

STATE OF INDIANA
LAKE COUNTY
FILED

2000 AUG -8 AM 9:50

MORRIS W. CARTER
RECORDER

C62-30142D 2000 056225

Chicago Title Insurance Company

SURVIVORSHIP AFFIDAVIT

On this August 3, 2000 before me personally appeared Elaine K. Romanik
(Insert date)

to me personally known, who being duly sworn on oath did say that:

1. Affiant resides at the address given below, affiant's signature;
2. Affiant is owner;
(state interest of affiant in the above premises as "owner", "son of owner", etc.)
3. Said premises were formerly owned as joint tenants or as tenants by the entireties by
Walter P. Romanik and Elaine K. Romanik;
4. Said Walter P. Romanik
(fill in name of co-tenant who died)
died on November 5, 1996
leaving will;
(insert "a" or "no"; if will left, attach a copy)

5. The legal description of the premises in question is:

The East 80 feet of Lot 5 in Block 3 in Georgia Heights Subdivision, Subdivision of Blocks 2,3, and 5 and Resubdivision of part of Block 4, as per plat thereof, recorded in Plat Book 30, Page 48, in the Office of the Recorder of Lake County, Indiana, more commonly known as:

870 Marcella Road
Merrillville, In. 46410

8-15-235-30

6. Is there Federal Estate or State Inheritance tax liability by reason of the death of said decedent? Yes No

If yes, then estimated taxes due are \$ _____

The taxes due are paid or unpaid.

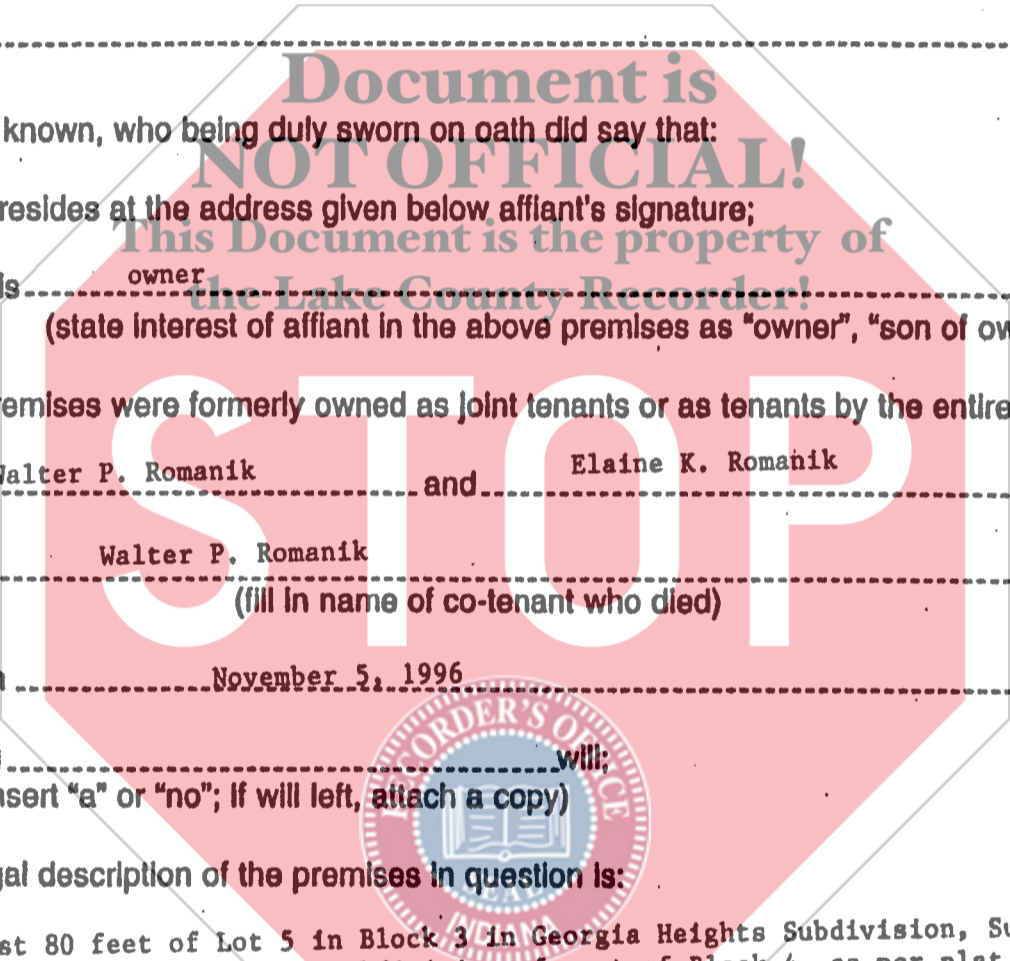
FILED

AUG 7 2000

PETER BENJAMIN
LAKE COUNTY AUDITOR

00492

Chicago Title Insurance Company



13.00
20
01

25x10

7. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced?

.....

(If answer is "Yes," identify the divorce proceedings:

.....);

8. Affiant's relationship to the deceased was spouse.....

Signature: Elaine K. Romanik.....

Printed Name ELAINE K. ROMANIK.....

Address:.....

Document is NOT OFFICIAL!

This Document is the property of the Lake County Recorder!

Subscribed and sworn to before me by the affiant

this August 3, 2000.....

(insert date)

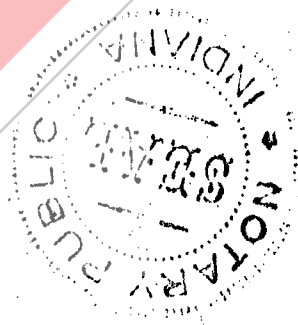
[Signature]
Notary Public

Printed Name LORI L. SHELBY.....

My County of Residence is: Porter.....

In the State of Indiana.....

My Commission Expires 11-11-07.....



This instrument prepared by ELAINE K. ROMANIK.....

ATTENTION ESTATE: The Social Security # is requested by this state agency in order to assume its statutory responsibility. Disclosure is mandatory and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

Local No. 3148-96

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

3107
PE/PRINT
IN
PERMANENT
ACK INK

DECEDENT

MENTS

INFORMANT

POSITION

TYPE OF

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First, Middle, Last) Walter P. Romanik		2 SEX Male	3a TIME OF DEATH 9:30a. M	3b DATE OF DEATH (Month, Day, Yr) November 5, 1996	
4 SOCIAL SECURITY NUMBER 317-14-1561	5a AGE—Last Birthday (Years) 73	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr) Apr. 20, 1923	
7 BIRTHPLACE (City and State or Foreign Country) Gary, Ind.	8a PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence				
8b WAS DECEDENT A U.S. VETERAN? Yes	8c YEAR LAST SERVED IN U.S. ARMED FORCES? 1946	9a FACILITY NAME (If not institution, give street and number) Methodist Southlake Campus			
9b CITY, TOWN OR LOCATION OF DEATH Merrillville		9c COUNTY OF DEATH Lake			
10 MARITAL STATUS (Specify) Married	11 SURVIVING SPOUSE (If wife, give maiden name) Elaine Keserich	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Truck Driver Retired	12b KIND OF BUSINESS/INDUSTRY J.M. Foster		
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY, TOWN OR LOCATION Merrillville	13d STREET AND NUMBER 870 Marcella Rd.		
13e ZIP CODE 46410	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? USA	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)		17 College (1-4 or 5+)			
18 FATHER'S NAME (First, Middle, Last) Paul Romanik		19 MOTHER'S NAME (First, Middle, Maiden Surname) Antoinette Olzewski			
20a INFORMANT'S NAME (Type/Print) Elaine Romanik		20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 870 Marcella Rd. Merrillville, IN		20c Relationship Wife	
21a METHOD OF DISPOSITION <input checked="" 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) Ridgelawn Cemetery November 8, 1996		21c LOCATION—City or Town, State Gary, Indiana	
22a EMBALMER'S NAME Anthony S. Rendina Jr.		22b EMBALMER'S LICENSE NO. FD01010402		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24 SIGNATURE OF FUNERAL DIRECTOR <i>Anthony S. Rendina Jr.</i>		24b LICENSE NUMBER (of Licensee) FD01010402	25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Rendina Funeral Home FH83007819 5100 Cleveland St. Gary, IN 4640		
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. Approximate Interval Between Onset and Death					
IMMEDIATE CAUSE (Final disease or condition resulting in death) Coronary Artery Disease					
CONDITIONS IF ANY WHICH GAVE RISE TO THE IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST Myocardial Infarction					
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) <input checked="" type="checkbox"/> 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>W.J. Badar Jr.</i>		29c MEDICAL LICENSE NO. 20383	29d DATE SIGNED (Month, Day, Year) 11-07-96		
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) GREGORIO BADAR, 5950 BWPY GARY, IN 46408					
31 HEALTH OFFICER'S SIGNATURE <i>Gregorio Badar</i>			32 DATE FILED (Month, Day, Year) November 8, 1996		
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be Determined		34a DATE OF INJURY (Month, Day, Year)	34b TIME OF INJURY	34c INJURY AT WORK? (Yes or no)	34d DATE AND TIME OF DEATH (If death occurred at home, file with the LAKE COUNTY HEALTH DEPT)
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) AUG 03 2000		
34g DATE PRONOUNCED DEAD (Month, Day, Year)		34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc. <i>Alfred S. Williams, M.D.</i> LAKE COUNTY HEALTH COMMISSIONER			