

2

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA
COUNTY OF LAKE

{ S. S.

On this 28 DEC 2001 before me personally appeared Barbara J. Sigo
(insert date)

REC-2004130

to me personally known, who being duly sworn on oath did say that:

1. Affiant resides at the address given below affiant's signature;
2. Affiant is owner
(state interest of affiant in the above premises as "owner," "son of owner," etc.)
3. Said premises were formerly owned as joint tenants or as tenants by the entireties by Barbara J. Sigo and Johanna A. Kostanczuk
4. Said Johanna A. Kostanczuk
(fill in name of co-tenant who died)

died on October 8, 1996

leaving no will
(insert "a" or "no"; if will left, attach a copy)

5. The legal description of the premises in question is:

Lot 21 in Block 3 in Lake Addition to Hammond, as per plat thereof, recorded in Plat Book 17, page 6, in the Office of the Recorder of Lake County, Indiana.

#26-34-242-21

6. To the best of affiant's knowledge there is no Federal or State estate or inheritance tax liability by reason of the death of said decedent:

7. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced?

(If answer is "Yes," identify the divorce proceedings:

8. Affiant's relationship to the deceased was daughter

FILED

JAN 11 2002
Signature: Barbara J. Sigo
PETER BENJAMIN
LAKE COUNTY AUDITOR
Address: Whiting

Subscribed and sworn to before me by the affiant

this 28th day of December, 2001
(insert date)

Stephanie May, Stephanie May
Notary Public

My Commission Expires May 14, 2008

000768

This instrument prepared by _____

Bankers Title #5560

Ok #5500
12/20
AE

* 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

THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.

Local No. 806

CERTIFICATE OF DEATH

Date Issued Oct 10 1996 Hammond Health Commissioner

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

TYPE/PRINT IN PERMANENT BLACK INK

Form with fields for DECEASED NAME (JOHANNA A. KOSTANCZUK), SOCIAL SECURITY NUMBER (307-54-8540), DATE OF BIRTH (JAN. 7, 1920), DATE OF DEATH (OCTOBER 8, 1996), PLACE OF DEATH (WHITING, INDIANA), and SIGNATURE OF CERTIFIER (WAHBI ADAD, M.D.).

DECEDENT

PARENTS

INFORMANT

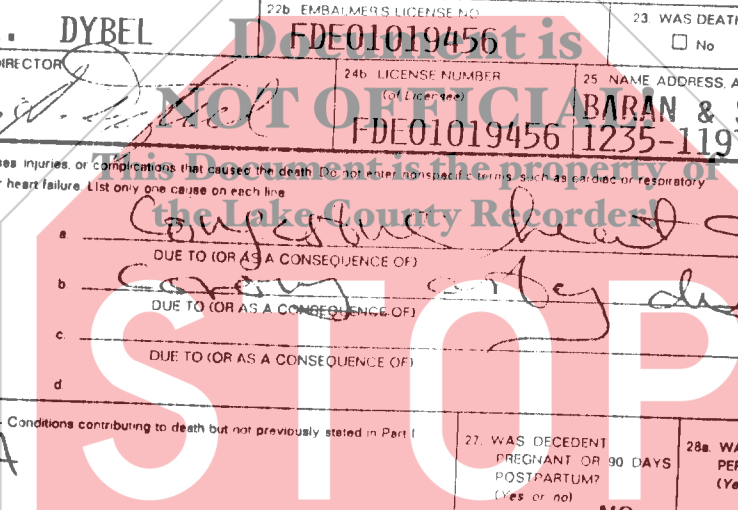
DISPOSITION

CAUSE OF DEATH

Bankers Title #5560

CERTIFIER

HEALTH OFFICER



FILED OCT 10 1996

PETER BENJAMIN LAKE COUNTY AUDITOR