2000 067212

STATE OF INDIANA)
) ss:
COUNTY OF LAKE)

IN THE MATTER OF THE ESTATE OF CAROLINE MISIEWICZ, Deceased

DATE OF DEATH: DECEMBER 29, 1999

AFFIDAVIT OF HEIRSHIP

Comes now ALICE KOPACK, being duly sworn upon her oath and states as follows:

That she is the daughter of the decedent, CAROLINE MISIEWICZ, deceased, who died testate, a resident of Lake County, Indiana on December 29, 1999, the decedent's Will having been filed of record in Estate Docket 45 DO2 0008 ES 132 in the office of the Clerk of Lake County, Indiana.

That she has personal knowledge that the decedent, Caroline Misiewicz, was the owner of the following described real estate, to wit:

The West Forty-six (46) feet of the East One Hundred Eighty-four (184) feet of Lot Seven (7) in Block Five (5), Kosciusko Park Addition to East Chicago, as shown in Plat Book 20, page 5, in Lake County, Indiana
Key# 30-440-16
Commonly known as 1307 Kosciusko Blvd., East Chicago, IN

That to the best of Affiant's knowledge, said CAROLINE MISIEWICZ left surviving her the following sole heir at law:

ALICE KOPACK Adult - Daughter 8558 Orchard Drive Highland, IN 46322

FILED
SEP 14 2000
PETER BENJAMIN
LAKE COUNTY AUDITOR

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15 cm TI

Said decedent left no other child or children nor descendants of any predeceased child or children, and that the survivor is a competent adult.

Affiant further states that she knows of her own knowledge that the value of the gross estate of the above decedent, Caroline Misiewicz at the time of her death, within the meaning of the Federal Estate laws, was less than that required for the filing of a Federal Estate Tax Return, and that the estate of said decedent was not subject to any Federal Estate taxes or Indiana Inheritance Taxes.

Affiant further states that all outstanding debts and obligations of the decedent, Caroline Misiewicz, including funeral expenses and expense of last illness have been fully paid and discharged and that there is no estate proceeding pending and there are no outstanding claims or obligations against said decedent.

That the statements made in this affidavit are true and complete insofar as the affiant knows and are made for the purpose of establishing the heirship of CAROLINE MISIEWICZ, deceased.

Alice Kopack
ALICE KOPACK
Affiant

Subscribed and sworn to before me, a Notary Public, in and for said County and State, this 21st day of August, 2000.

Kathryn M Murphy
KATHRYN M. MURPHY
Notary Public

My Commission Expires: 4-27-08
County of Residence: Lake

This Document Prepared By:

MICHAEL D. DOBOSZ # 14539-45
HILBRICH CUNNINGHAM SCHWERD DOBOSZ & VINOVICH, LLP
2637 - 45th Street
Highland, IN 46322
Phone: (219) 924-2427

*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. 332

State No. .....

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED—NAME (First, Middle, Last)		2. SEX	3a. TIME OF DEATH	3b. DATE OF DEATH (Month, Day, Yr.)
Caroline	Misiewicz	Female	5:55p M	Dec 29 1999

4. *SOCIAL SECURITY NUMBER	5a. AGE—Last Birthday (Years)	5b. UNDER 1 YEAR (Months / Days)	5c. UNDER 1 DAY (Hours / Minutes)	6. DATE OF BIRTH (Mo. Day. Yr.)	7. BIRTHPLACE (City and State or Foreign Country)
312 09 5693	86			Dec 10 1913	Wisconsin

8a. WAS DECEDENT A U.S. VETERAN?	8b. YEAR LAST SERVED IN U.S. ARMED FORCES?	9a. PLACE OF DEATH (Check only one. See instructions)
No	N/A	HOSPITAL ☒ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☐ Other (Specify) ☐ Residence

9b. FACILITY NAME (If not institution, give street and number)	9c. CITY, TOWN, OR LOCATION OF DEATH	9d. COUNTY OF DEATH
St Catherine Hospital	East Chicago	Lake

10. MARITAL STATUS (Specify)	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)	12b. KIND OF BUSINESS/INDUSTRY
Widow	N/A	Homemaker	Own Home

13a. RESIDENCE—STATE	13b. COUNTY	13c. CITY, TOWN OR LOCATION	13d. STREET AND NUMBER
Indiana	Lake	East Chicago	1307 Kosciuszko Blvd

13e. ZIP CODE	13f. INSIDE CITY LIMITS	13g. ON A FARM?	14. CITIZEN OF WHAT COUNTRY?	15. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16. RACE—American Indian, Black, White, etc. (Specify)	17. DECEDENT'S EDUCATION (Specify only highest grade completed)	
46312	☐ No ☒ Yes	☒ No ☐ Yes	USA	☐ No ☐ Yes	White	Elementary/Secondary (0-12): 12	College (1-4 or 5+):

PARENTS

18. FATHER'S NAME (First, Middle, Last)	19. MOTHER'S NAME (First, Middle, Maiden Surname)
Peter Kolodziej	Katherine Miklusak

INFORMANT

20a. INFORMANT'S NAME (Type/Print)	20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	20c. Relationship
Alice Kopack	8558 Orchard Dr Highland In 46322	Daughter

DISPOSITION

21a. METHOD OF DISPOSITION	21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	21c. LOCATION—City or Town, State
☐ Entombment ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)	Jan 3 2000 Holy Cross Cemetery	Calumet City Il

22a. EMBALMER'S NAME	22b. EMBALMER'S LICENSE NO	23. WAS DEATH REPORTED TO CORONER?
James W Gholston	1004194	☒ No ☐ Yes

24a. SIGNATURE OF FUNERAL DIRECTOR	24b. LICENSE NUMBER (of Licensee)	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME
John B Lesniak	1005491	Lesniak FH3001601 4918 Magoun E Chicago In 46312

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.	CEREBROVASCULAR ACCIDENT	
DUE TO (OR AS A CONSEQUENCE OF) b.	DECOMPENSATED CONGESTIVE HEART FAILURE	
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)	28a. WAS AN AUTOPSY PERFORMED? (Yes or no)	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)
No	No	No

CERTIFIER

29a. CERTIFIER (Check only one)

☒ 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	29c. MEDICAL LICENSE NO	29d. DATE SIGNED (Month, Day, Year)
Mylene Mangahas MD	01045012	1/4/2000

HEALTH OFFICER

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)

Mylene Mangahas MD 527 W Chicago Ave East Chicago In 46312

31. HEALTH OFFICER'S SIGNATURE	32. DATE FILED (Month, Day, Year)
Dr. Timothy Kayklevich	1-6-00

33. MANNER OF DEATH	34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)	34d. DESCRIBE HOW INJURY OCCURRED
☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide				

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.

SDH06-004 State Form 10110 (R4/3-93) Deathcer/PDH

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ATTENTION ESTATE: Disclosure of the SS# we need to pursue our responsibilities is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

Local No. 94-381

CERTIFICATE OF DEATH

State No. .....

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-13-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED—NAME (First, Middle, Last): FRANK MISIEWICZ
2. SEX: MALE
3a. TIME OF DEATH: 5:30 AM
3b. DATE OF DEATH (Month, Day, Yr.): DEC. 13-1994
4. *SOCIAL SECURITY NUMBER: 313-09-5693
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): MARCH 29-1916
7. BIRTHPLACE (City and State or Foreign Country): EAST CHICAGO, IN.
8a. WAS DECEDENT A U.S. VETERAN?
8b. YEAR LAST SERVED IN U.S. ARMED FORCES?
9a. PLACE OF DEATH (Check only one. See instructions): HOSPITAL ☒ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☐ Other (Specify) ☐ Residence
9b. FACILITY NAME (If not institution, give street and number): ST. CATHERINE HOSPITAL 4321 FIR ST.
9c. CITY, TOWN, OR LOCATION OF DEATH: EAST CHICAGO
9d. COUNTY OF DEATH: LAKE
10. MARITAL STATUS (Specify): MARRIED
11. SURVIVING SPOUSE (If wife, give maiden name): CAROLINE KOLODZIES
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: UNION TANK
13a. RESIDENCE—STATE: INDIANA
13b. COUNTY: LAKE
13c. CITY, TOWN, OR LOCATION: EAST CHICAGO
13d. STREET AND NUMBER: 1307 Kosciusko BLvd.
13e. ZIP CODE: 46312
13f. INSIDE CITY LIMITS? ☐ No ☒ Yes
13g. ON A FARM? ☒ No ☐ Yes
14. CITIZEN OF WHAT COUNTRY? U.S.A.
15. WAS DECEDENT OF HISPANIC ORIGIN? ☒ 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): 12YRS. College (1-4 or 5 +):

PARENTS

18. FATHER'S NAME (First, Middle, Last): ANTHONY MISIEWICZ
19. MOTHER'S NAME (First, Middle, Maiden Surname): FRANCES RUDINSKA

INFORMANT

20a. INFORMANT'S NAME (Type/Print): CAROLINE MISIEWICZ
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1307 Kosciusko BLvd. EAST CHICAGO, IN, 46312
20c. Relationship: WIFE

DISPOSITION

21a. METHOD OF DISPOSITION: ☐ Entombment ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): DEC. 16-1994 HOLY CROSS CEMETERY
21c. LOCATION—City or Town, State: CALUMET CITY, IL.
22a. EMBALMER'S NAME: HENRY BLAKE
22b. EMBALMER'S LICENSE NO.: #01019406
23. WAS DEATH REPORTED TO CORONER? ☐ No ☐ Yes
24a. SIGNATURE OF FUNERAL DIRECTOR: Michael Mysliwy
24b. LICENSE NUMBER (of Licensee): #100-2141-9
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: 300-161-9 MYSLIWY FUNERAL HOME 4902 READING AVE. EAST CHICAGO, IN, 46312

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.

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Cerebrovascular Accident — DUE TO (OR AS A CONSEQUENCE OF):

Conditions, if any, which gave rise to the immediate cause stating the underlying cause last: b. — DUE TO (OR AS A CONSEQUENCE OF): c. — DUE TO (OR AS A CONSEQUENCE OF): d.

Approximate Interval Between Onset and Death

PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I: Astrocytoma Brain

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)

CERTIFIER

29a. CERTIFIER (Check only one):
☒ 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: McLeod MD
29c. MEDICAL LICENSE NO.: 29782
29d. DATE SIGNED (Month, Day, Year): 12.14.94

HEALTH OFFICER

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): 9116 COLUMBIA AVE MUNSTER, IN 46321
31. HEALTH OFFICER'S SIGNATURE: Lic. Signature Rusakovich
32. DATE FILED (Month, Day, Year): 12-14-94

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
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.

92-3534 HS Rubalcava

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