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FA# F32310

LEGAL DESCRIPTION:

Lot 25, in Highschool Addition to the Town of Highland, as per plat thereof recorded in Plat Book 32, page 82, in the Office of the Recorder of Lake County, Indiana

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD



First American Title
Insurance Company

PROPERTY ADDRESS:

2632 41st Street, Highland, IN 46322

ESTATE AFFIDAVIT

Genowefa Ruczewski

, Affiant, states that:

1. Bruno Ruczewski, deceased, died on the 26th day of May 1995

2. Affiant is: the surviving spouse of the deceased,
 the Personal Representative/Executor-trix of the estate of the deceased;

3. The deceased died: leaving a will which has been probated;
 leaving a will which has not been probated;
 leaving no will;

4. The deceased and Affiant were married on the 27 day January of 1948; and were never divorced.
(This item applies only to the surviving spouse.)

5. All expenses of the last illness and funeral of the deceased have been paid;

6. All State Inheritance Taxes and Federal Estate Taxes attributable to the deceased and his/her estate have been paid;

7. There have been no claims against the estate of the decedent.

This Affidavit is made to induce First American Title Insurance Company to issue a policy of title insurance on the above-described real estate.

Date: 8/4/00
Signature of Affiant: Genowefa Ruczewski

Printed Name of Affiant: **FILED**

State of Indiana, County of

Subscribed and sworn to before me, this 04 day of August 2000

Beth A. Kolbert
Printed Name of Notary
Signature of Notary: Peter Benjamin

My Commission expires: 07/11/01

My County of Residence is: Lake

THIS INSTRUMENT WAS PREPARED BY: Genowefa Ruczewski

HOLD FOR FIRST AMERICAN TITLE

00776
12.00
E.P.
FA

ATTENTION ESTATE: Disclosure of the we need to pursue our responsibilities luntary and there will be no penalty for tal.

INDIANA STATE DEPARTMENT OF HEALTH

al No. 1217-95

CERTIFICATE OF DEATH

State No.

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

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1 DECEASED—NAME (First, Middle, Last) Bruno Ruczewski		2 SEX Male	3a TIME OF DEATH 7:15 A.M.	3b. DATE OF DEATH (Month, Day, Yr) May 26, 1995	
4 *SOCIAL SECURITY NUMBER 039-22-9453	5a AGE—Last Birthday (Years) 78	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr) Dec. 6, 1916	
7 BIRTHPLACE (City and State or Foreign Country) Detroit, Michigan	8a. WAS DECEDENT A U.S. VETERAN? NO				
8b YEAR LAST SERVED IN U.S. ARMED FORCES? —	8c 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"/> Residence <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify)				
9a FACILITY NAME (If not institution, give street and number) 2632 - 41st Street		9c CITY, TOWN, OR LOCATION OF DEATH Highland		9d COUNTY OF DEATH Lake	
10 MARITAL STATUS (Specify) Married	11 SURVIVING SPOUSE (If wife, give maiden name) Genowefa Garbalinska	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Welder		12b. KIND OF BUSINESS/INDUSTRY Fabricating	
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY, TOWN OR LOCATION Highland	13d. STREET AND NUMBER 2632 - 41st Street		
13e ZIP CODE 46322	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	
13g ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 8		College (1-4 or 5+)		
18 FATHER'S NAME (First, Middle, Last) Jacob Ruczewski		19 MOTHER'S NAME (First, Middle, Maiden Surname) Antoinette Unavailable			
20a INFORMANT'S NAME (Type/Print) Genowefa Ruczewski		20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2632-41st St, Highland, Indiana 46322		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) May 31, 1995 Chapel Lawn Memorial Gardens		21c LOCATION—City or Town, State Scherverville, Indiana	
22a EMBALMER'S NAME Keith D. Anthony		22b EMBALMER'S LICENSE NO 01011911		23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
24a SIGNATURE OF FUNERAL DIRECTOR Keith D. Anthony		24b LICENSE NUMBER (of Licensee) 01011911	25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Anthony & Dziadowicz F.H. #83002835 4404 Cameron Ave, Hammond, IN 46327		
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) Mediastatic lung cancer			2		
DUE TO (OR AS A CONSEQUENCE OF)					
Conditions if any which gave rise to the immediate cause, stating the underlying cause last					
DUE TO (OR AS A CONSEQUENCE OF)					
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 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) NO	
29a CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN In 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 G. Jano			29c MEDICAL LICENSE NO 01040756	29d DATE SIGNED (Month, Day, Year) May 26, 1995	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) G. Jano, M.D. 7905 Calumet Ave., Munster, Indiana 46321					
31 HEALTH OFFICER'S SIGNATURE G. Jano, M.D.			32 DATE FILED (Month, Day, Year) May 26, 1995		
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)	35. DECEASED'S NAME, ADDRESS AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT. AUG 10 2000 AUG 04 2000 PETER BENJAMIN LAKE COUNTY AUDITOR ALEXANDER S. MILNER LAKE COUNTY HEALTH COMMISSIONER
		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)	
34g DATE PRONOUNCED DEAD (Month, Day, Year)		34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc.			