AFFIDAVIT 2000 053131

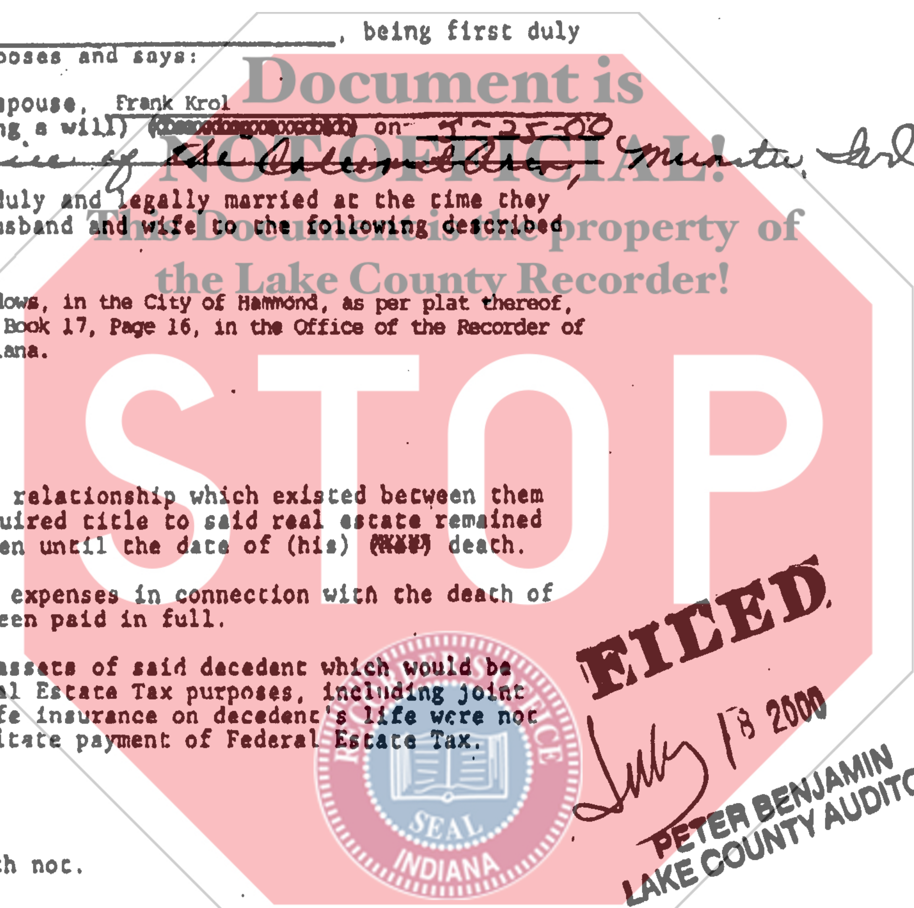
STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Florence Krol, being first duly sworn upon oath, deposes and says:

1. That Affiant's spouse, Frank Krol died (without leaving a will) on 5-25-00 at Hospice of the Calumet Area, Munster, Ind.

2. That they were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

Lot 5 in The Meadows, in the City of Hammond, as per plat thereof, recorded in Plat Book 17, Page 16, in the Office of the Recorder of Lake County, Indiana.



3. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of (his) death.

4. That all funeral expenses in connection with the death of said decedent have been paid in full.

5. That all of the assets of said decedent which would be includable for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

FILED
July 18 2000
PETER BENJAMIN
LAKE COUNTY AUDITOR

Further affiant sayeth not.

Florence B Krol
Florence Krol

Subscribed and sworn to before me, a Notary Public, this 8 day of July 8, 2000.

Tammy S. Ramos
Notary Public

TAMMY S. RAMOS
Notary Public, State of Texas
My Commission expires
July 19, 2002

COMMUNITY TITLE COMPANY
FILE NO 2 19728 SN

Prepared By: Patrick J. McManama, Attorney at Law
Attorney ID#9534-45

1015

TOTAL P.03

11.00 AM

25 × 10

* 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.

Local No. ...12 4200...

#384334

TYPE/PRINT IN PERMANENT BLACK INK

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. ....

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-10-3

DECEDENT

Field	Entry
1 DECEDENT—NAME (First Middle Last)	FRANK J. KROL
2 SEX	MALE
3a TIME OF DEATH	5:25 P M
3b DATE OF DEATH (Month Day Yr)	MAY 25, 2000
4 *SOCIAL SECURITY NUMBER	335-14-6124
5a AGE—Last Birthday (Years)	79
5b UNDER 1 YEAR (Months / Days)	
5c UNDER 1 DAY (Hours / Minutes)	
6 DATE OF BIRTH (Mo Day Yr)	MAY 15, 1921
7 BIRTHPLACE (City and State or Foreign Country)	BLUE ISLAND, ILLINOIS
8a WAS DECEDENT A US VETERAN?	NO
8b YEAR LAST SERVED IN US ARMED FORCES?	—
9a PLACE OF DEATH (Check only one. See instructions)	HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☐ Residence ☒ Other (Specify) HOSPICE RESIDENCE
9b FACILITY NAME (If not institution, give street and number)	511 OTIS BOWEN DRIVE
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)	FLORENCE FLASINSKI
12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	TOOL & DIE MAKER
12b KIND OF BUSINESS/INDUSTRY	MACHINE COMPANY
13a RESIDENCE—STATE	INDIANA
13b COUNTY	LAKE
13c CITY, TOWN OR LOCATION	HAMMOND
13d STREET AND NUMBER	7213 HOHMAN AVENUE
13e ZIP CODE	46324
13f INSIDE CITY LIMITS	☐ No ☒ Yes
13g ON A FARM?	☒ No ☐ Yes
14 CITIZEN OF WHAT COUNTRY?	USA
15 WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc)	☒ No ☐ Yes
16 RACE—American Indian, Black, White, etc (Specify)	WHITE
17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12)	10
College (1-4 or 5+)	

PARENTS

Field	Entry
18 FATHER'S NAME (First Middle Last)	JOSEPH KROL
19 MOTHER'S NAME (First Middle Maiden Surname)	SOPHIA GIZA

INFORMANT

Field	Entry
20a INFORMANT'S NAME (Type/Print)	FLORENCE KROL
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	7213 HOHMAN AVE., HAMMOND, INDIANA 46324
20c Relationship	WIFE

DISPOSITION

Field	Entry
21a METHOD OF DISPOSITION	☐ Burial ☒ Cremation ☒ Removal from State ☐ Entombment ☐ Donation ☐ Other (Specify)
21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place)	MAY 25, 2000 OPYT FUNERAL HOME; MAY 30, 2000 REGIONAL CREMATION SERVICE
21c LOCATION—City or Town, State	CHICAGO, ILLINOIS; MUNSTER, INDIANA
22a EMBALMER'S NAME	N/A
22b EMBALMER'S LICENSE NO	N/A
23 WAS DEATH REPORTED TO CORONER?	☐ No ☒ Yes
24a SIGNATURE OF FUNERAL DIRECTOR	Larry D. Anthony
24b LICENSE NUMBER (of Licensee)	01001447
25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME	ANTHONY & DZIADOWICZ FH #83002916, 9445 CALUMET AVENUE, MUNSTER, IN. 46321

CAUSE OF DEATH

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.

IMMEDIATE CAUSE (Final disease or condition resulting in death)

a. Carcinoma of the Lungs — Approximate Interval Between Onset and Death: X 1.5 years

DUE TO (OR AS A CONSEQUENCE OF)

b.

DUE TO (OR AS A CONSEQUENCE OF)

c.

DUE TO (OR AS A CONSEQUENCE OF)

d.

Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last

PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I: Angina pectoris

Field	Entry
27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no)	NO
28a WAS AN AUTOPSY PERFORMED? (Yes or no)	
28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)	NO

FILED

CERTIFIER

29a CERTIFIER (Check only one)

☒ CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) as stated

☐ 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

☐ 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

Field	Entry
29b SIGNATURE AND TITLE OF CERTIFIER	[signature]
29c MEDICAL LICENSE NO	0360169355
29d DATE SIGNED (Month Day Year)	MAY 26, 2000
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)	OH. J. LEE, M.D. 800 STATELINE AVENUE, CALUMET CITY, ILLINOIS 60409

JUL 2000

PETER BENJAMIN
LAKE COUNTY AUDITOR

HEALTH OFFICER

Field	Entry
31 HEALTH OFFICER'S SIGNATURE	Alexander S. Williams III MD
32 DATE FILED (Month Day Year)	May 26, 2000
33 MANNER OF DEATH	☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide
34a DATE OF INJURY (Month Day Year)	
34b TIME OF INJURY	
34c INJURY AT WORK? (Yes or no)	
34d DESCRIBE HOW INJURY OCCURRED	
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)	
34g DATE PRONOUNCED DEAD (Month Day Year)	
34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc	

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT.

MAY 26 2000

Alexander S. Williams III MD
LAKE COUNTY HEALTH COMMISSIONER

2016

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

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RECORDER'S OFFICE SEAL INDIANA