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RECORDER

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

A F F I D A V I T

PENELOPE A. HAAS, being first duly sworn, states:

1. Affiant is an adult niece of Rudolph M. Drevenak and is familiar with the members of the Drevenak family.

2. Zena Drevenak, a/k/a Zena L. Drevenak, was the wife of Rudolph M. Drevenak.

3. During their lifetimes, Rudolph M. Drevenak and Zena L. Drevenak, husband and wife, owned the following described real estate as tenants by the entirety:

Lot 9, Block 2, Fairmeadow 4th Addition, Munster, Lake County, Indiana, commonly known and described as 9436 Fran-Lin Parkway, Munster, Indiana. Unit No. 18, Key No. 28-0259-0009.

4. Zena L. Drevenak died August 21, 1989, a resident of Lake County, Indiana. A certified copy of her death certificate is attached to this Affidavit and incorporated herein.

5. At the time of her death, Zena L. Drevenak and husband, Rudolph, were not divorced and were living together as husband and wife.

FILED

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PETER BENJAMIN
LAKE COUNTY AUDITOR

15.00
Dr

55540

6. Affiant states that no federal or state estate or inheritance tax was due by reason of the death of Zena L. Drevenak.

7. This Affidavit is made by the undersigned to confirm that upon the death of Zena L. Drevenak ownership in the above-described real estate passed by operation of law to her husband, Rudolph M. Drevenak, and to induce the Auditor of Lake County to reflect the correct ownership of such real estate in the name of Rudolph M. Drevenak on said Auditor's records.

Dated June 16, 2000.

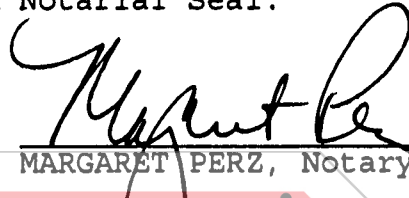

Penelope A. Haas

PENELOPE A. HAAS

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public in and for said County and State, this 16th day of June, 2000, personally appeared Penelope A. Haas, who stated that the facts contained in the foregoing Affidavit are true and correct and acknowledged the execution of the above and foregoing Affidavit.

WITNESS my hand and Notarial Seal.



MARGARET PERZ, Notary Public

MY COMMISSION EXPIRES:

September 12, 2007

Resident of Lake County

**Document is
NOT OFFICIAL!**

**Document is the property of
the Lake County Recorder!**



This instrument prepared by Edward L. Burke, Attorney At Law, 8585
Broadway, Suite 610, Merrillville, Indiana 46410

**INDIANA STATE BOARD OF HEALTH
CERTIFICATE OF DEATH**

Local No. 4011-59

State No. _____

TYPE/PRINT
IN
PERMANENT
BLACK INK

1. DECEASED—NAME (First, Middle, Last) ZENA DREVENAK		2. SEX FEAMLE		3a. TIME OF DEATH 3 57 P.M.	3b. DATE OF DEATH (Month, Day, Yr) AUGUST 21, 1989
4. SOCIAL SECURITY NUMBER 312-16-0341		5a. AGE—Last Birthday (Years) 68	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr) NOV. 11, 1920
7. BIRTHPLACE (City and State or Foreign Country) INDIANA		8a. WAS DECEASED A U.S. VETERAN? NO			
8b. YEAR LAST SERVED IN U.S. ARMED FORCES? NONE		8c. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input checked="" type="checkbox"/> OOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence			
9a. FACILITY NAME (If not institution, give street and number) THE COMMUNITY HOSPITAL			9b. CITY, TOWN, OR LOCATION OF DEATH MUNSTER		9c. COUNTY OF DEATH LAKE
10. MARITAL STATUS (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Rudolph Drevenak		12a. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Time Clerk	
12b. KIND OF BUSINESS/INDUSTRY U.S. Steel Co.		13a. RESIDENCE—STATE INDIANA			
13b. COUNTY LAKE		13c. CITY, TOWN, OR LOCATION MUNSTER		13d. STREET AND NUMBER 9436 FRAN LIN PARKWAY	
13e. ZIP CODE 46321		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? USA	
13g. ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		15. WAS DECEASED 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. DECEASED'S EDUCATION (Specify only highest grade completed) 12 yrs		18. FATHER'S NAME (First, Middle, Last) Ignatz Wozniak			
19. MOTHER'S NAME (First, Middle, Maiden Surname) Antionette Urbaniak				20a. INFORMANT'S NAME (Type/Print) Rudolph Drevenak	
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9436 Fran-Lin Parkway, Munster, Ind. 46321				20c. Relationship Husband	
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Entombment <input type="checkbox"/> Burial <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) August 24, 1989 Calumet Park Mausoleum		21c. LOCATION—City or Town, State Merrillville, Ind.	
22a. EMBALMERS NAME Mary Solan		22b. EMBALMERS LICENSE NO. 1004097		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Mary Solan</i>		24b. LICENSE NUMBER (of Licensee) FD#1004097		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Solan Funeral Home #3002893 7109 Calumet Ave., Hammond, Ind. 46324	
28. PART I Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or renal arrest, shock, or heart failure. List only one cause on each line. Advanced Metabolic Crinidyl Breast					
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. DUE TO (OR AS A CONSEQUENCE OF)					
Conditions, if any, which gave rise to the immediate cause. b. DUE TO (OR AS A CONSEQUENCE OF)					
cause last c. DUE TO (OR AS A CONSEQUENCE OF)					
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I					
27. WAS DECEASED PREGNANT OR SO 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)	
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 M</i>				29c. MEDICAL LICENSE NO. 29782	
29d. DATE SIGNED (Month, Day, Year) 8. 22. 89					
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 28) (Type/Print) M. ALI, M.D., 9116 COLUMBIA AVE., MUNSTER, IN 46321					
31. HEALTH OFFICER'S SIGNATURE <i>Paul Johnson</i>					32. DATE FILED (Month, Day, Year) 8. 23. 1989
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <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. 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) MAY 31 2000			
34g. DATE PRONOUNCED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian Alexander S. Williams M.D. 09/1-A LAKE COUNTY HEALTH COMMISSIONER			

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

CORONER USE ONLY

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