

TICOR TITLE INSURANCE

2002 041153 ^{AFFIDAVIT}

2002 MAY - 2 10 8:50

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

MUNSTER RECORDER

GENEVIEVE C. ~~BOYLE~~ BOLEK, being first duly sworn upon oath, deposes and says:

1. That LEONARD ~~BOYLE~~ BOLEK died on July 12, 1997 at Munster, Indiana.
2. That GENEVIEVE C. ~~BOYLE~~ BOLEK and LEONARD ~~BOYLE~~ BOLEK were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

SEE ATTACHED

11-24-21+27(9)

3. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of (his) (~~her~~) death.
4. That all funeral expenses in connection with the death of said decedent have been paid in full.
5. That all of the assets of said decedent which would be includable for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

Further affiant sayeth not.

Subscribed and sworn to before me, a Notary Public, this GENEVIEVE ~~BOYLE~~ BOLEK day of APRIL, 19/ 2002 26TH

Genevieve C. Bolek

Notary Public

My Commission expires PETER BENJAMIN KIMBERLY K. SCHULTZ
LAKE COUNTY AUDITOR

10-29-08
County of Residence: LAKE

This Instrument prepared by GENEVIEVE C. ~~BOYLE~~ BOLEK

922-1558
TICOR HO

*13-
A.H.
H.A.*

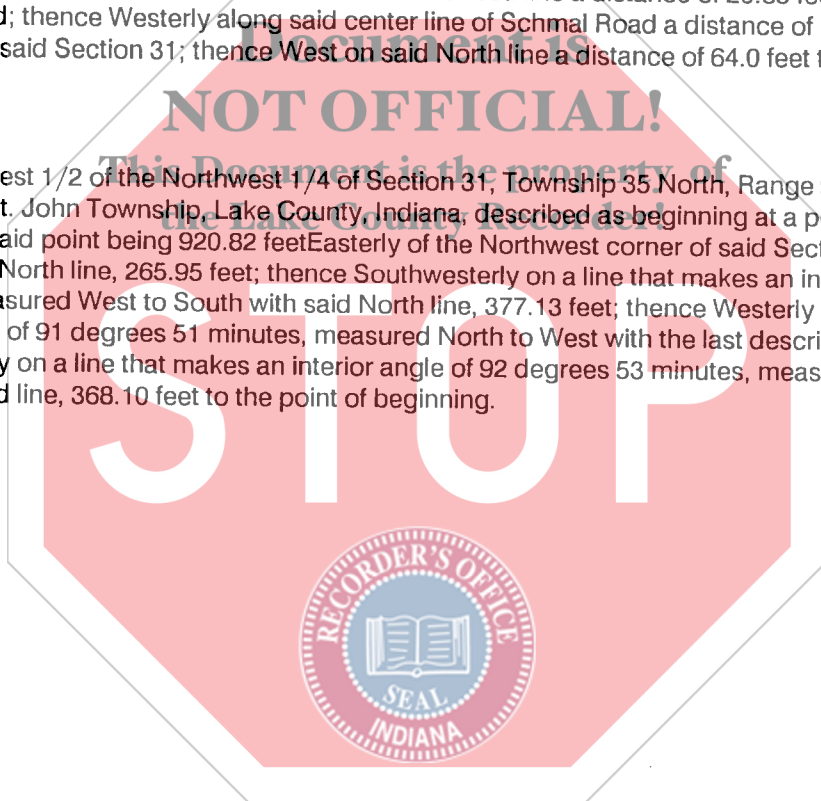
EXHIBIT "A"

Order No. 920021558
Parcel I:

Part of the Southwest 1/4 of Section 30, and part of the Fractional West 1/2 half of the West 1/2 of Section 31, all in Township 35 North, Range 9 West of the 2nd Principal Meridian, more particularly described as: Commencing at the Northwest corner of Section 31; thence South on the West line of said Section 31 a distance of 3102.10 feet to the center line of the Bull Run Ditch; thence Southeasterly along said center line a distance of 754.55 feet to the West line of the East 531.58 feet of the Fractional West Half of the West Half of Section 31; thence North along said West line of the East 531.58 feet of the Fractional West 1/2 of the West 1/2 of Section 31 a distance of 3010.0 feet to a point 361.6 feet South of the North line of said Section 31; thence Easterly on a line which makes an angle of 87 degrees 07 minutes 25 seconds, measured South to East, with the last described line a distance of 187.11 feet; thence North on a line which makes an angle of 87 degrees 07 minutes, measured West to North, with the last described line a distance of 368.10 feet to the North line of said Section 31, said point being 920.82 feet East of the Northwest corner of said Section 31; thence East on the South line of Section 30 a distance of 265.95 feet; thence Northerly on a line which makes an angle of 92 degrees, 51 minutes, measured West to North, with the last described line a distance of 20.65 feet to the center line of Schmal Road; thence Westerly along said center line of Schmal Road a distance of 1124.35 feet to a point on the North line of said Section 31; thence West on said North line a distance of 64.0 feet to the point of beginning.

Parcel II:

Part of the West 1/2 of the Northwest 1/4 of Section 31, Township 35 North, Range 9 West of the 2nd Principal Meridian in St. John Township, Lake County, Indiana, described as beginning at a point on the North line of said Section 31, said point being 920.82 feet Easterly of the Northwest corner of said Section 31; thence continuing East on said North line, 265.95 feet; thence Southwesterly on a line that makes an interior angle of 86 degrees 09 minutes, measured West to South with said North line, 377.13 feet; thence Westerly on a line that makes an interior angle of 91 degrees 51 minutes, measured North to West with the last described line, 234.84 feet; thence Northwesterly on a line that makes an interior angle of 92 degrees 53 minutes, measured East to North with the last described line, 368.10 feet to the point of beginning.



* 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

2012

Local No. 1453-97

CERTIFICATE OF DEATH

State No.

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

200861
TYPE/PRINT
IN
PERMANENT
BLACK INK

92-21558

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED—NAME (First, Middle, Last) LEONARD BOLEK		2. SEX MALE	3a. TIME OF DEATH 8:00 A.M.	3b. DATE OF DEATH (Month, Day, Yr.) JULY 12, 1997	
4. *SOCIAL SECURITY NUMBER 316-18-6930	5a. AGE—Last Birthday (Years) 72	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr.) December 15, 1924	
7. BIRTHPLACE (City and State or Foreign Country) Calumet City, IL	8a. WAS DECEDENT A U.S. VETERAN? Yes				
8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1945		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) THE COMMUNITY HOSPITAL		9c. CITY, TOWN, OR LOCATION OF DEATH MUNSTER	9d. COUNTY OF DEATH LAKE		
10. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Genevieve Mlynarski	12a. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Builder	12b. KIND OF BUSINESS/INDUSTRY Construction		
13a. RESIDENCE—STATE Illinois	13b. COUNTY Cook	13c. CITY, TOWN, OR LOCATION Lansing	13d. STREET AND NUMBER 17955 Locust St.		
13e. ZIP CODE 60438	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 13g. ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? USA	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. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 10 College (1-4 or 5+) _____		18. FATHER'S NAME (First, Middle, Last) Vincent Bolek			
19. MOTHER'S NAME (First, Middle, Maiden Surname) Julia UNKNOWN		20. INFORMANT'S NAME (Type/Print) Genevieve Bolek			
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 17955 Locust St. Lansing, IL 60438		20c. Relationship Spouse			
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) July 16, 1997 Holy Cross Cemetery		21c. LOCATION—City or Town, State Calumet City, Illinois	
22a. EMBALMER'S NAME Daniel Holste		22b. EMBALMER'S LICENSE NO. 0034-0146388		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Elden V. LaHayne</i>		24b. LICENSE NUMBER (of Licensee) FD 01041928		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Lafayette Funeral Home 5746 Hohman Hammond, In #Fh83002885/Schroeder-Lauer Funeral Home Lansing, IL	
26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory. Approximate Interval Between Onset and Death					
THIS CERTIFICATE IS THE PROPERTY OF THE LAKE COUNTY HEALTH DEPARTMENT. IT IS LOANED TO YOU FOR YOUR USE ONLY. IT IS TO BE RETURNED TO THE HEALTH DEPARTMENT UPON REQUEST. A COMPLETE COPY OF THIS CERTIFICATE OF DEATH IS TO BE FILED WITH THE LAKE COUNTY HEALTH DEPARTMENT.					
a. Acute Renal failure					
b. Meta static carcinoma					
c. Delirium tremens					
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last					
PART II. Other 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)	
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. MAY 01 20026		29d. DATE SIGNED (Month, Day, Year) JULY 14, 1997			
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) RASHMI PATEL, M.D. 8230 CALUMET AVENUE, MUNSTER, INDIANA 46321					
31. HEALTH OFFICER'S SIGNATURE <i>Alexander S. Williams, M.D.</i> ALEXANDER S. WILLIAMS, M.D. LAKE COUNTY AUDITOR				32. DATE FILED (Month, Day, Year) July 15, 1997	
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
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) 17955 Locust St.			
34g. DATE PRONOUNCED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.			

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

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FILED
MAY 01 20026