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COUNTY OF LAKE )  
STATE OF INDIANA )

2002 SS: 046277

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2002 MAY 17 AM 10:35

MORRIS W. CARTEK  
RECORDER

AFFIDAVIT OF ELSIE KACZMAREK

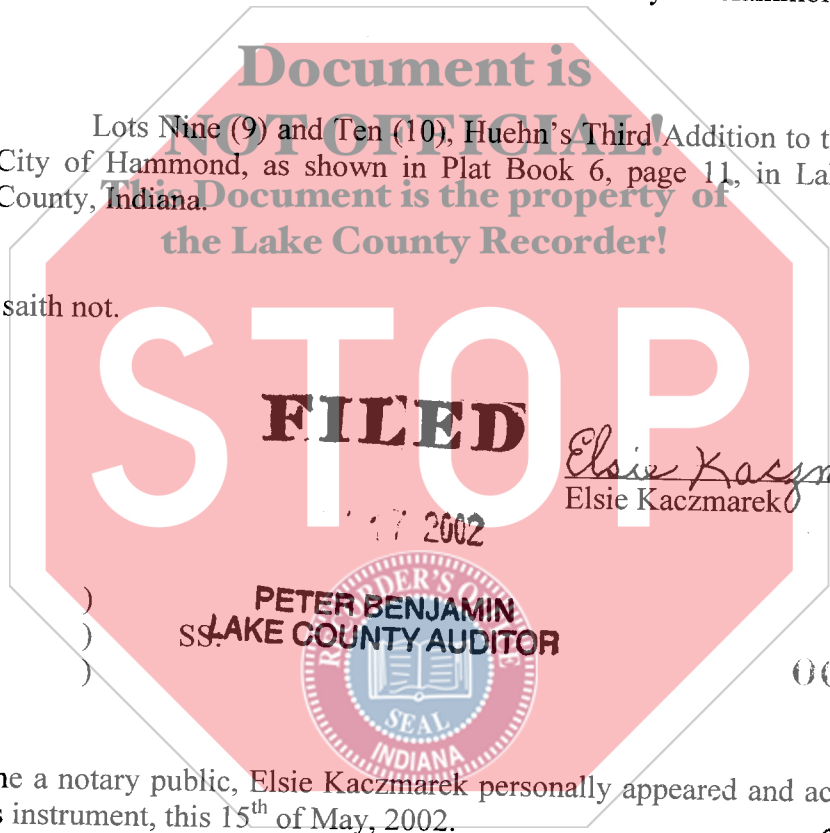
Elsie Kaczmarek, being duly sworn upon her oath, deposes and says:

1. That she is the widow of Walter D. Kaczmarek, who died on June 18, 1980 as witnessed by the Indiana State Board of Health Medical Certificate of Death dated June 18, 1980 attached hereto.
2. That at the time of Walter D. Kaczmarek's death, he and she were owners, as tenants by the entireties of the following real estate located in the City of Hammond, Lake County, Indiana:

Lots Nine (9) and Ten (10), Huehn's Third Addition to the City of Hammond, as shown in Plat Book 6, page 11, in Lake County, Indiana.

Further Affiant saith not.

State of Indiana )  
County of Lake )



*Elsie Kaczmarek*  
Elsie Kaczmarek

001474

Before me a notary public, Elsie Kaczmarek personally appeared and acknowledged the execution of this instrument, this 15<sup>th</sup> of May, 2002.

My commission expires: 11-28-09  
County of Lake

*Suzanne M. Myers*  
Suzanne M. Myers

*Balanoff & Balanoff*  
*2600 W. Lenoir Hwy.*  
*Hammond*

*11-28-09*  
*n.d.*  
*AS*

TYPE OR PRINT  
PLAINLY WITH  
UNFADING INK

PERMANENT  
RECORD

Below for State Office Use

THIS CERTIFIES THE ABOVE IS A TRUE AND  
COMPLETE COPY OF THE CERTIFICATE OF DEATH  
ON FILE WITH THE HAMMOND HEALTH DEPT.

JUN 18 1980

Date issued

*Franklin J. Peruda m.e.*  
HAMMOND HEALTH COMMISSIONER

Disposition Permit Issued	/
Provisional Certificate	/
Yes <input type="checkbox"/>	No <input type="checkbox"/>

EMBALMER'S NAME Keith D. Anthony

LICENSE No. 1191

FUNERAL DIRECTOR'S SIGNATURE Keith D. Anthony

FUNERAL DIRECTOR'S LICENSE No. 2269

FUNERAL HOME No. 283

Local No. 423

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

State No. 6-18-80

DECEASED—NAME		FIRST		MIDDLE		LAST		SEX		DATE OF DEATH (MONTH, DAY, YEAR)	
<u>Walter</u>		<u>D.</u>		<u>Kaczmarek</u>		<u>Male</u>		<u>6-18-80</u>			
1. RACE— <u>White</u>		AGE—Last Birthday (M, D, Y)		UNDER 1 YEAR		DATE OF BIRTH (M, D, Y)		COUNTY OF DEATH			
<u>White</u>		<u>45</u>		<u>MONTH</u> <u>DAYS</u> <u>MIN.</u>		<u>12/27/1934</u>		<u>Lake</u>			
2. CITY, TOWN OR LOCATION OF DEATH		CITIZEN OF WHAT COUNTRY		HOSPITAL OR OTHER INSTITUTION—Name (if not in other, give street and number)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify)		SURVIVING SPOUSE (if wife, give maiden name)		IF HOSP. OR INST. INDIAN, DOA, OR FEM. (Specify Yes or No)	
<u>Hammond</u>		<u>U.S.A.</u>		<u>St. Margaret Hospital</u>		<u>Married</u>		<u>Elsie Scheeringa</u>		<u>DOA</u>	
3. SOCIAL SECURITY NUMBER		RESIDENCE—STATE		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		KIND OF BUSINESS OR INDUSTRY		WAS DECEASED EVER IN U.S. ARMED FORCES? (Specify Yes or No)			
<u>310-32-3273</u>		<u>Indiana</u>		<u>Car Man</u>		<u>Railroad</u>		<u>Yes</u>			
4. USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.		CITY, TOWN OR LOCATION		IS RESIDENCE ON A FARM?		INSIDE CITY LIMITS (Specify Yes or No)					
<u>4420 Towle Avenue</u>		<u>Hammond</u>		<u>NO</u>		<u>Yes</u>					
5. FATHER—NAME		MOTHER—MAIDEN NAME		PARENTS							
<u>Walter Kaczmarek</u>		<u>Catherine Staszak</u>									
6. INFORMANT—NAME (Type or Print)		MOTHER—MAIDEN NAME		BURIAL CREMATION, REMOVAL, OTHER (Specify)							
<u>Elsie Kaczmarek</u>		<u>Catherine Staszak</u>		<u>Burial</u>							
7. Mailing Address		CITY OR TOWN		STATE		ZIP					
<u>4420 Towle Ave. Hammond, Indiana 46327</u>		<u>Hammond</u>		<u>Indiana</u>		<u>46327</u>					
8. DATE (MONTH, DAY, YEAR)		CITY OR TOWN		STATE		ZIP					
<u>June 21, 1980</u>		<u>Hammond</u>		<u>Indiana</u>		<u>46327</u>					
9. NAME OF ATTENDING PHYSICIAN (Type or Print)		DATE SIGNED (M, D, Y)		HOUR OF DEATH							
<u>B. A. Wendersky, M.D.</u>		<u>June 18, 1980</u>		<u>3:43 A.M.</u>							
10. MAILING ADDRESS—PHYSICIAN		DATE RECEIVED		HOURS OF DEATH							
<u>1104 1/2 19th St. Whiting, IN. 46394</u>		<u>JUN 18 1980</u>		<u>3:43 A.M.</u>							
11. IMMEDIATE CAUSE		DATE RECEIVED		HOURS OF DEATH							
<u>HEPATIC FAILURE</u>		<u>JUN 18 1980</u>		<u>3:43 A.M.</u>							
12. DUE TO, OR AS A CONSEQUENCE OF		DATE RECEIVED		HOURS OF DEATH							
<u>ARRHOSIS OF THE LIVER (LAENNEC TYPE)</u>		<u>JUN 18 1980</u>		<u>3:43 A.M.</u>							
13. DUE TO OR AS A CONSEQUENCE OF		DATE RECEIVED		HOURS OF DEATH							
<u>SEBORRHEIC DERMATITIS</u>		<u>JUN 18 1980</u>		<u>3:43 A.M.</u>							
14. DUE TO OR AS A CONSEQUENCE OF		DATE RECEIVED		HOURS OF DEATH							
<u>THROMBOPHLEBITIS</u>		<u>JUN 18 1980</u>		<u>3:43 A.M.</u>							
15. OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in Part (14)		DATE RECEIVED		HOURS OF DEATH							
<u>SEVERAL Mos.</u>		<u>JUN 18 1980</u>		<u>3:43 A.M.</u>							
16. OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in Part (14)		DATE RECEIVED		HOURS OF DEATH							
<u>SEVERAL YRS.</u>		<u>JUN 18 1980</u>		<u>3:43 A.M.</u>							