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SURVIVORSHIP AFFIDAVIT

LAKE COUNTY
RECORDERS OFFICE

STATE OF INDIANA) 2002 019009
) SS:
COUNTY OF LAKE)

2002 FEB 22 AM 9:09
MONIE S. CARTER
RECORDER

On this 18 day of February, 2002, before me personally appeared **JEAN OLSZEWSKI**, to me personally known, who being duly sworn upon her oath did say that:

1. Affiant resides at 8832 Woodward Avenue, Highland, Indiana 46322.
2. Affiant is the sister of Walter A. Baran, deceased, Marion Baran, deceased, and Irene Corriere, deceased.
3. The premises located at 4914 Walsh Avenue, East Chicago, Indiana 46312, were formerly owned by Walter A. Baran, Frank Baran, Marion Baran, Jean Olszewski and Irene Corriere, as Joint Tenants, with right of survivorship.
4. That Walter A. Baran died on June 24, 1987, leaving no Last Will and Testament.
5. That Marion Baran died on September 24, 1999, leaving no Last Will and Testament.
6. That Irene Corriere died on May 29, 1997, leaving no Last Will and Testament.
7. The legal description of the premises in question is:
AND THE SOUTH 1/2 OF LOT 40
LOT 39/IN BLOCK 1, IN WALSH'S SECOND ADDITION TO EAST CHICAGO, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 3, PAGE 31, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.
Key # 30-587-40 x41
8. That Affiant states that there were never estates probated concerning the deaths of Walter A. Baran, her brother, Marion Baran, her brother, and Irene Corriere, her sister, that there were no claims filed as a result of their deaths, and that the funeral expenses and all expenses of illness were paid at the time of their deaths. *FILED*
Feb 21 2002
PETER BENJAMIN
LAKE COUNTY AUDITOR
9. That as a result of the deaths of Walter A. Baran, Marion Baran, and Irene Corriere, there were no State of Indiana inheritance taxes or federal estate taxes that were due.
10. Affiant's relationship to the decedents is that of surviving sister. *001239*

Further, Affiant sayeth not.

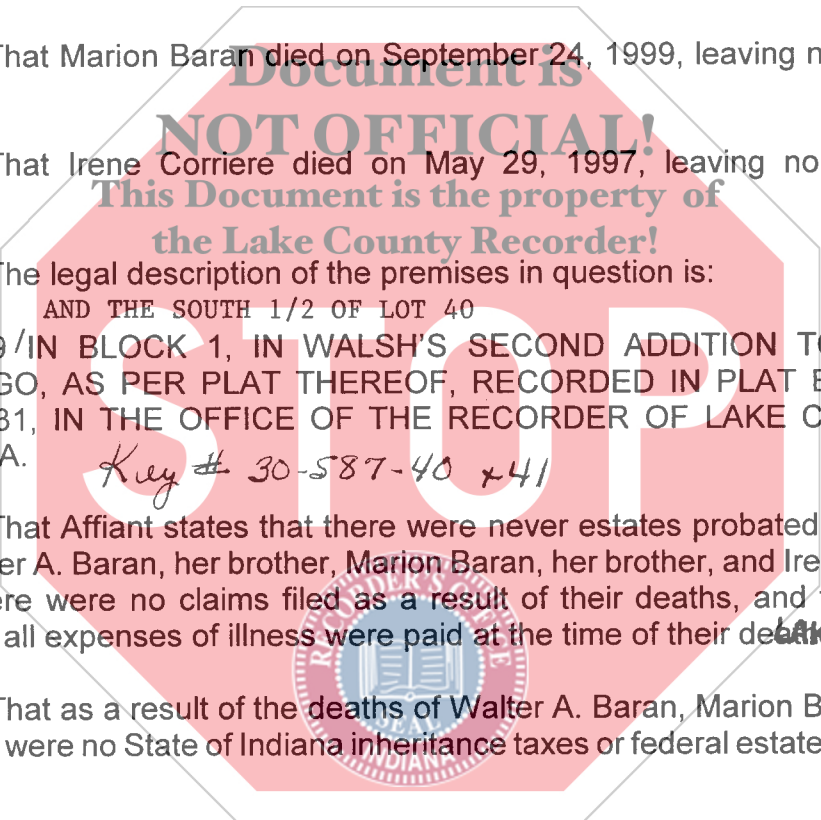
Jean Olszewski

JEAN OLSZEWSKI

16.00
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TICOR TITLE INSURANCE
2050-45TH AVE
HIGHLAND, IN 46322

92-20257
Fernandez



STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

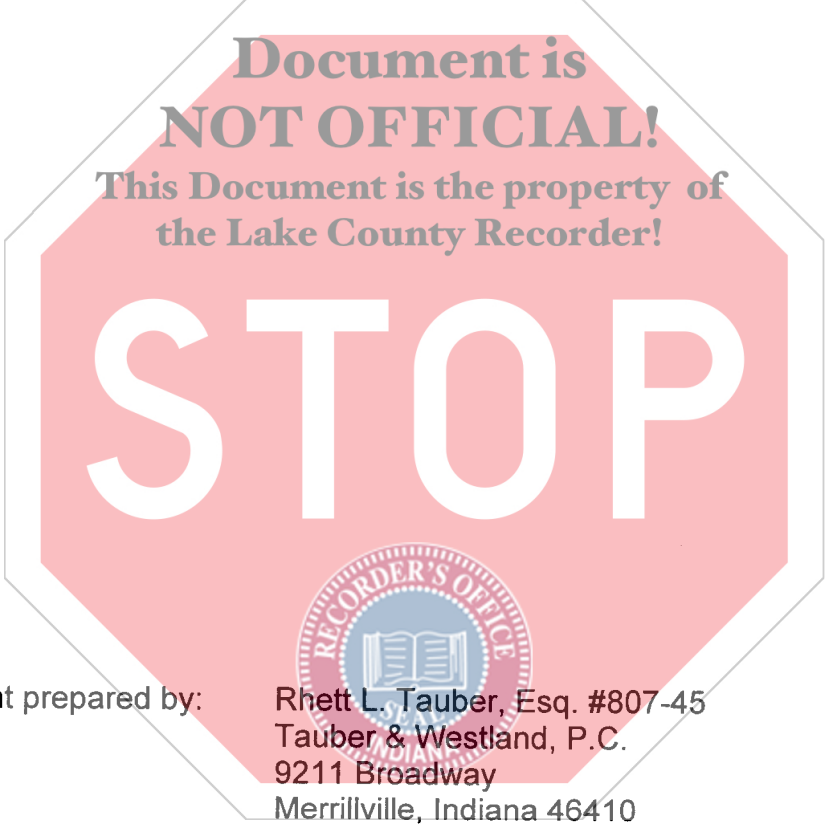
BEFORE ME, the undersigned, a Notary Public, in and for said County and State, personally appeared **JEAN OLSZEWSKI**, and acknowledged the execution of said Survivorship Affidavit to be his voluntary act and deed for the uses and purposes expressed therein.

WITNESS MY HAND AND SEAL this 16th day of February 2002.

Dorothy M. Wozniak
_____, Notary Public

DOROTHY M WOZNIAK
NOTARY PUBLIC STATE OF INDIANA
LAKE COUNTY
MY COMMISSION EXP. JULY 6, 2008

My Commission Expires: July 6, 2008
County of Residence: Lake



This instrument prepared by: Rhett L. Tauber, Esq. #807-45
Tauber & Westland, P.C.
9211 Broadway
Merrillville, Indiana 46410
Phone: 219/769-6474

Local Record of Death

THIS IS TO CERTIFY,
That our records show WALTER A. BARAN died

6 24 87 ST. CATHERINE HOSPITAL EAST CHICAGO IN
MONTH DAY YEAR PLACE STREET. HOSPITAL

Age at Death 74 - - Sex MALE Married _____ Widowed _____
Years Months Days

Birth Date 8 15 1912 Color WHITE Single _____ Divorced _____
Month Day Year

Primary cause of death given was ADVANCED STAGE CARCINOMA OF STOMACH

Signed by M.Y. ALI M.D. MUNSTER INDIANA
Physician Address

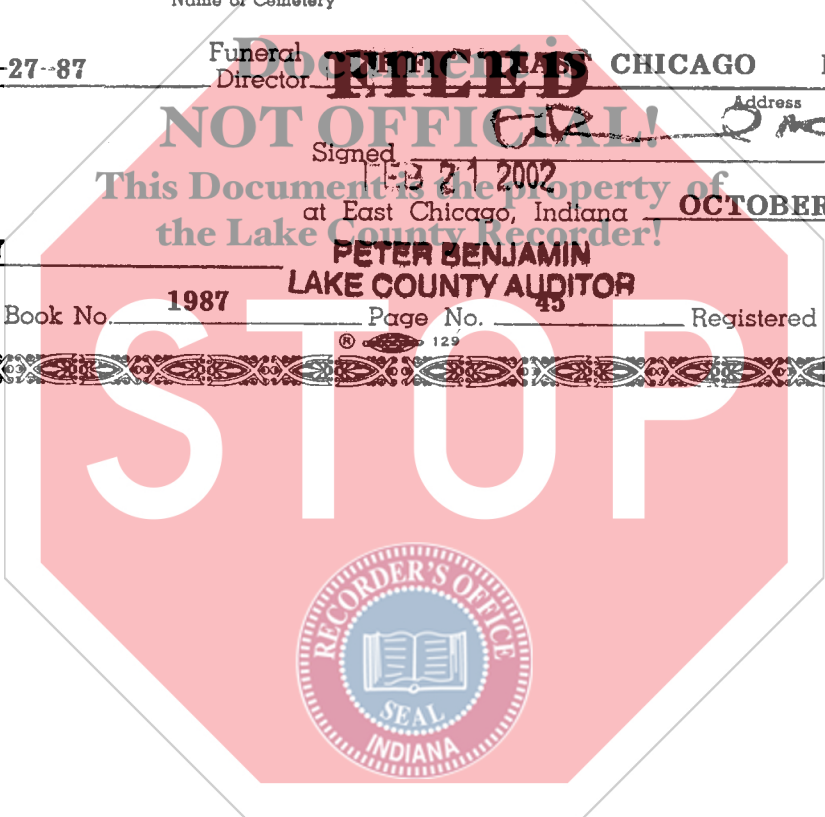
Place of burial or removal HOLY CROSS CALUMET CITY ILLINOIS
Name of Cemetery

Date of burial 6-27-87 Funeral Director [Signature] EAST CHICAGO INDIANA
Address

Signed [Signature] Sec'y

Filed 6-25-87 Date OCTOBER 16, 2000

Recorded locally in Book No. 1987 Page No. 45 Registered No. 001240
222



TIGON TITLE INSURANCE CO.
2050-45TH AVE
HIGHLAND, IN 46322
92-20257
for Fernandez

* 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. 252

State No.

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, SEX, TIME OF DEATH, DATE OF DEATH, SOCIAL SECURITY NUMBER, AGE, BIRTH, BIRTHPLACE, FACILITY NAME, CITY, COUNTY, MARITAL STATUS, SURVIVING SPOUSE, OCCUPATION, BUSINESS/INDUSTRY, RESIDENCE, CITIZENSHIP, RACE, EDUCATION, FATHER'S NAME, MOTHER'S NAME, INFORMANT, MILING ADDRESS, RELATIONSHIP, METHOD OF DISPOSITION, DATE AND PLACE OF DISPOSITION, LOCATION, EMBALMER'S NAME, LICENSE NO, WAS DEATH REPORTED TO CORONER, SIGNATURE OF FUNERAL DIRECTOR, LICENSE NUMBER, NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME, PART I: IMMEDIATE CAUSE, PART II: OTHER SIGNIFICANT CONDITIONS, CERTIFIER, SIGNATURE AND TITLE OF CERTIFIER, MEDICAL LICENSE NO, DATE SIGNED, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH, HEALTH OFFICER'S SIGNATURE, DATE FILED, MANNER OF DEATH, DATE OF INJURY, TIME OF INJURY, INJURY AT WORK?, DESCRIBE HOW INJURY OCCURRED, PLACE OF INJURY, LOCATION, DATE PRONOUNCED DEAD, MOTOR VEHICLE ACCIDENT?

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

Vertical stamp: TICOR TITLE INSURANCE 2050-45TH AVE HIGHLAND, IN 46322

