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STATE OF INDIANA )  
COUNTY OF LAKE ) 2000<sup>09</sup>:071154

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2000 SEP 29 AM 9:57

MORRIS W. CARTER  
RECORDER

**SURVIVORSHIP AFFIDAVIT**

Dolores Rakowski, being first duly sworn upon her oath, deposes and says as follows:

1. She resides at 4219 Fir Street, East Chicago, Indiana; is 71 years old and makes this affidavit based upon her personal knowledge.

2. She was married to Joseph M. Rakowski Jr. in 1950 and remained married to him until his death on September 4, 1997, a copy of his death certificate is attached hereto.

3. During her marriage to Joseph M. Rakowski Jr., a/k/a/ Joseph Rakowski Jr., they became the title owners, in fee simple, as husband and wife, of the following described real estates, to-wit:

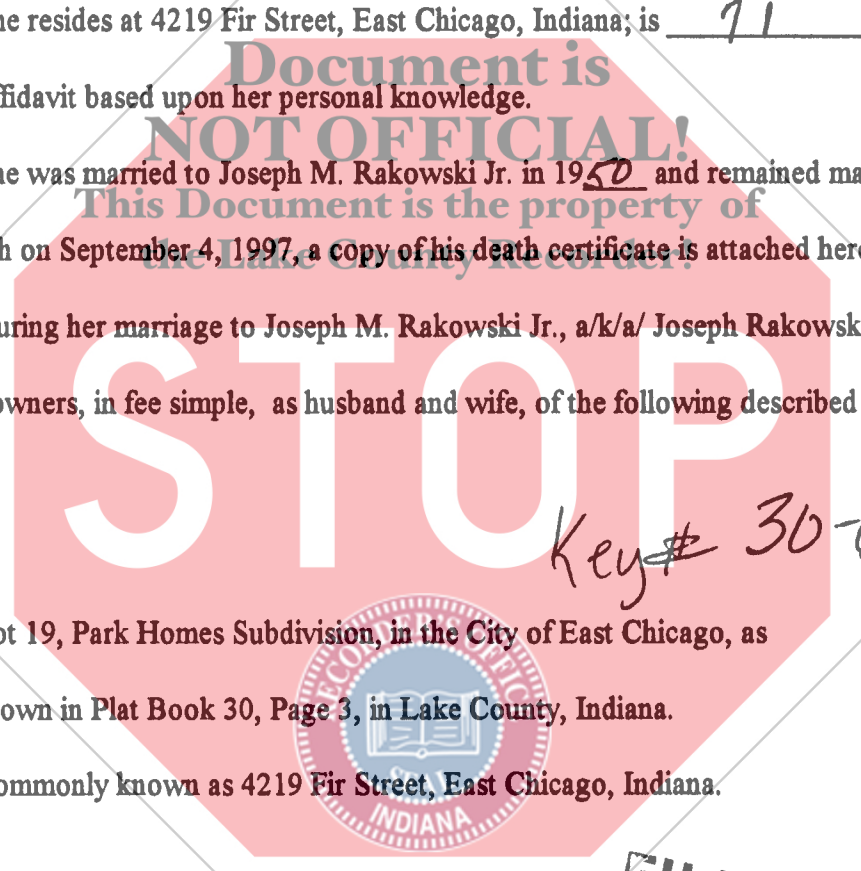
Lot 19, Park Homes Subdivision, in the City of East Chicago, as shown in Plat Book 30, Page 3, in Lake County, Indiana.  
Commonly known as 4219 Fir Street, East Chicago, Indiana.

Key # 30-604-19

4. Because of the death of Joseph M. Rakowski Jr., Affiant became the sole owner of the real estate described in paragraph 3 above.

5. There are no federal or state death taxes due because of the death of Joseph Rakowski Jr., no probate estate was commenced nor is one contemplated.

6. Affiant makes this affidavit to induce the proper public officials in Lake County Indiana to amend their real estate title and tax records to reflect the death of Joseph Rakowski Jr.



FILED

SEP 27 2000

PETER BENJAMIN  
LAKE COUNTY AUDITOR

01970

13.00  
E.P.  
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and the change in title ownership to the real estate described herein.

Dolores Rakowski

Dolores Rakowski

Document is  
**NOT OFFICIAL!**

Subscribed and sworn to before me a Notary Public in and for said County and State this

19 day of September, 2000.

This Document is the property of  
the Lake County Recorder!

My Commission Expires:  
4/13/08

Richard J. Lesniak  
Notary Public *Richard J. Lesniak*  
Resident of Lake County, Indiana

Prepared by: Richard J. Lesniak  
Attorney at Law  
LESNIAK & ASSOCIATES  
1802 East Columbus Drive  
East Chicago, IN 46312  
(219)398-6200



Mail to: →

REGISTRATION DISTRICT NO. **10.10**  
REGISTERED NUMBER

STATE OF ILLINOIS

STATE FILE NUMBER  
**604502**

### MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS  
COUNTY OF COOK  
CITY OF CHICAGO

**SEP 15 1997**

I, SHEILA LYNE, RSM, LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS FOR THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO; THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN PURSUANCE OF SAID LAWS AND ORDINANCES.

CITY OF CHICAGO  
DEPARTMENT OF PUBLIC HEALTH

1 DECEASED-NAME FIRST MIDDLE LAST <b>JOSEPH M. RAKOWSKI JR.</b>		2 SEX <b>MALE</b>	3 DATE OF DEATH (MONTH, DAY, YEAR) <b>SEPTEMBER 4, 1997</b>
4 COUNTY OF DEATH <b>COOK</b>	5a AGE-LAST BIRTHDAY (YRS) <b>72</b>	5b UNDER 1 YEAR MOS. DAYS <b>5c. HOURS MIN</b>	5d. DATE OF BIRTH (MONTH, DAY, YEAR) <b>AUGUST 8, 1925</b>
6a CITY TOWN, TWP OR ROAD DISTRICT NUMBER <b>CHICAGO</b>	6b. HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) <b>THE UNIVERSITY OF CHICAGO HOSPITALS</b>		6c. IF HOSP. OR INST. INDICATE D.O.A. OF EMER. RM, INPATIENT (SPECIFY) <b>INPATIENT</b>
7 BIRTHPLACE, CITY AND STATE OR FOREIGN COUNTRY <b>EAST CHICAGO, IND</b>	8a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>MARRIED</b>	8b. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) <b>DOLORES M. PAWLAK</b>	9. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) <b>YES</b>
10 SOCIAL SECURITY NUMBER <b>314-18-5091</b>	11a. USUAL OCCUPATION <b>ENGINEER</b>	11b. KIND OF BUSINESS OR INDUSTRY <b>CITY OF E. CHICAGO SCHOOL</b>	12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) College (1-4 or 5-) <b>12 3</b>
13a. RESIDENCE (STREET AND NUMBER) <b>4219 FIR STREET</b>	13b. CITY, TOWN, TWP, OR ROAD DISTRICT NO. <b>EAST CHICAGO</b>	13c. INSIDE CITY (YES/NO) <b>YES</b>	13d. COUNTY <b>LAKE</b>
13e. STATE <b>INDIANA</b>	13f. ZIP CODE <b>46312</b>	14a. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) <b>WHITE</b>	14b. OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:
15 FATHER-NAME FIRST MIDDLE LAST <b>JOSEPH RAKOWSKI SR.</b>	16. MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST <b>MARY GROTKIEWICZ</b>		
17a. INFORMANT'S NAME (TYPE OR PRINT) <b>MAYBLEINE GIGGERS</b>	17b. RELATIONSHIP <b>HOSPITAL RECORDS</b>	17c. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) <b>5841 SOUTH MARYLAND CHICAGO, ILLINOIS 60637</b>	
18 PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, 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>SEPSIS</b> DUE TO OR AS A CONSEQUENCE OF CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST (b) DUE TO OR AS A CONSEQUENCE OF (c)			
PART II. Enter significant conditions contributing to death but not resulting in the underlying cause given in PART I. <b>CANCER UNKNOWN PRIMARY</b>			
19a. AUTOPSY (YES/NO) <b>NO</b>	19b. IF FEMALE, WAS THERE PRE-EXISTING PREGNANCY? <b>NO</b>		
20a. DATE OF OPERATION, IF ANY	20b. MAJOR FINDINGS OF OPERATION		
21a. (I DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON <b>SEPTEMBER 4, 1997</b>	21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) <b>NO</b>	21c. PLACE OF DEATH <b>HOME</b>	
22a. SIGNATURE <i>Nancy B. Davis</i>		22b. DATE SIGNED (MONTH, DAY, YEAR) <b>SEPTEMBER 5, 1997</b>	
22c. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) <b>NANCY B. DAVIS, MD 5841 SOUTH MARYLAND CHICAGO, ILLINOIS 60637</b>		22d. ILLINOIS LICENSE NUMBER <b>125-035728</b>	
23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) <b>GREGORY A. SCHMIDT, MD</b>			
24a. BURIAL, CREMATION, REMOVAL (SPECIFY) <b>CREMATION</b>	24b. CEMETERY OR CREMATORY-NAME <b>NORTHWEST IND. CREM.</b>	24c. LOCATION CITY OR TOWN STATE <b>CROWN POINT, INDIANA</b>	24d. DATE (MONTH, DAY, YEAR) <b>9-8-97</b>
25a. FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP <b>MRAZEK &amp; RUSS FUNERAL SERVICE 3601 W. DIVERSEY CHICAGO, ILLINOIS 60647</b>			
25b. FUNERAL DIRECTOR'S SIGNATURE <i>Michael J. Russ</i>		25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER <b>034-014579</b>	
26a. LOCAL REGISTRAR'S SIGNATURE <i>Sheila Lyne</i>		26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) <b>SEP 06 1997</b>	

Sheila Lyne RSM LOCAL REGISTRAR

Key # 30 10479

THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

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