

3
STATE OF INDIANA
COUNTY OF LAKE

2008 } SS: 0-3450
}

AFFIDAVIT OF SURVIVORSHIP

Ruth E. Fandrei being first duly sworn upon her oath, deposes and says as follows:

1. This Affidavit is made with reference to the Real Estate commonly known as 12840 Alexander Street, Cedar Lake, Lake County, Indiana, and legally described as follows, to-wit:

Lot 3 in Maria Manor, Town of Cedar Lake, as per plat thereof, recorded in Plat Book No. 46 page 88 in the Office of the Recorder of Lake County, Indiana. (Key No.: 24-163-3)

2. That your Affiant is the spouse of the Deceased and is familiar with the affairs of the said Robert W. Fandrei and the death of such Deceased.

3. That the aforementioned Robert W. Fandrei died on March 12, 2000, a resident of Cedar Lake, Lake County, Indiana, and his residence at the time of his death was 12840 Alexander Street, Cedar Lake, Lake County, Indiana.

4. That the Decedent died leaving a Last Will and Testament but the Decedent's Estate, including the above described real estate, was not subject to Federal Estate Tax.

5. That the said Ruth E. Fandrei and Robert W. Fandrei, were husband and wife at the time they acquired the title to the

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PETER BENJAMIN
LAKE COUNTY AUDITOR

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above described real estate and remained so until the death of the
aforementioned Robert W. Fandrei.

6. That attached and incorporated herein is a certified copy
of the Death Certificate of Robert W. Fandrei.

Further your Affiant says not.

Document is
NOT OFFICIAL
Ruth E. Fandrei
RUTH E. FANDREI

Subscribed and sworn to before me, a Notary Public, on this
22nd day of June, 2000.

David J. Sims
Notary Public: David J. Sims

My Commission Expires:

November 1, 2001

County of Residence:

Lake



This Instrument Prepared By: David J. Sims, Attorney At Law, 11108
W. 133rd Avenue, P.O. Box 88, **FILED** 46303 WillisDisk2:Fandrei.d.aos

2000

PETER BENJAMIN
LAKE COUNTY AUDITOR

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. 674-cc

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) ROBERT W. FANDREI		2 SEX MALE	3a TIME OF DEATH 12:10P M	3b DATE OF DEATH (Month Day Yr) March 12, 2000	
4 *SOCIAL SECURITY NUMBER 316-14-7662	5a AGE—Last Birthday (Years) 77	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo Day Yr) January 4, 1923	
7 BIRTHPLACE (City and State or Foreign Country) 3 HAMMOND, IN	8a WAS DECEDENT A U.S. VETERAN? YES				
8b YEAR LAST SERVED IN U.S. ARMED FORCES? 1945		9a PLACE OF DEATH (Check only one See instructions) <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> 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) St Margaret Mercy Healthcare Center		9c CITY TOWN OR LOCATION OF DEATH Dyer	9d COUNTY OF DEATH Lake		
10 MARITAL STATUS (Specify) Married	11 SURVIVING SPOUSE (If wife give maiden name) Ruth Freese	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life Do not use retired) Oil Worker		12b KIND OF BUSINESS/INDUSTRY Refinery	
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY TOWN OR LOCATION Cedar Lake	13d STREET AND NUMBER 12840 Alexander Street		
13a ZIP CODE 46303	13i 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 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 (14 or 5+)		18 FATHER'S NAME (First Middle Last) William F. Fandrei			
19 MOTHER'S NAME (First Middle Maiden Surname) Emma Dzikowski		20a INFORMANT'S NAME (Type Print) Ruth Fandrei			
20b MAILING ADDRESS (Street and Number or Rural Route Number City or Town State Zip Code) 12840 Alexander St. Cedar Lake, IN		20c Relationship Wife			
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) March 15, 2000 Elmwood Cemetery		21c LOCATION—City or Town State Hammond, In	
22a EMBALMERS NAME William E. Burdan		22b EMBALMERS LICENSE NO. FD01007697	23 WAS DEATH REPORTED TO CORNER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a SIGNATURE OF FUNERAL DIRECTOR <i>William E. Burdan</i>		24b LICENSE NUMBER (of Licensee) FD01007697	25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Burdan Funeral Home FH83002461 12901 Wicker Ave., Cedar Lake, IN		
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					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a CARDIO-PULMONARY COLLAPSE			
DUE TO (OR AS A CONSEQUENCE OF)		b SEPSIS			
DUE TO (OR AS A CONSEQUENCE OF)		c POLYMICROBIAL ASPIRATION PNEUMONIA			
DUE TO (OR AS A CONSEQUENCE OF)		d			
PART II Other significant conditions Conditions contributing to death but not previously stated in Part I SQUAMOUS CELL CARCINOMA OF HYPOPHARYNX		27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	28a WAS AN AUTOPSY PERFORMED? (Yes or no) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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>M. J. OC</i>		29c MEDICAL LICENSE NO. 02001056	29d DATE SIGNED (Month Day Year) 03-16-2000		
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 26) (Type Print) MARK S. RYBCZYNSKI, D.O., 9167 WICKER AVE. ST. JOHN, IN 46373					
31 HEALTH OFFICER'S SIGNATURE <i>Alvin...</i>			32 DATE FILED (Month Day Year) 11 March 16, 2000		
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 DESCRIBE HOW INJURY OCCURRED	
34a PLACE OF INJURY—At home farm street factory office building etc (Specify)		34b 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) NO			

PETER BENJAMIN LAKE COUNTY AUDITOR