

3

FIRST AMERICAN TITLE INSURANCE COMPANY

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS )  
COUNTY OF COOK ) ss

Order No. F 323374

2000 068086

SALLY A. PAGOREK being duly sworn states that she resides at 717 Burrham Avenue in the City of Calumet City, Illinois 60409.

That she was acquainted with STANLEY J. WOHADLO, deceased who, at the time of his death, was one of the owners of the land in Lake County, Illinois, described as:

Lot 9, and the North half of Lot 10, in Block 1, in Resubdivision of Section 29, Township 37 North, Range 9 West of the 2nd Principal Meridian, the City of East Chicago, as per plat thereof, recorded in Plat Book 5, Page 3, in the Office of the Recorder of Lake County, Indiana.

That said real estate was owned by the decedent STANLEY J. WOHADLO with his wife BERNICE J. WOHADLO tenants by the entirety.

That the Indiana Inheritance Tax and Federal Estate tax, if any was due from decedent's estate, has been paid in full. See attached letter from the Department of Revenue, State of Indiana.

That the deceased died testate on February 14, 1990, a copy of his death certificate is attached hereto.

Affiant makes this affidavit for the purpose of inducing the First American Title Insurance Company to issue its Title Insurance Policy, describing the above mentioned property.

Subscribed and Sworn to before me by the said SALLY A. PAGOREK this 13<sup>th</sup> day of September, A.D. 2000

*[Signature]*  
Notary Public



*[Signature]*  
(affiant's signature)

OFFICIAL SEAL  
STANLEY W. PAGOREK  
Notary Public, State of Illinois  
My Commission expires 03/10/03

ENTERED FOR TAXATION SUB...

SEP 19 2000

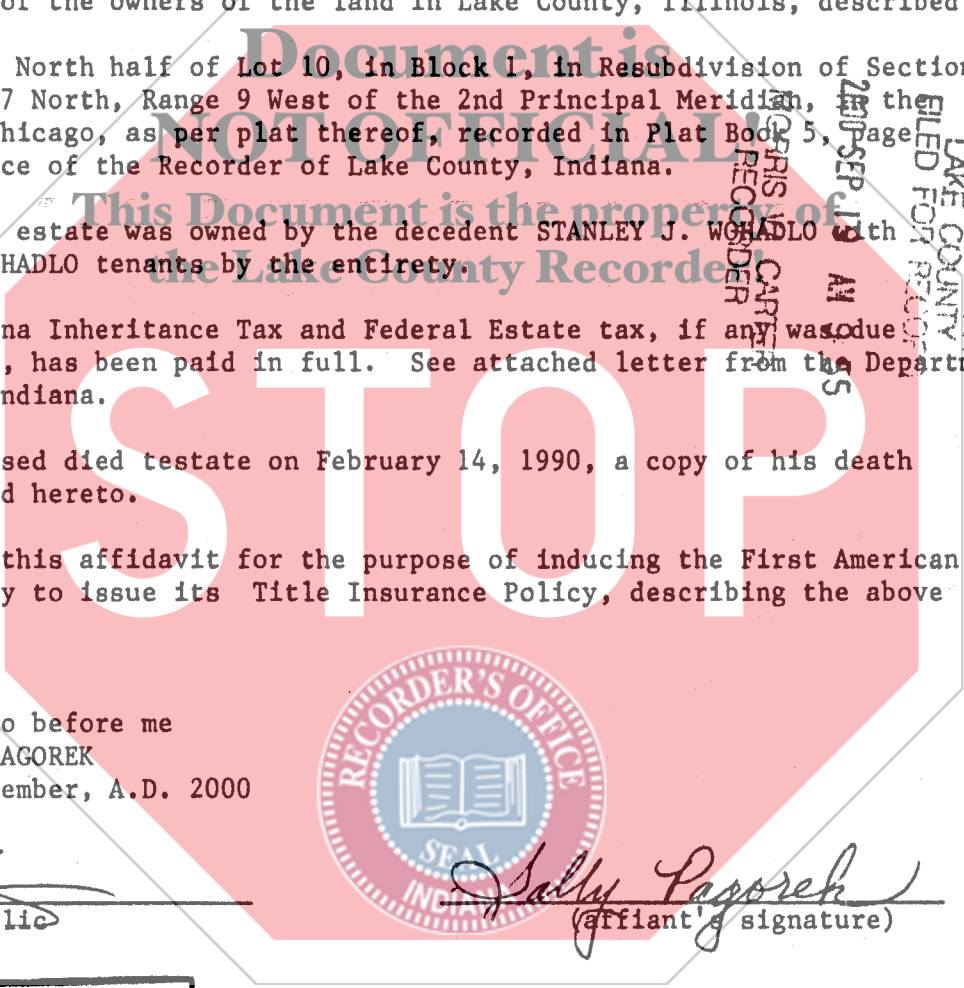
PETER BENJAMIN  
REC'D COUNTY 011:53

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FA

HOLD FOR FIRST AMERICAN TITLE

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F32337A

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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORDER  
2000-SEP-19 AM 10:55  
CHRIS W. CARP  
RECORDER

INDIANA STATE BOARD OF HEALTH

CERTIFICATE OF DEATH

Local No. 447

State No. ....

TYPE/PRINT  
IN  
PERMANENT  
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF  
DEATH

CERTIFIER

HEALTH  
OFFICER

CHRONER  
USE ONLY

1 DECEASED—NAME (First Middle, Last) <b>STANLEY J. WOHADLO</b>		2 SEX <b>MALE</b>		3a TIME OF DEATH <b>2:30 P M</b>		3b DATE OF DEATH (Month Day Yr) <b>FEB. 14 - 1990</b>	
4 SOCIAL SECURITY NUMBER <b>306 03 5505</b>		5a AGE—Last Birthday (Year) <b>81</b>		5b UNDER 1 YEAR Months Days		5c UNDER 1 DAY Hours Minutes	
6 DATE OF BIRTH (Mo. Day Yr) <b>AUG. 30 - 1908</b>		7 BIRTHPLACE (City and State or Foreign Country) <b>EAST CHICAGO, IND.</b>					
8a WAS DECEDENT A US VETERAN? <b>YES</b>		8b YEAR LAST SERVED IN US ARMED FORCES? <b>1945</b>		9a PLACE OF DEATH (Check only one See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence			
9b FACILITY NAME (If not institution, give street and number) <b>ST. CATHERINE HOSPITAL</b>			9c CITY TOWN OR LOCATION OF DEATH <b>EAST CHICAGO</b>			9d COUNTY OF DEATH <b>LAKE</b>	
10 MARITAL STATUS (Specify) <b>MARRIED</b>		11 SURVIVING SPOUSE (If wife give maiden name) <b>BERNICE PODKUL</b>		12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life Do not use retired) <b>MACHINIST</b>		12b KIND OF BUSINESS/INDUSTRY <b>INLAND STEEL CO.</b>	
13a RESIDENCE—STATE <b>INDIANA</b>		13b COUNTY <b>LAKE</b>		13c CITY, TOWN OR LOCATION <b>EAST CHICAGO</b>		13d STREET AND NUMBER <b>4118 INDIANAPOLIS BLVD.</b>	
13e ZIP CODE <b>46312</b>		14 CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		15 WAS DECEDENT OF HISPANIC ORIGIN? (If yes specify Cuban Mexican Puerto Rican etc) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		16 RACE—American Indian, Black, White etc (Specify) <b>WHITE</b>	
17 DECEASED'S EDUCATION (Specify only highest grade completed) <b>12 YRS.</b>		18 FATHER'S NAME (First Middle, Last) <b>MARTIN WOHADLO</b>		19 MOTHER'S NAME (First Middle, Maiden Surname) <b>MARY GNIADK</b>			
20a INFORMANT'S NAME (Type/Print) <b>BERNICE WOHADLO</b>		20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>4118 INDPLS, BLVD, EAST CHICAGO, IN 46312</b>				20c Relationship <b>WIFE</b>	
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) <b>FEB. 17 - 1990 HOLY CROSS CEMETERY</b>			21c LOCATION—City or Town, State <b>CALUMET CITY, ILL.</b>		
22a EMBALMER'S NAME <b>HENRY BLAKE</b>		22b EMBALMER'S LICENSE NO <b>01019406</b>		23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
24a SIGNATURE OF FUNERAL DIRECTOR <i>Michael Mysliwy</i>		24b LICENSE NUMBER (of Licensee) <b>2005999</b>		25 NAME ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>3001619 MYSLIWY FUNERAL HOME 4902 READING AVE, EAST CHICAGO, I</b>			
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 <b>Acute Respiratory Failure</b> DUE TO (OR AS A CONSEQUENCE OF) b <b>Chronic Obstructive Pulmonary Disease</b> DUE TO (OR AS A CONSEQUENCE OF) c <b>Arteriosclerotic Heart disease with dysrhythmia</b> DUE TO (OR AS A CONSEQUENCE OF) d <b>Degenerative Joint Disease</b> PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I							Approximate 463 Interval Between Onset and Death.
27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) <b>No</b>				28a WAS AN AUTOPSY PERFORMED? (Yes or no) <b>No</b>		28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)	
29a CERTIFIER (Check only one) <input checked="" type="checkbox"/> CLINIFYING 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>J. P. Margolies, M.D.</i>		29c MEDICAL LICENSE NO <b>010 23357</b>		29d DATE SIGNED (Month, Day, Year) <b>2-20-90</b>	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)							
31 HEALTH OFFICER'S SIGNATURE <i>E. A. ...</i>				32 DATE FILED (Month, Day, Year) <b>2-20-90</b>			
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 PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)		34e DESCRIBE HOW INJURY OCCURRED			
34f LOCATION (Street and Number or Rural Route Number, City or Town, State)		34g DATE PROHOUNCED DEAD (Month, Day, Year)					
34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.							

# STATE OF INDIANA



INDIANAPOLIS, 46204-2253

## DEPARTMENT OF REVENUE

FAX: (317) 232-2103

LEGAL DIVISION  
INDIANA GOVERNMENT CENTER NORTH  
100 N. SENATE AVE., Room N248

02/14/95

STANLEY W. PAGOREK  
ATTORNEY AT LAW  
717 BURNHAM AVE.  
CALUMET CITY IL 60409

RE: ESTATE OF : STANLEY J. WOHADLO  
IH FILE NO. : 392429  
COUNTY : Lake  
DATE OF DEATH : 02/14/90  
SOCIAL SECURITY NO. : 306-03-5505

Dear MR. PAGOREK :

This letter is evidence that the determination of Indiana death taxes has been accepted as determined by the estate, or as determined after an adjustment agreed to by the estate.

The tax determination will not be reopened, except in the case of fraud or an evaluation issue (IC 6-4.1-7-2).

This letter is not proof of payment.

If there are any questions, please contact the person whose name and telephone number are shown below.

Very truly yours,

*Robert Robinson*  
Robert Robinson  
Administrator  
Inheritance Tax Division

Tax Analyst : SAMANTHA L. WAY  
Telephone No.: (317) 232-2154

"Equal Opportunity Employer"

F32337A

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