

Chicago Title Insurance Company

STATE OF INDIANA)
COUNTY OF LAKE)

) SS:

AFFIDAVIT OF SURVIVORSHIP

69,314

Michalina Swidkiewicz, after being duly sworn upon her oath states as follows:

1) That Andrzej Swidkiewicz and Michalina Swidkiewicz held the following real estate in Lake County, Indiana, by the entireties, more particularly described as:

Lots Five (5) to Seven (7), both inclusive, Block Eight (8), Riverview Land and Investment Co's. First Addition to Gary, as shown in Plat Book 10, page 4, in Lake County, Indiana.

Commonly known as 3416 Delaware Street, Gary, Indiana.

2) Andrzej Swidkiewicz died testate on the 17th day of January, 2000. No estate has been opened for Andrzej Swidkiewicz nor is one contemplated nor planned to be opened. No state nor federal inheritance or estate taxes are due and owing. A certified copy of Andrzej Swidkiewicz's death certificate is attached hereto and made a part hereof.

3) Michalina Swidkiewicz is the sole heir at law entitled to inherit the above described real estate.

Dated this 22nd day of June, 2000.

Michalina Swidkiewicz, Affiant

STATE OF INDIANA)
COUNTY OF LAKE)

) SS:

Before me, the undersigned, a Notary Public, in and for said County of Lake, Indiana, of June, 2000 personally appeared Michalina Swidkiewicz and acknowledged the foregoing Affidavit of Survivorship. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

My Commission Expires: 06-01-01
Resident of Porter County, Indiana

Debra L. York, Notary Public

This instrument prepared by Steve H. Tokarski, Attorney at Law, 7803 West 75th Avenue, Suite 1, Schererville, IN 46375 (219)769-7214 or 322-1271.

CTIC Has made an accommodation recording of the instrument We Have made no examination of the instrument or the land affected

2295

11.06.01

* 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

Local No. 00 0041

State No.

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) ANDRZEJ SWIDKIEWICZ		2 SEX Male	3a TIME OF DEATH 6:16 P M	3b DATE OF DEATH (Month Day Yr) January 17, 2000	
4 *SOCIAL SECURITY NUMBER 304-34-4439	5a AGE—(Last Birthday) (Years) 76	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo Day Yr) March 2, 1923	
7 BIRTHPLACE (City and State or Foreign Country) Poland	8a WAS DECEDENT A U.S. VETERAN? No				
8b YEAR LAST SERVED IN U.S. ARMED FORCES? --		9a PLACE OF DEATH (Check only one. See instructions.) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input checked="" 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) Methodist Hospital - Northlake Campus		9c CITY TOWN OR LOCATION OF DEATH Gary	9d COUNTY OF DEATH Lake		
10 MARITAL STATUS (Specify) Married	11 SURVIVING SPOUSE (If wife give maiden name) Michalina Krawicz	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Loader		12b KIND OF BUSINESS/INDUSTRY Budd Automotive Co.	
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY TOWN OR LOCATION Gary	13d STREET AND NUMBER 3416 Delaware Street		
13e ZIP CODE 46409	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.)	16 RACE—American Indian Black White etc (Specify) White	
17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 12		18 FATHER'S NAME (First Middle Last) Mike Swidkiewicz			
19 MOTHER'S NAME (First Middle Maiden Surname) Mary		20a INFORMANT'S NAME (Type Print) Michalina Swidkiewicz			
20b MAILING ADDRESS (Street and Number or Rural Route Number City or Town State Zip Code) 3416 Delaware Street, Gary, IN 46409		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) January 21, 2000 Calumet Park Cemetery		21c LOCATION—City or Town State Merrillville, Indiana		
22a EMBALMERS NAME Amy DeMunck	22b EMBALMERS LICENSE NO. FI29900059		23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
24a SIGNATURE OF FUNERAL DIRECTOR 		24b LICENSE NUMBER (of Licensee) 1009893	25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME PRUZIN BROS. FUNERAL SERVICE #3002453 6360 Broadway, Merrillville, IN 4641		
26 PART I: Enter the diseases, 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. Septic shock Carcinoma of Lung				Approximate Interval Between Onset and Death	
26 PART II: Other significant conditions. Conditions contributing to death but not previously stated in Part 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) --		
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) as stated.		FILED			
29b SIGNATURE AND TITLE OF CERTIFIER Dor Kim		29c MEDICAL LICENSE NO. 01036861	29d DATE SIGNED (Month Day Year) 1/17/2000		
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type Print) Jong Kim, M.D., 8701 Broadway, Merrillville, IN 46410					
31 HEALTH OFFICER'S SIGNATURE 			32 DATE FILED (Month Day Year) JAN 18 2000		
33 MANNER OF DEATH <input type="checkbox"/> Nature <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
34a PLACE OF INJURY—At home farm street factory office building etc (Specify)		34d 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			

2296