(2)

FA# **06024244**
LEGAL DESCRIPTION:
Lot 2, Block 1, Broadmoor Terrace, in the Town of Munster, as per plat thereof, recorded in Plat Book 19, page 9, in the Office of the Recorder of Lake County, Indiana.

FIRST AMERICAN
First American Title Insurance Company

2002 015252

PROPERTY ADDRESS:
7641 State Line Ave, Munster, IN 46321

ESTATE AFFIDAVIT

CYNTHIA J BOILEK, Affiant, states that:

1. **STEPHEN C BOILEK** , deceased, died on the 31ST day of **AUGUST, 2001**;

2. Affiant is: ☑ the surviving spouse of the deceased,
   ☐ the Personal Representative/Executor-trix of the estate of the deceased;

3. The deceased died: ☐ leaving a will which has been probated;
   ☐ leaving a will which has not been probated;
   ☑ leaving no will;

4. The deceased and Affiant were married on the 1st day of November, 1969; and were never divorced. (This item applies only to the surviving spouse.)

5. ☑ All expenses of the last illness and funeral of the deceased have been paid;

6. ☑ All State Inheritance Taxes and Federal Estate Taxes attributable to the deceased and his/her estate have been paid;

7. ☑ There have been no claims against the estate of the decedent.

This Affidavit is made to induce First American Title Insurance Company to issue a policy of title insurance on the above-described real estate.

2/6/02 — Cynthia J. Boilek
Date — Signature of Affiant

Cynthia J. Boilek
Printed Name of Affiant

State of Indiana, County of LAKE

Subscribed and sworn to before me, this 6 day of **FEBRUARY, 2002**.

Printed Name of Notary — Signature of Notary

My Commission expires: FEB 1 2 2002

My County of Residence is: LAKE

THIS INSTRUMENT WAS PREPARED BY: CYNTHIA J BOILEK

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2002 FEB 12 AM 10:12
MORRIS W. CARTER
RECORDER

"NOTARY SEAL"
Corina Castel Ramos, Notary Public
Lake County, State of Indiana
My Commission Expires 5/16/2006

HOLD FOR FIRST AMERICAN TITLE
060 24244
(1)

000713

HOLD FOR FIRST AMERICAN TITLE

SWS Vision Form SAFFA1IN Rev. 06/17/99

12 00 AC FBT

* 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

CERTIFICATE OF DEATH

Local No. 1930-01

State No. .....

RESUBMIT

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1 DECEASED—NAME (First Middle Last): STEPHEN C. BOILEK, JR.

2 SEX: Male

3a TIME OF DEATH: 5:15 P M

3b DATE OF DEATH (Month Day Yr.): August 31, 2001

4. *SOCIAL SECURITY NUMBER: 317-50-4810

5a AGE—Last Birthday (Years): 53

5b UNDER 1 YEAR: Months / Days

5c UNDER 1 DAY: Hours / Minutes

6 DATE OF BIRTH (Mo Day Yr): Dec. 26, 1947

7 BIRTHPLACE (City and State or Foreign Country): East Chicago, Indiana

8a WAS DECEDENT A U.S. VETERAN?: No

8b YEAR LAST SERVED IN U.S. ARMED FORCES?: None

9a PLACE OF DEATH (Check only one See instructions): HOSPITAL ☐ Inpatient ☒ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☐ Other (Specify) ☐ Residence

9b FACILITY NAME (If not institution, give street and number): Community Hospital

9c CITY TOWN OR LOCATION OF DEATH: Munster

9d COUNTY OF DEATH: Lake

10 MARITAL STATUS (Specify): Married

11 SURVIVING SPOUSE (If wife give maiden name): Cynthia J. Lea

12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Owner/Operator

12b KIND OF BUSINESS/INDUSTRY: Carpet Cleaning

13a RESIDENCE—STATE: Indiana

13b COUNTY: Lake

13c CITY TOWN OR LOCATION: Munster

13d STREET AND NUMBER: 7641 State Line Avenue

13e ZIP CODE: 46321

13f INSIDE CITY LIMITS ☐ No ☒ Yes

13g ON A FARM? ☒ No ☐ Yes

14 CITIZEN OF WHAT COUNTRY?: USA

15 WAS DECEDENT OF HISPANIC ORIGIN? ☒ 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): / College (1-4 or 5+): 5+

PARENTS

18 FATHER'S NAME (First Middle Last): Stephen C. Boilek

19 MOTHER'S NAME (First Middle Maiden Surname): Naomi L. Zelinko

INFORMANT

20a INFORMANT'S NAME (Type/Print): Cynthia J. Boilek

20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 7641 State Line Ave., Munster, IN 46321

20c Relationship: Wife

DISPOSITION

21a METHOD OF DISPOSITION: ☐ Entombment ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)

21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): September 5, 2001 Calumet Park Crematory

21c LOCATION—City or Town, State: Merrillville, Indiana

22a EMBALMER'S NAME: Larry D. Anthony

22b EMBALMER'S LICENSE NO: 01001447

23 WAS DEATH REPORTED TO CORONER? ☐ No ☒ Yes

24a SIGNATURE OF FUNERAL DIRECTOR: Larry D. Anthony

24b LICENSE NUMBER (of Licensee): 01001447

25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: Anthony & Dziadowicz F.H. #83002916 9445 Calumet Ave., Munster, IN 46321

CAUSE OF DEATH

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. Severe coronary atherosclerosis — Approximate Interval Between Onset and Death: Unknown

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. DUE TO (OR AS A CONSEQUENCE OF):

PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I: Cancer of right upper lobe of lung

27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no): No

28a WAS AN AUTOPSY PERFORMED? (Yes or no): Yes

28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no): Yes

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) as stated

Deputy

29b SIGNATURE AND TITLE OF CERTIFIER

29c MEDICAL LICENSE NO: N/A

29d DATE SIGNED (Month Day Year): November 7, 2001

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): Donna Melyon, Deputy Coroner, 2900 West 93rd Avenue, Crown Point, Indiana 46307

HEALTH OFFICER

31 HEALTH OFFICER'S SIGNATURE

32 DATE FILED (Month Day Year): November 8, 2001

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)

34g DATE PRONOUNCED DEAD (Month Day Year): August 31, 2001

34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.

06024244