

SURVIVORSHIP AFFIDAVIT

COMES NOW the affiant, DOROTHY CICHOCKI, who being first sworn and upon his/her oath and under penalties for perjury, solemnly swears and states that:

1. He/She is the legal title owner of the real estate located at 7629 KENTUCKY AVENUE, HAMMOND, IN 46323, more particularly described as follows, to wit: LOT 19, EXCEPT THE NORTH 10 FEET THEREOF, AND THE NORTH 10 FEET OF LOT 20, IN BLOCK 1 IN TRI-STATE MANDR ADDITION TO HAMMOND, AS PER PLAT THEREOF, RECORDED DECEMBER 12, 1955 IN PLAT BOOK 31, PAGE 23, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

2. He/She acquired title to the afore-mentioned real estate with his/her husband/wife by Warranty Deed dated _____, and recorded _____ Instrument No. _____, in the Office of the Recorder of LAKE County, Indiana.

3. He/She and his/her husband/wife, CHESTER FRANK CICHOCKI, held title by the entireties until the date of (his/her death on JUNE 20, 1983).

4. By virtue of the operation of law in the he/she is the survivor of them, the affiant should now be shown as the sole owner of the real estate.

5. The total value of my late husband's/wife's estate, including the proceeds of life insurance, and interests in jointly owned real estate, was not large enough to be subject to federal estate tax.

Affiant makes these statements to induce the appropriate governmental authorities to cause the title to the real estate to be shown in the sole name of the affiant and that all tax records be shown accordingly.

This Document is the property of the Lake County Recorder.

2-5-02

Date

(Print Name)

DOROTHY CICHOCKI

STATE OF INDIANA)
COUNTY OF LAKE)

SS:

Before me, a Notary Public, in and for said State and County, personally appeared the affiant herein, DOROTHY CICHOCKI, who acknowledge the truthfulness of the contents herein.

Witnessed this 5TH day of FEBRUARY, 2002

My Commission Expires: 7-20-06

Michelle L. Banasiak
Notary Public MICHELLE L. BANASIAK
Resident of LAKE County

Prepared By: DOROTHY CICHOCKI

FILED

FEB 15 2002

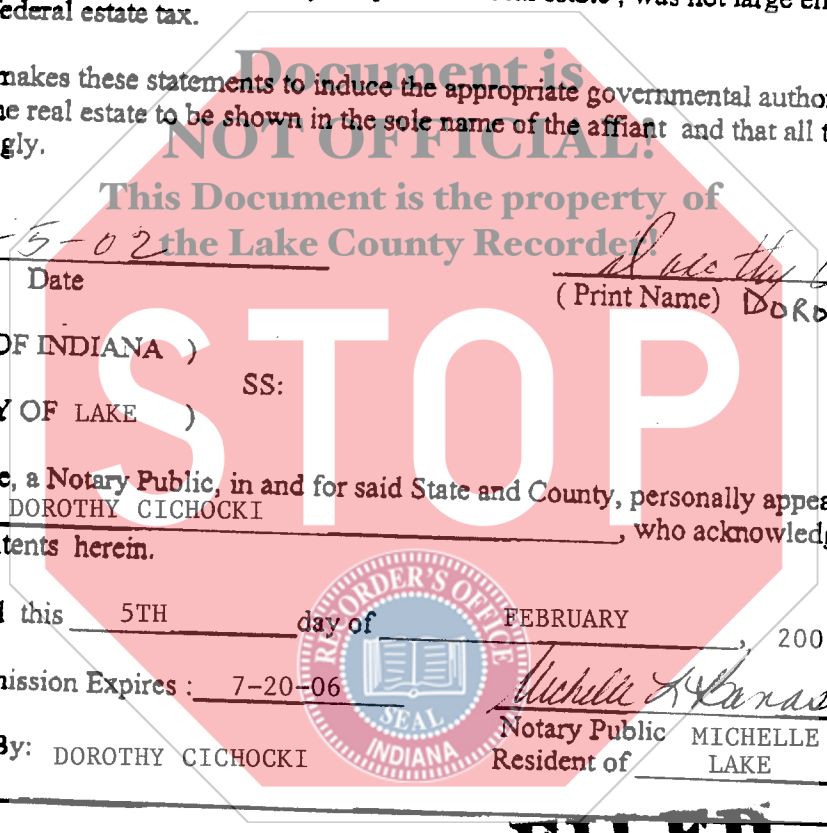
PETER BENJAMIN
LAKE COUNTY AUDITOR

000960

CA # 5552
2555 # 2

Bankers Title # 330015583
Key # 26-36-503-10

2



2002 FEB 15 AM 11:04
RECORDED

TYPE OR PRINT
PLAINLY WITH
UNFADING INK
THIS IS A
PERMANENT
RECORD

Below for State Office Use

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Disposition Permit
Issued / /
Provisional
Certificate
 Yes No

EMBALMER'S NAME John C. Ault LICENSE No. 1350

FUNERAL DIRECTOR'S SIGNATURE George L. Becken FUNERAL DIRECTOR'S LICENSE No. 1783 FUNERAL HOME No. 280

Local No. 279

INDIANA STATE BOARD OF HEALTH
CORONER'S CERTIFICATE OF DEATH

State No. _____

1. DECEASED—NAME CHESTER F. CICHOCKI SR.		AGE—Last Birthday 54		UNDER 1 YEAR MONTHS 5		UNDER 1 DAY HOURS 6		DATE OF BIRTH (Mo., Day, Yr.) 6/17/1929		SEX Male		COUNTY OF DEATH Lake		DATE OF DEATH (Month, Day, Year) June 20, 1983	
2. RACE—(As shown, given, ascertained, or presumed) White				3. CITIZENSHIP U.S.A.				4. CITY, TOWN OR LOCATION OF DEATH East Chicago				5. HOSPITAL OR OTHER INSTITUTION—(Name of inst. or other institution and number) St. Catherine Hospital			
6. STATE OF BIRTH (If not in U.S.A. Indiana) Indiana				7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married				8. SURVIVING SPOUSE (Name, date, place, number) Dorothy Narantic				9. KIND OF BUSINESS OR INDUSTRY Inland Steel Company			
10. SOCIAL SECURITY NUMBER 314-26-9152				11. USUAL OCCUPATION (Give kind of work done during period of working life, even if retired) Steelworker				12. IF HOSP. OR INST. INSURED, P.O.A. (Specify inst. or inst. number) E.R.				13. INSIDE CITY LIMITS (Specify Yes or No) Yes			
14. RESIDENCE—STATE Indiana				15. CITY, TOWN OR LOCATION Hammond				16. IS RESIDENCE ON A FARM? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				17. INSIDE CITY LIMITS (Specify Yes or No) Yes			
18. FATHER—NAME Stanley Cichocki				19. MOTHER—MAIDEN NAME Pearl Kaminski				20. IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				21. INFORMATION—NAME Dorothy Cichocki (Wife)			
22. RELATIONSHIP Wife				23. MAILING ADDRESS 7629 Kentucky, Hammond, IN. 46323				24. BIRTH DATE (Month, Day, Year) June 24, 1983				25. FUNERAL HOME—NAME AND ADDRESS Holy Cross Cemetery, Calumet City, Illinois			
26. BURIAL CREATION, REMOVAL, OTHER (Specify) Burial				27. CEMETERY OR CREMATORY—FUNERAL HOME Holy Cross Cemetery, Bocken Funeral Home, 7042 Kennedy, Hammond, IN.				28. DATE SIGNED (Mo., Day, Yr.) 6-24-83				29. HOUR OF DEATH 11:10 P.M.			
29. NAME AND ADDRESS OF CERTIFIER (Name or Print) Daniel D. Thomas, M.D., 2293 North Main St., Crown Point, IN. 46307				30. HEALTH OFFICER—SIGNATURE <i>D. A. Campbell</i>				31. DATE RECEIVED BY LOCAL HEALTH OFFICER 6-24-83				32. INTERVAL BETWEEN ONSET AND DEATH Undetermined			
33. NAME AND ADDRESS OF CORONER (Name or Print) John C. Ault				34. CAUSE OF DEATH Carcinomatitis				35. MANNER OF DEATH Undetermined				36. INTERVAL BETWEEN ONSET AND DEATH Undetermined			
37. PART I OTHER SIGNIFICANT CONDITIONS—(Conditions contributing to death but not treated as cause given in Part I) None				38. PART II OTHER SIGNIFICANT CONDITIONS—(Conditions contributing to death but not treated as cause given in Part I) None				39. PART III OTHER SIGNIFICANT CONDITIONS—(Conditions contributing to death but not treated as cause given in Part I) None				40. PART IV OTHER SIGNIFICANT CONDITIONS—(Conditions contributing to death but not treated as cause given in Part I) None			
41. ACC. SIBLING, HONOR. UNDERT. OR PENDING INVEST. (Specify) Natural				42. DATE OF INJURY (Mo., Day, Yr.) 28				43. HOUR OF INJURY 2:30				44. DESCRIBE HOW INJURY OCCURRED None			
45. PLACE OF INJURY—(All homes, farm, school, factory, office, building, etc. (Specify)) 281				46. LOCATION 281				47. STREET OR R.F.D. NO. 281				48. CITY OR TOWN 281			
49. STATE 281				50. CITY OR TOWN 281				51. STREET OR R.F.D. NO. 281				52. STATE 281			