SURVIVORSHIP AFFIDAVIT

| STATE OF | INDIANA | ı |
|-----------|---------|-------|
| COUNTY OF | LAKE | S. S. |

| | EC2001 before me personal date. | onally appeared _Ba_ | rbara I. Sigo |
|------------------------|--|---------------------------------|--|
| | | | \sim |
| to me personally know | wn, who being duly sworn on oath did | d say that. | C C |
| 1. Affiant resid | les at the address at the | a say that: | 47 |
| | les at the address given below affiant's | s signature; | <u>ن</u> 2 |
| 2. Affiant is _ c | (state interest of affiant in the abo | We premier | |
| 3. Said premise: | s were formerly owned as in inch | ve memises as "owner," | "son of owner," etc.) |
| _Barbara | s were formerly owned as joint tenant | ts or as tenants by th | e entireties by |
| 4 6:: 70 | J. Sigo and Jo | hanna A. Kosta | anczúk |
| 4. SaidJol | hanna A. Kostanczuk | Innant management | |
| died on | October 8, 1996 | remail who died) | |
| lamin | no Document i | Is | |
| | | AL! | . |
| - To to fair desc | ription of the premises in question is: | operty of | |
| Lot 21 in thereof, | the Lake County Recorded in Plat Book 17 | n to Hammond. | as per plat |
| the Recor | recorded in Plat Book 17 der of Lake County, Indi | , page 6, in ana. | the Office of |
| #26-31 | 4-242-21 | | |
| 6. To the best of | affiant's knowledge there is no Feder | al or State onto | |
| ity by reason o | f the death of said decedent: | - or state estate or 1 | nheritance tax liabil- |
| | Carp'o' | | |
| 7. Where this affid | lavit relates to a tenancy by the entire | eties, were the parties | s ever divores to |
| | | | a contrate of Ged 3 |
| (If answer is "Y | es," identify the divorce proceedings: | | ****** |
| | anotte proceedings: | | |
| 8. Affiant's relation | ***************** | FILED |); |
| o. Arriant's relation | ship to the deceased wasdaughte | | |
| | Signatur | JAN 87 2002 | 0.6. |
| | LAKE | COUNTY MENIAMINATE Whiting 1705 | J |
| cribed and sworn to | Address: | Whitim Name | k Ave |
| cribed and sworn to be | ore me by the affiant | , | |
| CINE CITY OF LONG | Deri date) / 500/ | | |
| NONAU MOLATY PO | L. Sephanie Max | | |
| Ommission Expires | May 14,2008 | • | la. |
| | is instance | • | 900768 |
| ጣ ተ | is instrument prepared by | | |
| Th. | | | |
| Th | | | \v\ \v\ |
| Th | | | * N. |

* 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.

SDH06-004 State Form 10110 (R4/3-93) Deathcer/PD 1

INDIANA STATE DEPARTMENT OF HEALTH

THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPUTE COPY OF DEATH ON FILE WITH THE

Local No. 806 CERTIFICATE OF DEATH THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

Sporth DR promiser. 1996 of to Do S Hammond Health Commissioner

DECEASED-NAME (First, Middle, Last) TYPE/PRINT **JOHANNA** 3a TIME OF DEATH 36. DATE OF DEATH (Month, Day, Yr. IN KOSTANCZUK FEMALE 8:50 P_M OCTOBER 8, 1996 **PERMANENT** AGE-Last Birthday (Years) 76 *SOCIAL SECURITY NUMBER 56 UNDER INEAR SC UNDER LDAY 6 DATE OF BIRTH (Mo. Day, M. Months Days Hours Minutes IAN 7 1000 307-54-8540 **BLACK INK** JAN. 7,1920 WHITING, INDIANA WAS DECEDENT A US VETERAN? 98 PLACE OF DEATH (Check only one See instructions) HOSPITAL [] Impatient NO OTHER Nursing Home Other (Specify) N/A XX A Outpatient [] DOA Residence 9b. FACILITY NAME (If not institu DECEDENT 9c CITY, TOWN, OR LOCATION OF DEATH ST. MARGARET MERCY HEALTHCARE CENTER 9d. COUNTY OF DEATH HAMMOND LAKE MARITAL STATUS 12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) 11. SURVIVING SPOUSE (If wife give meiden name) WIDOWED 126. KIND OF BUSINESS/INDUSTRY NONE OWN HOME 130 RESIDENCE-STATE 13c CITY TOWN ORLOCATION <u>INDIANA</u> HAMMOND(WHITING P.O.) 2021 LINCOLN AVENUE LAKE 13f. INSIDE CITY LIMITS RACE—American Indian, Black White, etc WHAT COUNTRY 17. DECEDENT'S EDUCATION (Specify only highest grade complete 13g ON A FARM? (Specify) U.S.A. X No □ Yes College (1-4 or 5 +) WHITE 8 18. FATHER'S NAME (First Middle, Last **PARENTS JOSEPH** MARY **BUROSH** INFORMANT'S NAME (Type/Frint) INFORMANT MS. BARBARA SIGO 2141 WESPARK AVE., WHITING, IN 46394/ DAUGHTER Burial Cremetion Removal from State 21c. LOCATION-City or Tow OCTOBER 11, 1996 ST. JOHN CEMETERY Other (Specify) HAMMOND, INDIANA DISPOSITION EMBALMER'S NAME 23. WAS DEATH REPORTED TO CORONER? MARTIN DYBEL FDE01019456 □ No X Yes SIGNATURE OF FUNERAL DIRECTOR 25 NAME ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME PDE01019456 1235-119TH ST , FDH830<u>07</u>267 INC. ., WHITING, <u>IN 4639</u> DUE TO (OR AS A CONSEQUENCE OF) IMMEDIATE CAUSE (Final Interval Between CAUSE OF DEATH DUE TO (OR AS A CONSEQUENCE DUE TO (OR AS A CONSEQUENCE OF 27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) 28a. WAS AN AUTOPSY 29e. CERTIFIER HEALTH OFFICER On the 296 SIGNATURE AND TITLE OF CERTIFIER CERTIFIER 29d DATE SIGNED (Month. Day. Year) OCT. 10, 1996 01024802 WAHBI ADAD, M.D., 8320 KENNEDY AVENUE, HIGHLAND, INDIANA 46322 31. HEALTH OFFICER'S SIGNATURE **HEALTH** Manufolist & D 32. DATE FILED (Month, Day, Yo remade mil 33. MANNER OF DEATH 34a. DATE OF INJURY 34c INJURY AT WORK? 34b. TIME OF (Month, Day, Year) Natural Pending Accident Suicide Could not be Determined 34e. PLACE OF INJURY—At home, farm, street factory office building, etc. (Specify) 34f LOCATION (Street or Number of health 2000) luggion from State) Homicide

34g DATE PRONOUNCED DEAD (Month, Day, Year)

34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passanger, pa