## SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA

) 2002 019009

)

) SS:

**COUNTY OF LAKE** 

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:

- Affiant resides at 8832 Woodward Avenue, Highland, Indiana 46322.
- Affiant is the sister of Walter A. Baran, deceased, Marion Baran, deceased, 2. and Irene Corriere, deceased.
- 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.
- That Walter A. Baran died on June 24, 1987, leaving no Last Will and 4. Testament.
- That Marion Baran died on September 24, 1999, leaving no Last Will and 5. Testament.
- That Irene Corriere died on May 29, 1997, leave This Document is the property of 1997, leaving no Last Will and 6. Testament.
  - the Lake County Recorder! The legal description of the premises in question is: 7. 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 CONTINUED. 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 Corrière, her sister, that there were no claims filed as a result of their deaths, and thet the funeral expenses and all expenses of illness were paid at the time of their deadles COUNTY AUDITOR
- 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.
  - Affiant's relationship to the decedents is that of surviving sister 00123910.

Further, Affiant sayeth not.

JEAN OLSZEWSKI

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 day of February 2002.

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

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

Document is NOT OFFICIAL!

This Document is the property of the Lake County Recorder!

STOP

This instrument prepared by:

Rhett L. Tauber, Esq. #807-45 Tauber & Westland, P.C. 9211 Broadway

Merrillville, Indiana 46410 Phone: 219/769-6474

## 100H 111LE THE AVE 2050-45TH AVE HIGHLAND, IN 46322

92-20257 FE

## CITY OF EAST CHICAGO, INDIANA DEPARTMENT OF HEALTH CITY HALL

001810

## Local Record of Death

mai	CERTIFY, t our recor	ds show.		WALTER	A. BARAN			die
	24		ST.	CATHERINE	HOSPITAL	EAST	CHICAGO	IN
НТИОМ	DAY	YEAR	PL	ACE		STREET. HO	SPITAL	-
Åge at Deat	h 74	- Months		Sex MAL	<b>E</b> Married_		_ Widowed	
Birth Date	8 Month	15	1912	Color WI	HITE Singl	e	Divorced_	
				ADVANCED	STAGE CAR	CINOMA	OF STOMAC	eH
igned by_	M.Y. A	LI M.I	D.	MUNSTE	R	INDIAN	···	
Place of buri	al or remo	val			CALUMET CI	TY	ILLIN	OIS
idee of billi			Name of C	emetery				
Date of buria		-87	Fune Dire	•	Бър сні		INDIANA	
		-87		•	BD CHI	CAGO Addres		 Sec'y
		-87		ral Control of the co	le2002 perty	Addres	o .	_
Date of buria	6-27	Thi	Fund Directory NO is Doc the La	Signed at East Chicken	2002 cago, Indiana ENJAMIN TY AUDITOR	OCTOB		.240



being requested by	ATE: The Social Security this state agency in orde y responsibility. Disclosure will be no penalty for refus	INDIANA S	TATE DEP	ARTME	ENT O	FH	EALTH				
Local No	252		CERTIFICAT	TE OF I	DEATH	1	State	No.	•••••	• • • • • • •	
	THE RECORDS IN THIS SE	ERIES ARE CONFIDENTIAL PE	R IC 16-1-19-3								
TYPE/PRINT	1. DECEASED-NAME (Firet M	liddle, Last)			2. SEX		3a. TIME OF DEAT	- 1	36. DATE OF DEATH (A	•	
IN .	Marion	Baran			Male	e	8:05a ,	м	Sep 24	1999	
PERMANENT	4. *SOCIAL SECURITY NUMBER	5a. AGE—Last Birthday (Years)	56. UNDER 1 YEAR	5c. UNDER		DATE OF	BIRTH (Mo. Day, Yr)	7. B	IRTHPLACE (City and S	tate or Foreign	Country)
BLACK INK	<u>312 10 6613</u>	82	Months Days	Hours	Minutes	Aug	31 1917	E	Cast Chic	cago	In
	Ba. WAS DECEDENT A U.S. VETERAN?	8b. YEAR LAST SERVED IN U.S. ARMED FORCES?			9a. J	PLACE O	F DEATH (Check only on	e. See i	nstructions.)		
			HOSPITAL A Inpet	ient	OTHER    Nursing Home			Other (Specify)			
-	Yes	1945	☐ ER/C	Outpatient 🔲			Residence				
DECEDENT	9b. FACILITY NAME (If not institut	=		į			LOCATION OF DEATH		9d. COUNTY OF DEATH		
ļ	St Catherin	<del>,</del>		Eas			icago	Lake			
ĺ	10. MARITAL STATUS (Specify)	11. SURVIVING SPOUSE (If wife, give maiden name),		12a. DECEDENT'S USUAL Of done during most of work Clerk		CCUPATION (Give kind of work king life, Do not use retired)		121	b. KIND OF BUSINESS	/INDUSTRY	
1_	Single	N/A						Govt Water Work			rks
	13a. RESIDENCE—STATE	13b. COUNTY	13c. CITY, TOWN, OR I				13d. STREET AND NU	MBER			
) L	Indiana	Lake	East Chi	cago			4919 Wal	sh	Ave		
4	13e ZIP CODE 13f. INSIDE CIT	Y LIMITS 14. CITIZEN OF Yes WHAT COUNTRY		es (Ifyes, s	RIGIN? pecify Cuban	. ј ви	CE-American Indian, lack, White, etc.		17. DECEDENT (Specify only higher		•
<b>Y</b> .	13g. ON A FARI	Mexican, Puerto Ri	ican, etc.)		(Specify)		Eleme	intary/Secondary (0-12)	College (	-4 or 5 + )	
V J	46312   <b>2Kn</b> o c	<u> </u>	·	White			12				
PARENTS 5 1	6. FATHER'S NAME (First Middle.		19. MOTHE	A'S NAM	IE (First, Middle, Maiden S	urname	)				
3 L	Theodore Ba				Mary	7 S	Szajner				
INFORMANT \$ 2	On. INFORMANT'S NAME (Type/i	ADDRESS (Sir	eet and Numb	er or Rura	al Route Number, City or T	own. S	tate. Zip Code) 20c.	Relationship			
ے ک	<u>Jean Olszews</u>	8832	8832 Woodward Ave Highland In 46322 Sister						er		
q 2	1a. METHOD OF DISPOSITION	☐ Entombment	216. DATE AND PLACE	OF DISPOSITION	ON (Name of	cemetery.	crematory, or 21		CATION—City or Town		
	☐ Bursal ☐ Cremation	Removal from State		~ ~~~							
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ł '	☐ Donation ☐ Other (Specifi	y)	Regiona				ervices	Mu:	nster In	<u>t</u>	
<u> </u>	Donation Other (Specification Specification Company)	y)		l Cre		n S	ervices				· · · · · · · · · · · · · · · · · · ·
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PETER BENJAMIN

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

34c INJURY AT WORK? (Yes or no)

34e PLACE OF INJURY—At home, farm, strick ectory, but and LOCATION (Strange Number or Rural Route Number, City or Town State) building, atc. (Specify)

HEALTH OFFICER

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

Pending Investiga

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

Natural
Accident

Suicide

HEALTH OFFICER No

0/045012

34d. DESCRIBE HOW INJUSTION OF UTRED 411