2 2000-060233

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

SURVIVORSHIP AFFIDAVIT

WALTER KIEPURA, being first duly sworn upon his oath, deposes and says:

1. That he is of lawful age and lives and resides in the City of East Chicago, Lake County, Indiana; that he was formerly married to one Sophie Kiepura for many years and lived continuously with her as her husband until her death.

2. That Affiant and his said spouse became the owners, as tenants by the entirety, of the fee simple title to the following described real estate in Lake County, Indiana, to wit:

> Lot 25 in Block 9 in Third Addition to Indiana Harbor, in the City of East Chicago, as per plat thereof, recorded in Plat Book 5, page 24 in the Office of the Recorder of Lake County, Indiana.
>
> Key# 30-370-25
>
> Commonly known as: 3920 Elm Street, East Chicago, Indiana

3. That Affiant further says that they continued to be such owners of the title to said real estate until the intestate death of his spouse on the 7th day of July, 2000 in Lake County, Indiana.

4. That the value of his spouse's estate, including the above described real estate was not subject to Federal Estate Tax or Indiana Inheritance Tax liability.

5. This Affidavit is made to show that Affiant, by reason of his wife's death, is now the sole owner of the fee simple title to said real estate and to induce the Auditor of Lake County, Indiana, to strike the name of the decedent, Sophie Kiepura, from the tax rolls on said real estate.

Further your Affiant sayeth not.

WALTER KIEPURA

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2000 060233 FILED FOR RECORD MORRIS W. CARTER RECORDER

FILED AUG 18 2000 PETER BENJAMIN LAKE COUNTY AUDITOR

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Subscribed and sworn to before me a Notary Public in and for County and State this 15 day of August, 2000, personally appeared Walter Kiepura and acknowledged the execution of the foregoing instrument.

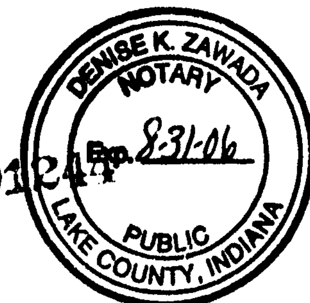
My Commission Expires: 8-31-06

Denise K. Zawada, Notary Public
Resident of Lake County, Indiana

This Instrument Prepared by:

Joseph Banasiak
Indiana Atty. No: 10769-45

BOSCH & BANASIAK
7150 Indianapolis Blvd.
Hammond, IN 46324
(219) 844-3020
FAX: (219) 844-3023



01244

BURNET TITLE 2000028BT

12.00 AP

* 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. 1604-00 384829

State No. ....

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED—NAME (First, Middle, Last): Sophie H. Kiepura
2. SEX: Female
3a. TIME OF DEATH: 12:40 P.
3b. DATE OF DEATH (Month, Day, Yr): July 7, 2000
4. *SOCIAL SECURITY NUMBER: 313-64-8573
5a. AGE—Last Birthday (Years): 86
5b. UNDER 1 YEAR (Months, Days):
5c. UNDER 1 DAY (Hours, Minutes):
6. DATE OF BIRTH (Mo, Day, Yr): Sep. 17, 1913
7. BIRTHPLACE (City and State or Foreign Country): East Chicago, Indiana
8a. WAS DECEDENT A U.S. VETERAN?: No
8b. YEAR LAST SERVED IN US ARMED FORCES?: N/A
9a. PLACE OF DEATH (Check only one. See instructions): HOSPITAL: [X] Inpatient [ ] ER/Outpatient [ ] DOA; OTHER: [ ] Nursing Home [ ] Residence [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): St. Anthony Medical Center
9c. CITY, TOWN, OR LOCATION OF DEATH: Crown Point
9d. COUNTY OF DEATH: Lake
10. MARITAL STATUS (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Walter Kiepura
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Home Maker
12b. KIND OF BUSINESS/INDUSTRY: Own Home
13a. RESIDENCE—STATE: Indiana
13b. COUNTY: Lake
13c. CITY, TOWN, OR LOCATION: East Chicago
13d. STREET AND NUMBER: 3920 Elm
13e. ZIP CODE: 46312
13f. INSIDE CITY LIMITS: [ ] No [X] Yes
13g. ON A FARM?: [X] No [ ] Yes
14. CITIZEN OF WHAT COUNTRY?: U.S.A.
15. WAS DECEDENT OF HISPANIC ORIGIN?: [X] No [ ] 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): 9; College (1-4 or 5+):

PARENTS

18. FATHER'S NAME (First, Middle, Last): Stanley Banasiak
19. MOTHER'S NAME (First, Middle, Maiden Surname): Antonia Kaczmarzek

INFORMANT

20a. INFORMANT'S NAME (Type/Print): Walter A. Kiepura
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 3920 Elm St., East Chicago, Indiana 46312
20c. Relationship: Husband

DISPOSITION

21a. METHOD OF DISPOSITION: [X] Burial [ ] Cremation [ ] Entombment [ ] Removal from State [ ] Donation [ ] Other (Specify)
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): July 10, 2000 Holy Cross Cemetery
21c. LOCATION—City or Town, State: Calumet City, Illinois
22a. EMBALMER'S NAME: Edgar C. Gleim
22b. EMBALMER'S LICENSE NO: FDO 1016173
23. WAS DEATH REPORTED TO CORONER?: [X] No [ ] Yes
24a. SIGNATURE OF FUNERAL DIRECTOR: C. A. Kuiper
24b. LICENSE NUMBER (of Licensee): FDO 1014511
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: Kuiper Funeral Home, 9039 Kleinman Rd Highland, Indiana 46322 FH 83007500

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. (Approximate Interval Between Onset and Death)

IMMEDIATE CAUSE (Final disease or condition resulting in death)
a. Acute Renal Failure
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
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): —

FILED AUG 18 2000

CERTIFIER

29a. CERTIFIER (Check only one)
[X] 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.
29b. SIGNATURE AND TITLE OF CERTIFIER: [signature], MD
29c. MEDICAL LICENSE NO: [illegible]538
29d. DATE SIGNED (Month, Day, Year): 7/10/00

PETER BENJAMIN
LAKE COUNTY AUDITOR

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): BERNARDO S. LUCENA 1121 S. INDIANA AVE, CROWN POINT, IN 46307

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE: Alexander S. Williams MD
32. DATE FILED (Month, Day, Year): July 11, 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:

I CERTIFY THAT THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON 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):

JUL 11 2000 01245

34g. DATE PRONOUNCED DEAD (Month, Day, Year):
34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc.

Alexander S. Williams MD
LAKE COUNTY HEALTH COMMISSIONER

SDH06-004 State Form 10110 (R5/1-99)

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