

Please Return To: ATTORNEY ARNOLD KREVITZ
500 East 86th Avenue, Merrillville, IN 46410

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

2002 016229

FELIX S. BELKO, and **CHESTER A. BELKO**, and being first duly sworn upon their oaths, depose and say:

1. That **TERESE M. BELKO** and **FELIX S. BELKO** and **CHESTER A. BELKO**, as Joint Tenants and not as Tenants in common, acquired title to the following described property on March 19, 1991:

The East 20 Feet of Lot 26 and the West 20 Feet of Lot 25 in Block 7, in Calumet Center Second Addition to Hammond, as per Plat thereof, recorded in Plat Book 19, Page 22, in the Office of the Recorder of Lake County, Indiana.

Commonly known as: 1009 River Drive, Hammond, Indiana 46324

KEY # 32-109-25
Unit 26

2. That Terese M. Belko died a resident of Hammond, Lake County, Indiana. A copy of her death certificate is attached hereto and made a part hereof.

3. That the Decedent, Terese M. Belko, held an interest as a joint tenant in the above-described Real Estate from March 19, 1991, when the property was acquired to the time of her death on December 25, 2001.

4. That the Estate of Terese M. Belko, decedent, was not of sufficient value to be subject to Federal Estate Taxes or Indiana Inheritance Taxes.

FURTHER AFFIANTS SAYETH NOT.

Felix S. Belko
FELIX S. BELKO

Chester A. Belko
CHESTER A. BELKO

4th Subscribed and sworn to before me, a Notary Public this day of FEBRUARY, 2002.

Arnold Krevitz
ARNOLD KREVITZ, Notary Public
Resident of LAKE County

My Commission Expires:
JAN. 24, 2009

FILED

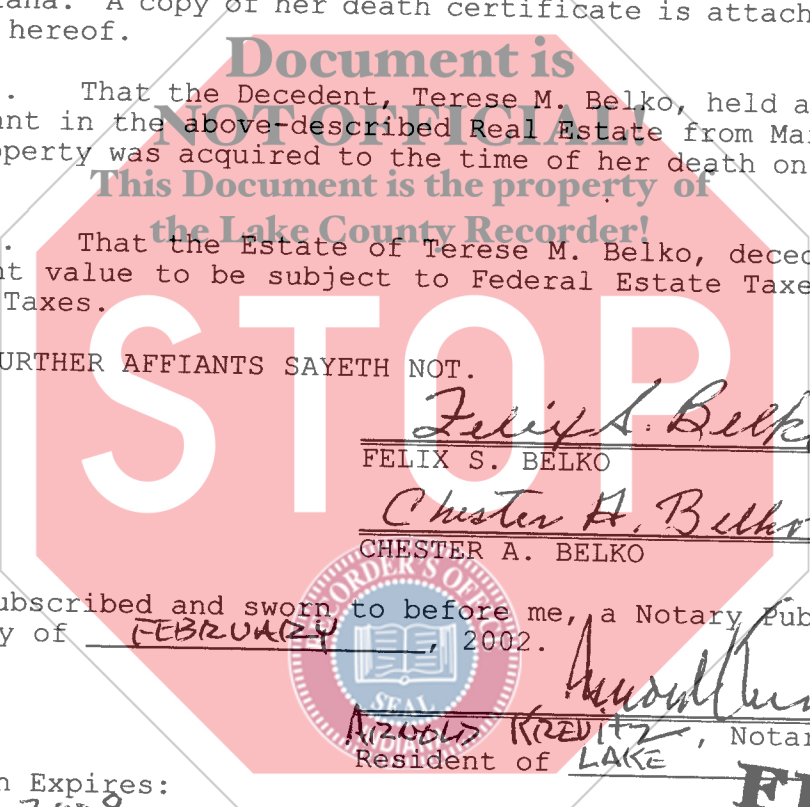
This Instrument Prepared by: ARNOLD KREVITZ, Attorney at Law
500 East 86th Av., Merrillville, IN 46410

PETER BENJAMIN
LAKE COUNTY AUDITOR

000549

1202
21404

NOTARY PUBLIC
RECORDER
LAKE COUNTY
INDIANA
2002 FEB 14 10:27



* 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. 3188-01

State No.

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

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF
DEATH

CERTIFIER

HEALTH
OFFICER

1 DECEASED—NAME (First, Middle, Last) TERESE M. BELKO			2 SEX FEMALE	3a TIME OF DEATH 11:10 P.M.	3b DATE OF DEATH (Month, Day, Yr.) DECEMBER 25, 2001	
4 *SOCIAL SECURITY NUMBER 309-24-9635	5a AGE—Last Birthday (Years) 73	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr.) FEBRUARY 27, 1928	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? N/A	9a PLACE OF DEATH (Check only one. See instructions.) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> 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) NEVER MARRIED	11 SURVIVING SPOUSE (If wife, give maiden name) NONE	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) PURCHASING		12b KIND OF BUSINESS/INDUSTRY STANDARD EQUIPMENT		
13a RESIDENCE—STATE INDIANA	13b COUNTY LAKE	13c CITY, TOWN OR LOCATION HAMMOND		13d STREET AND NUMBER 1009 RIVER DRIVE		
13e ZIP CODE 46324	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? U.S.A.	15 WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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) 12th College (1-4 or 5+) 	
18 FATHER'S NAME (First, Middle, Last) JOHN BELKO			19 MOTHER'S NAME (First, Middle, Maiden Surname) MARY ROBAK			
20a INFORMANT'S NAME (Type/Print) FELIX S. BELKO		20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1009 RIVER DRIVE, HAMMOND, INDIANA 46324		20c Relationship BROTHER		
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Entombment <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place) DECEMBER 29, 2001 HOLY CROSS CEMETERY		21c LOCATION—City or Town, State CALUMET CITY, ILLINOIS		
22a EMBALMER'S NAME DEAN G. WAGNER		22b EMBALMER'S LICENSE NO. 8800057		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a SIGNATURE OF FUNERAL DIRECTOR <i>Dean G. Wagner</i>		24b LICENSE NUMBER (of Licensee) 8800057		25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME SOLAN FUNERAL HOME FH83002893 7109 CALUMET AVE., HAMMOND, IN. 46324		
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 copy of the certificate of death must be filed with the cause of death.) a. Intracranial bleed b. Jan 23 2002 c. Jan 23 2002 d. Jan 23 2002 PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I						
27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) no		28a WAS AN AUTOPSY PERFORMED? (Yes or no) no		28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) n/a		
29a CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) as stated. <input type="checkbox"/> 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. <input type="checkbox"/> 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 <i>[Signature]</i>				29c MEDICAL LICENSE NO. 01035958	29d DATE SIGNED (Month, Day, Year) JANUARY 3, 2002	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Paul S. Rhegan, M.D. 5500 Hickman Blvd. Hammond, IN						
31 HEALTH OFFICER'S SIGNATURE <i>[Signature]</i> FILED 32 DATE FILED (Month, Day, Year) January 3, 2002						
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		34a DATE OF INJURY (Month, Day, Year)	34b TIME OF INJURY	34c INJURY AT WORK? (Yes or no)	34d DESCRIBE HOW INJURY OCCURRED FEB 14 2002	
34e PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)			34f LOCATION (Street, Number, Name, City or Town, State) PETER BENJAMIN LAKE COUNTY AUDITOR			
34g DATE PRONOUNCED DEAD (Month, Day, Year)		34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc. 000550				