

STATE OF INDIANA)

COUNTY OF LAKE)

2002: 040602

2002 MAY - 1 11 8: 53

TICOR HBT

920021424

SURVIVORSHIP AFFIDAVIT

RECORDER

Debra Hutnick, being of legal age and duly sworn upon her oath, deposes and states as

follows:

That the affiant, Debra Hutnick, is the personal representative of the estate of Frank D. Konarski, who died a resident of Lake County on the 15th day of December, 2000, and for whom an estate is pending in Lake County Superior Court, Probate Division, under estate docket 45D03-0103-EU00022.

That Frank D. Konarski, a/k/a Frank Konarski and Dolores Konarski, a/k/a Dolores G. Konarski, were the owners in fee simple title of the following described real estate commonly known as 1110 W. Ridge Road, in the City of Hobart, County of Lake, State of Indiana, which parcel is more particularly described as follows, to-wit:

Lot 6, Block 1, Villa Shores 4th Addition to Hobart in Plat Book 29, page 13,

Lake County, Indiana.

(18-230-6)

The affiant further states that Frank Konarski and Dolores Konarski were husband and wife at the time they acquired title as tenants by the entireties to said real estate by a deed of conveyance dated the 5th day of January, 1979, and recorded on the 11th day of January, 1979, as instrument no. 511092 in the office of the Recorder of Lake County.

That the marital relationship which existed between Frank Konarski and Dolores Konarski continued unbroken from the time they so acquired title to the real estate until the death, intestate, of Dolores Konarski on the 2nd day of July, 1988, at which time Frank Konarski acquired title to said real estate as the surviving tenant by the entireties.

FILED

APR 29 2002

**PETER BENJAMIN
LAKE COUNTY AUDITOR**

00-185

BD
1300
II

That no administration has been held upon the estate of Dolores Konarski and none is contemplated, and her estate was not subject to any Federal Estate Tax.

The affiant makes this Affidavit for the purpose of causing the proper transfer of the real estate in the office of the Auditor of Lake County, Indiana.

Debra Hutnick

DEBRA HUTNICK

Printed: *DEBRA HUTNICK*

Personal Representative of the Estate of Frank D. Konarski

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Subscribed and sworn to before me, a Notary Public in and for said County and State, this 10th day of April, 2002.

Document is NOT OFFICIAL!

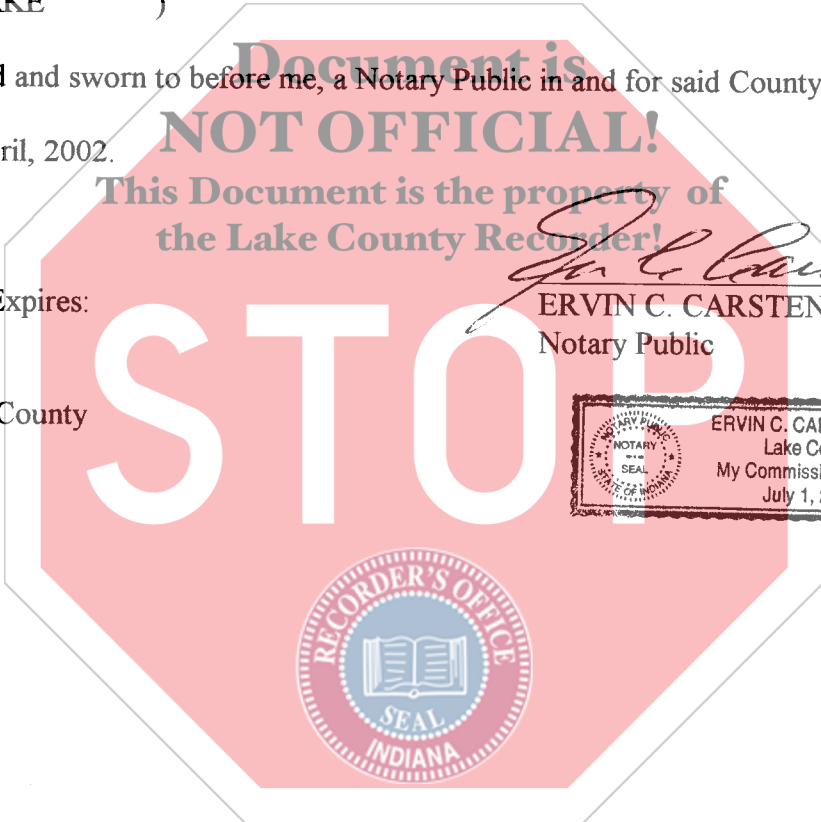
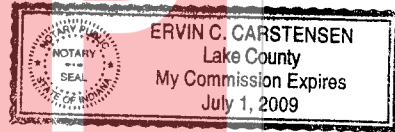
This Document is the property of the Lake County Recorder!

Ervin C. Carstensen

ERVIN C. CARSTENSEN,
Notary Public

My Commission Expires:
July 1, 2009

Resident of Lake County



This instrument prepared by: ERVIN C. CARSTENSEN, I. D. #3141-45
503 Main Street, Hobart, Indiana 46342

INDIANA STATE BOARD OF HEALTH
CERTIFICATE OF DEATH

Local No. 1422-88

State No.

TICOR HBT 920021424

1. DECEASED FIRST MIDDLE LAST
Dolores G. Konarski

2. SEX **Female** 3. DATE OF DEATH (Mo., Day, Yr.) **July 2, 1988**

4. SOCIAL SECURITY NUMBER **315-09-1206** 5a. AGE—Last Birthday (Years) **67** 5b. UNDER 1 YEAR Months Days 5c. UNDER 1 DAY Hours Minutes 6. DATE OF BIRTH (Month, Day, Year) **Jan. 26, 1921** 7. BIRTHPLACE (City and State or Foreign Country) **Mich. City, Ind.**

8. YEAR LAST SERVED IN U.S. ARMED FORCES? **N/A** 9a. PLACE OF DEATH (Check only one. See instructions.)
HOSPITAL Inpatient ER/Outpatient DOA OTHER Nursing Home Residence Other (Specify)

9b. FACILITY NAME (If not institution, give street and number) **1110 W. Ridge Rd.** 9c. CITY, TOWN, OR LOCATION OF DEATH **Hobart, Ind.** 9d. COUNTY OF DEATH **Lake**

10. MARITAL STATUS—Married Never Married, Widowed, Divorced (Specify) **Married** 11. SURVIVING SPOUSE (If wife, give maiden name) **Frank** 12a. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) **Housewife** 12b. KIND OF BUSINESS/INDUSTRY

13a. RESIDENCE—STATE **Ind.** 13b. COUNTY **Lake** 13c. CITY, TOWN, OR LOCATION **Hobart** 13d. STREET AND NUMBER **1110 W. Ridge Rd.**

13e. INSIDE CITY LIMITS? (Yes or no) **Yes** 13f. FARM **No** 13g. ZIP CODE **46342** 14. WAS DECEASED OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) No Yes Specify: 15. RACE—American Indian, Black, White, etc. (Specify) **White** 16. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) **12** College (1-4 or 5+)

17. FATHER'S NAME (First, Middle, Last) **Frank Gushrowski** 18. MOTHER'S NAME (First, Middle, Maiden Surname) **Ida Levine**

19a. INFORMANT'S NAME (Type/Print) **Frank Konarski** 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) **1110 W. Ridge Rd. Hobart, Ind. 46342** 19c. Relationship **Husband**

20a. METHOD OF DISPOSITION Burial Cremation Removal from State Donation Other (Specify) 20b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) **July 6, 1988 Calvary cemetery** 20c. LOCATION—City or Town, State **Portage, Ind.**

21a. SIGNATURE OF FUNERAL DIRECTOR *Anthony Peruvia* 21b. LICENSE NUMBER (of Licensee) **FDE 1010402** 22. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME **Rendina F. Home, 5100 Cleveland Gary, Ind. 46408 FDH 3007819**

23a. To the best of my knowledge, death occurred at the time, date, and place stated. Signature and Title < **Document is NOT OFFICIAL!** 23b. LICENSE NUMBER 23c. DATE SIGNED (Month, Day, Year)

24. TIME OF DEATH **M** 25. DATE PRONOUNCED DEAD (Month, Day, Year) 26. WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? (Yes or no)

27. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure, list only one cause on each line. **Malignant Adenocarcinoma** **THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT.** **JUL 07 1988** **6 mos** **LAKE COUNTY HEALTH COMMISSIONER**

IMMEDIATE CAUSE (Final disease or condition resulting in death) **a. Malignant Adenocarcinoma**
Due to (or as a consequence of):
b. _____
c. _____
d. _____

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

PART II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

29a. CERTIFIER (Check only one) CERTIFYING PHYSICIAN (Physician certifying cause of death when another physician has pronounced death and completed item 23) To the best of my knowledge, death occurred due to the cause(s) and manner as stated. PRONOUNCING AND CERTIFYING PHYSICIAN (Physician both pronouncing death and certifying cause of death) To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. MEDICAL EXAMINER CORONER 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) and manner as stated.

29b. SIGNATURE AND TITLE OF CERTIFIER *Charles Chuman M.D.* 29c. LICENSE NUMBER **IN 1035820** 29d. DATE SIGNED (Month, Day, Year) **APR 29 2002**

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type/Print) **Charles Chuman M.D. 305 Franciscan Rd. Crown Point, Ind. 46307** **PETER BENJAMIN** **LAKE COUNTY AUDITOR**

31. HEALTH OFFICER'S SIGNATURE *Charles Chuman* 32. DATE FILED (Month, Day, Year) **July 7 1988**

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 **002186**

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)