

AFFIDAVIT OF SURVIVORSHIP

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

MARIE A. ROMANAK being first duly sworn upon her oath, states as follows:

1. That she resides at 5528 Baring Avenue, East Chicago, IN 46312,
2. That she and TONY R. ROMANAK were married on May 30, 1944, and they remained married until his death.
3. That she was the wife of Tony R. Romanak who died intestate a resident of Lake County, Indiana on September 11, 1998.

4. At the time of the death of Tony R. Romanak, affiant and he were the owners as tenants by the entireties of the following described real property located in Lake County, Indiana:

The North 12.5 feet of Lot 22 and Lot 23, except the North 10 feet, in Block 5 in Roxana Park Addition to East Chicago, as per plat thereof, recorded in Plat Book 20 Page 49, in the Office of the Recorder of Lake County, Indiana.

commonly known as: 5528 Baring Avenue, East Chicago, IN 46312

Key No. 30-0540-0023

5. That all the debts, expenses of the last illness, funeral expenses, and the inheritance tax, if any, resulting from the death of Tony R. Romanak have been paid and that said estate was not large enough to subject it to a federal estate tax.

Further affiant saith not.



Marie A. Romanak
Marie A. Romanak

FILED

AUG 22 2000

PETER BENJAMIN
LAKE COUNTY AUDITOR

STATE OF INDIANA, COUNTY OF LAKE, SS:

Before me the undersigned, a Notary Public for said county and state, personally appeared Marie A. Romanak, and being first duly sworn upon her oath, states that the facts set forth in the foregoing instrument are true. Signed and sealed this _____ day of August, 2000.

Edward P. Grimmer
Edward P. Grimmer, Notary Public

County of Residence of Notary: 10/29/2001

My Commission Expires: Lake

This instrument prepared by:

Edward P. Grimmer, Attorney at Law, 603 North Main Street, Crown Point, IN 46307-3233

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12-00
E.P.
7187

FILED FOR RECORD

* 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. 206

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

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF
DEATH

CERTIFIER

HEALTH
OFFICER

1 DECEASED—NAME (First, Middle, Last) Tony R. Romanak		2. SEX Male	3a TIME OF DEATH 4:25 a m	3b. DATE OF DEATH (Month, Day, Yr) September 11, 1998
4. SOCIAL SECURITY NUMBER 312-16-9191	5a AGE—Last Birthday (Years) 77	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr) March 5, 1921
7. BIRTHPLACE (City and State or Foreign Country) East Chicago, Indiana	8a. PLACE OF DEATH (Check only one See instructions)			
8a. WAS DECEDENT A U.S. VETERAN? Yes	8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1946	HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> OOA		
8c. FACILITY NAME (If not institution, give street and number) 5528 Baring Avenue		8d. CITY, TOWN OR LOCATION OF DEATH East Chicago	8e. COUNTY OF DEATH Lake	
10. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Marie A. Stanasek	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life Do not use retired) Machinist		12b. KIND OF BUSINESS/INDUSTRY T & R Machine Services
13a. RESIDENCE—STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN OR LOCATION East Chicago	13d. STREET AND NUMBER 5528 Baring Avenue	
13e. ZIP CODE 46312	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) 1		17. DECEDENT'S EDUCATION (Specify only highest grade completed) College (1-4 or 5+)		
18. FATHER'S NAME (First, Middle, Last) Ignac Romanak		19. MOTHER'S NAME (First, Middle, Maiden Surname) Mary Kozon		
20a. INFORMANT'S NAME (Type/Print) Marie A. Romanak		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5528 Baring Ave., East Chicago, IND 46312		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) September 14, 1998 St. John Cemetery		21c. LOCATION—City or Town, State Hammond, Indiana
22a. EMBALMER'S NAME James H. Fife		22b. EMBALMER'S LICENSE NO. FD01010795		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
24a. SIGNATURE OF FUNERAL DIRECTOR <i>John B. Fife</i>		24b. LICENSE NUMBER (of Licensee) FD01010795	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME FIFE FUNERAL HOME, INC. - FH83001512 4201 Indpls. Blvd., East Chicago, IND	
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>Ventricular Fibrillation</i> DUE TO (OR AS A CONSEQUENCE OF) b. <i>Severe Hypoxia</i> DUE TO (OR AS A CONSEQUENCE OF) c. <i>End stage COPD</i> DUE TO (OR AS A CONSEQUENCE OF)				Approximate Interval Between Onset and Death
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 ANATOMICAL FINDINGS PERFORMED 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) as stated.		AUG 22 2000 PETER BENJAMIN LAKE COUNTY AUDITOR		
29b. SIGNATURE AND TITLE OF CERTIFIER <i>Peter Benjamin</i>		29c. MEDICAL LICENSE NO. 14608 DATE OF EXPIRATION Sept. 11, 1998		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Dr. Ramon Llobet, M.D. - 4320 Fir Street, East Chicago, Indiana 46312				
31. HEALTH OFFICER'S SIGNATURE <i>Dr. Timothy Paykoush</i>				32. DATE FILED (Month, Day, Year) 9-11-98
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. 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.				