

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2000 055517

2000 AUG -4 AM 10:57

LOUIS W. COOPER
RECORDER

AFFIDAVIT

STATE OF INDIANA)
COUNTY OF LAKE)

MARILYN J. STYRNA

: BEING FIRST DULY SWORN

UPON HER OATH, DEPOSES AND SAYS:

THAT MARION MARY WIELGUS aka MARION G. WIELGUS DIED ON THE 8th
DAY OF FEBRUARY, 2000, AT CROWN POINT, INDIANA.

THAT AT THE TIME OF HER DEATH, SHE WAS A CO-OWNER AS A JOINT
TENANT WITH MARILYN J. STYRNA

OF THE FOLLOWING DESCRIBED REAL ESTATE:

LOT 173 IN FIFIELD'S FOREST HILLS ADDITION, IN THE TOWN OF MERRILLVILLE,
AS PER PLAT THEREOF, RECORDED JULY 5, 1940 IN PLAT BOOK 25 PAGE 3, IN THE
OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

COMMONLY KNOWN AS 9 MEADOW LANE, MERRILLVILLE, IN. 46410
UNIT 8 KEY NO. 15-175-22

THAT NO FEDERAL ESTATE TAX OR INDIANA INHERITANCE TAX IS DUE AS A
RESULT OF THE DEATH OF MARION MARY WIELGUS aka MARION G. WIELGUS

THAT THIS AFFIANT'S RELATIONSHIP TO THE DECEDENT WAS daughter

FURTHER AFFIANT SAITH NOT:

Marilyn J. Styrna
MARILYN J. STYRNA

BEFORE ME THE UNDERSIGNED NOTARY PUBLIC IN AND FOR SAID COUNTY AND
STATE, THIS 24th DAY OF JULY, 2000, PERSONALLY APPEARED
MARILYN J. STYRNA AND ACKNOWLEDGED THE
EXECUTION OF THE ABOVE DOCUMENT.

MY COMMISSION EXPIRES:

Cynthia M. Washburn

NOTARY PUBLIC

CYNTHIA M. WASHBURN
Notary Public, State of Indiana

My Commission Expires Oct. 31, 2001

COUNTY OF RESIDENCE: LAKE

THIS INSTRUMENT PREPARED BY: PATRICK McMANAMA, ATTORNEY AT LAW
ID 9534-45

COMMUNITY TITLE COMPANY
FILE NO 2 19868 RN

00073

11/00
R
CM

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. 0385-00

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) MARION MARY WIELGUS		2 SEX Female	3a TIME OF DEATH 3:47 A.M.	3b DATE OF DEATH (Month Day, Yr) February 8, 2000
4 *SOCIAL SECURITY NUMBER 313-54-9086	5a AGE—Last Birthday (Years) 91	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo. Day, Yr) January 19, 1909
7 BIRTHPLACE (City and State or Foreign Country) Hungary	8a PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence <input type="checkbox"/>			
8b WAS DECEDENT A U.S. VETERAN? No	8c YEAR LAST SERVED IN U.S. ARMED FORCES? -----	9a FACILITY NAME (If not institution, give street and number) St. Anthony Home		
9b CITY, TOWN OR LOCATION OF DEATH Crown Point		9c COUNTY OF DEATH Lake		
10 MARITAL STATUS (Specify) Widowed	11 SURVIVING SPOUSE (If wife, give maiden name) -----	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Homemaker	12b KIND OF BUSINESS/INDUSTRY Own Home	
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY, TOWN OR LOCATION Merrillville	13d STREET AND NUMBER 9 Meadow Lane	
13e ZIP CODE 46410	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) <input type="checkbox"/> College (1-4 or 5+)		18 FATHER'S NAME (First Middle Last) Paul Gulyas		
19 MOTHER'S NAME (First Middle Maiden Surname) Mary Kish		20a INFORMANT'S NAME (Type/Print) Marilyn Styrna		
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2477 E. Lake Shore Drive, Crown Point, IN 46307		20c Relationship Daughter		
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) February 11, 2000 Calumet Park Cemetery		21c LOCATION—City or Town, State Merrillville, Indiana
22a EMBALMER'S NAME Alexis Thanos		22b EMBALMER'S LICENSE NO. FD08600505		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
24a SIGNATURE OF FUNERAL DIRECTOR <i>Alexis Thanos</i>		24b LICENSE NUMBER (of Licensee) FD08600505		25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Geisen Funeral Home, Inc. #FH83007762 7905 Broadway, Merrillville, IN 46410
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. <i>acute cerebrovascular accident right hemisphere</i> DUE TO (OR AS A CONSEQUENCE OF) <i>Concussion</i> b. <i>stroke obstructive pulmonary disease</i> DUE TO (OR AS A CONSEQUENCE OF) <i>healed osteoarthritis</i> Approximate Interval Between Onset and Death <i>48 hours</i> <i>4 days</i> <i>2 years</i> <i>3 years</i>				
PART II Other significant conditions. Conditions contributing to death but not previously stated in Part I. <i>status post fall</i>				
27 WAS DECEDENT PREGNANT 01-90 DAYS POSTPARTUM? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
28a WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <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) as stated. AUG 7 2000				
29b SIGNATURE AND TITLE OF CERTIFIER <i>Elizabeth A. Przeniczny, M.D.</i>		29c MEDICAL LICENSE NO. 01033089		29d DATE SIGNED (Month Day, Year) PETER BENJAMIN
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Elizabeth A. Przeniczny, M.D., 5265 Commerce Drive, Suite C-D, Crown Point, IN 46307				
31 HEALTH OFFICER'S SIGNATURE <i>Alexander S. Hillman, M.D.</i>				
32 DATE FILED (Month Day, Year) FEB 11 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 INJURY AT WORK? (Yes or no)	
34d PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)		34e 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, or other. <i>Alexander S. Hillman, M.D.</i> LAKE COUNTY HEALTH COMMISSIONER		