? specify Cuban		-American Indian White etc		ecify only high	T S EDUCATION est grade completed)
	46321 130 ON A FAI	□ Yes	U.S.A.		exican Puerto R	KIK.		Awr	nite	8	Secondary (0-1	2) College (1-4 or \$ +) ——
ARENTS	Michael Fi		This Do	ocu	ment	is tl			Nowako			
FORMANT	Alice Figu		the	Lak			e Rd.		number City or ister, I			oc Relationship Wife
	21a METHOD OF DISPOSITION	☐ Entomb	oment		TE AND PLACE		rion (Name of mber			Zic LOCATIO	N—City or To	wn State
	☐ Donation ☐ Other (Spec		HOLY Cross C				emetery Ca			alumet City,IL		
SPOSITION	Kevin W.	Kish		221	10215	90			Ø No □ Y	es		
CAUSE OF DEATH	246 SIGNATURE OF FUNERAL D	DIRECTOR	Line	\angle		(of Licensee) 0 2 1 5 9		Burn		Funer	al Ho	ne#3004968 IN 46321
	, ,		r complications that co			er nonspecific	terms such as	cardiac or res	piratory	D	•	Approximate Interval Satween
	IMMEDIATE CAUSE (Final disease or condition	•			tion			F		1/		Onset and Death
	Conditions if any which gave	12			consequence		Kinsc		AY 10 20	100		
	rise to the immediate cause stating the underlying cause last	¢	DUE TO	OR AS A	CONSEQUENC	E OF)	المرتبية المرتبية					
		d			Will.	VDIANE	III		ER BENJ		100	
	PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I							7 WAS DEPARTE COUNTY AND PREGNANT OF 90 DAYS POSTPARTUM? (Yes or no) NO NO			286 WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yee or no)	
	(Check only ane)	HEALTH OFF	PHYSICIAN To the	f examinal	tion and/or inves	tigation in my	opinion death o	ccurred at the	hme date and place	and due to the		
			On the basis of exami	nation and	or investigation	in my opinion	death occurred				T	
ERTIFIER	296 SIGNATURE AND TITLE OF CERTIFIER CL. Buch m Ry mo							29c MEDICAL LICENSE NO 0126158			Dec. 17,1998	
	30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) A. Perez, M.D. 2154 Hart Dyer, IN 46311											
EALTH FFICER	31 HEALTH OFFICERS SIGNATURE 3 DATE FILED (Month Day Year) 2 Cantin 18											
	33 MANNER OF DEATH 34a DATE ((Month						INJURY AT W(ORK?	340 DESCRIBE HOW INJURY OC		CURRED	
							- 1					
	Natural Pending Investigation							}				

34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver passenger pedestrian etc

SDH06-004 State Form 10110 (R4/3-93) Deathcer PD 1

34g DATE PRONOUNCED DEAD (Month Day Year)