(3)

National City Bank

Return To:
First American Equity Loan Services, Inc,
151 N. Delaware St., Suite 1830
Indianapolis, IN 46204

2000 084031

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

STATE OF INDIANA
LAKE
FILED
2000 NOV 1
MORRIS
RECORDER

SURVIVORSHIP AFFIDAVIT

ISTVAN SZABO BEING OF LEGAL AGE, AND DULY SWORN UPON HER OATH DEPOSES AND SAYS:

1. THAT ILONA SZABO IS THE IS THE OWNER IN FEE SIMPLE TITLE OF THE FOLLOWING DESCRIBED REAL ESTATE LOCATED IN LAKE COUNTY, INDIANA TO WIT:
SEE ATTACHED EXHIBIT A
2. THAT ISTVAN SZABO AND ILONA SZABO WERE VESTED IN TITLE AS JOINT TENANTS WITH RIGHTS OF SURVIVORSHIP AT THE TIME OF ILONA SZABO DEATH. ATTACHED IS A COPY OF THE DEATH CERTIFICATE.
3. THAT THERE HAS NOT BEEN ANY ADMINISTRATION UPON THE ESTATE OF ILONA SZABO AND THAT NO ADMINISTRATION IS CONTEMPLATED.
4. THAT THE ESTATE OF ILONA SZABO WAS NOT SUBJECT TO ANY FEDERAL ESTATE TAX.
5. THAT ISTVAN SZABO MAKES THIS AFFIDAVIT FOR THE PURPOSE OF CAUSING THE PROPER TRANSFER OF REAL ESTATE TITLE IN LAKE COUNTY, IN.

FILED First American Equity Loan Services, Inc. Certification Number 243233

Istvan Szabo
ISTVAN SZABO

SUBSCRIBED AND SWORN TO ME, A NOTARY PUBLIC IN FOR COUNTY AND STATE
DAY OF OCT. 25, 2000.

MY COMMISSION EXPIRES: 07/09/2008

Jacqueline Guthrie
NOTARY PUBLIC JACQUELINE GUTHRIE

NOTARY PUBLIC, STATE OF INDIANA
Lake County

FAE 26559

13-
SW

25×

INDIANA STATE BOARD OF HEALTH

Local No. 0690-92 — **CERTIFICATE OF DEATH** — State No. .....

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.)
Ilona	Szabo	Female	10:45 A	March 24, 1992

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)
311-58-3779	62			APR 13, 1929	Romania

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
Methodist Hospital - Southlake	Merrillville	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
Married	Istvan Szabo	Housekeeper	Cleaning Service

13a. RESIDENCE—STATE	13b. COUNTY	13c. CITY, TOWN, OR LOCATION	13d. STREET AND NUMBER
Indiana	Lake	Merrillville	2257 W. 60th Drive

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)	
						Elementary/Secondary (0-12)	College (1-4 or 5+)
46410	☐ No ☒ Yes	☒ No ☐ Yes	U.S.A.	☒ No ☐ Yes	White	12	

PARENTS

18. FATHER'S NAME (First, Middle, Last)	19. MOTHER'S NAME (First, Middle, Maiden Surname)
N/A	N/A

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
Istvan Szabo	2257 W. 60th Dr. Merrillville, IN. 46410	Husband

DISPOSITION

21a. METHOD OF DISPOSITION	21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	21c. LOCATION—City or Town, State
☒ Burial ☐ Cremation ☐ Entombment ☐ Removal from State ☐ Donation ☐ Other (Specify)	MAR 28, 1992 Calumet Park	Merrillville, IN.

22a. EMBALMER'S NAME	22b. EMBALMER'S LICENSE NO	23. WAS DEATH REPORTED TO CORONER?
David W. Semplinski	FD08600686	☐ No ☒ Yes

24a. SIGNATURE OF FUNERAL DIRECTOR	24b. LICENSE NUMBER (of Licensee)	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME
Robert C Wiatrolik	FDE1001293	FH3004455 C. Stilinovich & Wiatrolik Funeral Ho 7535 Taft, Merrillville, IN. 46410

CAUSE OF DEATH

26. PART I. Enter the chain of events, diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. Approximate Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Congestive Cardiomyopathy	
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last.	DUE TO (OR AS A CONSEQUENCE OF): b.	
	DUE TO (OR AS A CONSEQUENCE OF): c.	
	DUE TO (OR AS A CONSEQUENCE OF): d.	

PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I: Diabetes Mellitus, Pneumonia

27. WAS DECEDENT PREGNANT WITHIN 1 YEAR OF DEATH? (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, Yr.)
Richard Buyer M.D	25233	March 26, 19

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): Richard MD Dr. Buyer, 8895 Broadway, Merrillville In.46410

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE	32. DATE FILED (Month, Day, Year)
Alexander Williams, MD	March 26, 1

CORONER USE ONLY

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)
	016

34g. DATE PRONOUNCED DEAD (Month, Day, Year)	34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.
	9.

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INDIANA STATE BOARD OF HEALTH

Local No. 0690-92 ..... **CERTIFICATE OF DEATH** State No. .....

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

CORONER USE ONLY

1. DECEASED—NAME (First, Middle, Last): Ilona Szabo	2. SEX: Female	3a. TIME OF DEATH: 10:45 A	3b. DATE OF DEATH (Month, Day, Yr.): March 24, 1992		
4. SOCIAL SECURITY NUMBER: 311-58-3779	5a. AGE—Last Birthday (Years): 62	5b. UNDER 1 YEAR: Months / Days	5c. UNDER 1 DAY: Hours / Minutes	6. DATE OF BIRTH (Mo. Day. Yr.): APR 13, 1929	7. BIRTHPLACE (City and State or Foreign Country): Romania
8a. WAS DECEDENT A U.S. VETERAN? No	8b. YEAR LAST SERVED IN U.S. ARMED FORCES? N/A	9a. PLACE OF DEATH (Check only one. See instructions): HOSPITAL [X] Inpatient [ ] ER/Outpatient [ ] DOA	OTHER [ ] Nursing Home [ ] Other (Specify) [ ] Residence		
9b. FACILITY NAME (If not institution, give street and number): Methodist Hospital - Southlake	9c. CITY, TOWN OR LOCATION OF DEATH: Merrillville	9d. COUNTY OF DEATH: Lake			
10. MARITAL STATUS (Specify): Married	11. SURVIVING SPOUSE (If wife, give maiden name): Istvan Szabo	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Housekeeper	12b. KIND OF BUSINESS/INDUSTRY: Cleaning Service		
13a. RESIDENCE—STATE: Indiana	13b. COUNTY: Lake	13c. CITY, TOWN, OR LOCATION: Merrillville	13d. STREET AND NUMBER: 2257 W. 60th Drive		
13e. ZIP CODE: 46410	13f. INSIDE CITY LIMITS? [ ] No [ ] 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): 12	College (1-4 or 5+):				
18. FATHER'S NAME (First, Middle, Last): N/A	19. MOTHER'S NAME (First, Middle, Maiden Surname): N/A				
20a. INFORMANT'S NAME (Type/Print): Istvan Szabo	20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2257 W. 60th Dr. Merrillville, IN. 46410	20c. Relationship: Husband			
21a. METHOD OF DISPOSITION: [X] Burial [ ] Cremation [ ] Donation [ ] Entombment [ ] Removal from State [ ] Other (Specify)	21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): MAR 28, 1992 Calumet Park	21c. LOCATION—City or Town, State: Merrillville, IN.			
22a. EMBALMER'S NAME: David W. Semplinski	22b. EMBALMER'S LICENSE NO: FD08600686	23. WAS DEATH REPORTED TO CORONER? [X] No [ ] Yes			
24a. SIGNATURE OF FUNERAL DIRECTOR: Robert C Wiatrolik	24b. LICENSE NUMBER (of Licensee): FDE1001293	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: FH3004455 Stilinovich & Wiatrolik Funeral Home 7535 Taft, Merrillville, IN. 46410			

26. PART I. Enter the chain of events—diseases, injuries, or complications—that directly caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. Enter only one cause on each line. (Approximate Interval Between Onset and Death)

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Congestive Cardiomyopathy

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.

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY

OCT 20 2000

PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I: Diabetes Mellitus, Pneumonia

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

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	29c. MEDICAL LICENSE NO	29d. DATE SIGNED (Month, Day, Year)
Richard Buyer M.D	25233	March 26, 1992

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): Richard MD Dr. Buyer, 8895 Broadway, Merrillville In. 46410

31. HEALTH OFFICER'S SIGNATURE: Alexander Stilinovich, MD — 32. DATE FILED (Month, Day, Year): March 26, 1992

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
[X] Natural [ ] Accident [ ] Suicide [ ] Homicide [ ] Pending investigation [ ] Could not be Determined				

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.

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