

3

STATE OF INDIANA)
) SS.
COUNTY OF LAKE)

45001 0205 ES 074
LAKE COUNTY
FILED FOR RECORD

2002 046425 AFFIDAVIT MAY 20 AM 8:37

Comes now THOMAS L. KUJAWA, JR., being duly sworn upon his oath and states as follows:

1. That he is the son of Mary A. Kujawa who died on January 2, 2001.
2. That at her death said decedent was the owner of real estate legally described

as:

Lot 37 and the North 5 feet of Block 3 in Forsyths Third Addition to Whiting as per plat thereof, recorded in Plat Book 5 page 10, in the Office of the Recorder of Lake County, Indiana.

(Key #29-76-27)

and commonly known as 1624 Central Avenue, Whiting, Indiana 46394,

having survived her co-owner husband, Thomas J. Kujawa, who died on February 3, 1993.

3. That said real estate has an approximate fair market value of \$55,000.00.
4. That said decedent's Will has been spread of record in the Lake Superior

Court, Room Number Five, Hammond, Indiana, under Cause No. 45001 0205 ES 074

5. That decedent's heirs are her surviving adult children:
Thomas L. Kujawa, Jr., 11036 S. Avenue F, Chicago, IL 60617;
Fred J. Kujawa, P. O. Box 143, Cedar Lake, IN 46303; and
Gayle M. Kuntz, P. O. Box 510305, Key Colony Beach, FL 33051.

6. That no estate has been opened and none is contemplated being opened.
7. That more than one year has elapsed and there are no claims filed by anyone.
8. That all debts and expenses due from decedent have been paid.
9. That decedent's estate is not subject to Federal Estate Tax and the Indiana Inheritance Tax has been paid.

10. That this Affidavit is recorded to establish title to the above described real estate in decedent's children and heirs, Thomas L. Kujawa, Jr., Fred J. Kujawa, and Gayle M. Kuntz.

FILED

Dated: 5-8, 2002

Thomas L. Kujawa Jr.
MAY 17 2002 THOMAS L. KUJAWA, JR.

STATE OF INDIANA)
COUNTY OF LAKE) SS. **PETER BENJAMIN**
LAKE COUNTY AUDITOR

JK SUBSCRIBED AND SWORN to before me, a Notary Public in and for said County and State this 8 day of May, 2002.

My Commission Expires: 3-18-2008
Resident of Lake County

John H. Stank, Notary Public

This instrument was prepared by Rudolph Tanasijevich, 5231 Hohman Avenue, Hammond, IN 46320 (Attorney ID #800-45)

002403

MAIL TO: Rudolph Tanasijevich, 5231 Hohman Avenue, Hammond, IN 46320

McH Hill

Handy 9200 21283 J. H. Gm

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

* 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.

Local No. 0021-01

State No.

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First, Middle, Last) MARY A. KUJAWA		2 SEX FEMALE	3a TIME OF DEATH 8:20 P M	3b DATE OF DEATH (Month, Day, Yr.) JANUARY 2, 2001
4 *SOCIAL SECURITY NUMBER 306-58-8664	5a AGE—Last Birthday (Years) 85	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr) AUG. 26, 1915
7 BIRTHPLACE (City and State or Foreign Country) WHITING, INDIANA	8a WAS DECEDENT A U.S. VETERAN? NO	8b YEAR LAST SERVED IN U.S. ARMED FORCES? N/A	9a PLACE OF DEATH (Check only one. See instructions) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input checked="" type="checkbox"/> Residence <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify)	
9b FACILITY NAME (If not institution, give street and number) 1624 CENTRAL AVENUE		9c CITY, TOWN, OR LOCATION OF DEATH WHITING	9d COUNTY OF DEATH LAKE	
10 MARITAL STATUS (Specify) WIDOWED	11 SURVIVING SPOUSE (If wife, give maiden name) NONE	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) HOMEMAKER		12b KIND OF BUSINESS/INDUSTRY OWN HOME
13a RESIDENCE—STATE INDIANA	13b COUNTY LAKE	13c CITY, TOWN OR LOCATION WHITING		13d STREET AND NUMBER 1624 CENTRAL AVENUE
13e ZIP CODE 46394	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? U.S.A.	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 DECEDENT'S EDUCATION (Specify only highest grade completed) Emergency/Secondary (0-12) 8 College (1-4 or 5+) _____		18 FATHER'S NAME (First, Middle, Last) ANDREW JEFCHAK		
19 MOTHER'S NAME (First, Middle, Maiden Surname) ANNA KMETZ		20a INFORMANT'S NAME (Type/Print) MR. THOMAS L. KUJAWA		
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 11036 AVENUE F, CHICAGO, IL 60617		20c Relationship SON		
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <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) JANUARY 6, 2001 ST. JOHN CEMETERY		21c LOCATION—City or Town, State HAMMOND, INDIANA
22a EMBALMER'S NAME MARTIN A. DYBEL		22b EMBALMER'S LICENSE NO. FDE01019456		23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
24a SIGNATURE OF FUNERAL DIRECTOR <i>Martin A. Dybel</i>		24b LICENSE NUMBER (of Licensee) FDE01019456		25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME BARAN & SON, INC., FDH83007267 1235-119TH ST., WHITING, IN 46394
26 PART I Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.				
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. Acute Myocardial Infarction DUE TO (OR AS A CONSEQUENCE OF)		Approximate Interval Between Onset and Death minutes
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last		b. Arteriosclerotic Heart Disease DUE TO (OR AS A CONSEQUENCE OF)		years
c. _____ DUE TO (OR AS A CONSEQUENCE OF)		d. _____ DUE TO (OR AS A CONSEQUENCE OF)		
PART II Other significant conditions - 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) N/A
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) as stated.				
29b SIGNATURE AND TITLE OF CERTIFIER <i>Paula Benchik-Abbrinko, M.D.</i>		29c MEDICAL LICENSE NO. 01045436		29d DATE SIGNED (Month, Day, Year) JAN. 4, 2001
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) PAULA BENCHIK-ABRINKO, M.D., 1534-119TH STREET, WHITING, INDIANA 46394				
31 HEALTH OFFICER'S SIGNATURE <i>Samuel L. Fisher</i>		32 DATE FILED (Month, Day, Year) January 3, 2001		
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		34a DATE OF INJURY (Month, Day, Year) MAY 17 2002	34b TIME OF INJURY 11:17	34c INJURY AT WORK? (Yes or no) NO
34d PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) PETER BENJAMIN LAKE COUNTY AUDITOR		34e DESCRIBE HOW INJURY OCCURRED LAKE COUNTY AUDITOR 0021-01		
34g DATE PRONOUNCED DEAD (Month, Day, Year)		34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.		

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

Local No. 321

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

CORONER USE ONLY

FILE

920021283 J. Kujawa

Amca

1. DECEASED—NAME (First, Middle, Last) Thomas J. Kujawa		2. SEX Male		3a. TIME OF DEATH 6:46 P M		3b. DATE OF DEATH (Month, Day, Yr) February 3, 1993	
4. SOCIAL SECURITY NUMBER 309-09-3286		5a. AGE—Last Birthday (Years) 78		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes	
6. DATE OF BIRTH (Mo, Day, Yr) Feb. 20, 1914		7. BIRTHPLACE (City and State or Foreign Country) Whiting, Indiana					
8a. WAS DECEDENT A U.S. VETERAN? No		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? n/a		9a. PLACE OF DEATH (Check only one. See instructions) HOSPITAL: <input type="checkbox"/> Inpatient <input checked="" 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) St. Catherine Hospital				9c. CITY, TOWN, OR LOCATION OF DEATH East Chicago		9d. COUNTY OF DEATH Lake	
10. MARITAL STATUS (Specify) Married		11. SURVIVING SPOUSE (if wife, give maiden name) Mary J. Jefchak		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Painter		12b. KIND OF BUSINESS/INDUSTRY Amoco Oil Company	
13a. RESIDENCE—STATE Indiana		13b. COUNTY Lake		13c. CITY, TOWN, OR LOCATION Whiting		13d. STREET AND NUMBER 1624 Central Avenue	
13e. ZIP CODE 46394		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? U.S.A.		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. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 8 College (1-4 or 5+) 8		18. FATHER'S NAME (First, Middle, Last) Joseph Kujawa			
19. MOTHER'S NAME (First, Middle, Maiden Surname) Mary Kujawa		20a. INFORMANT'S NAME (Type/Print) Mrs. Mary J. Kujawa		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1624 Central, Whiting, IN 46394		20c. Relationship Wife	
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <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) February 6, 1993 St. John Cemetery		21c. LOCATION—City or Town, State Hammond, Indiana			
22a. EMBALMER'S NAME Martin A. Dybel		22b. EMBALMER'S LICENSE NO. FDE01019456		23. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Martin A. Dybel</i>		24b. LICENSE NUMBER (of Licensee) FDE01019456		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Baran Funeral Home FDM83007267 1235 119th, Whiting, IN 46394			
26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Vascular collapse b. Due to arteriosclerotic heart and vascular disease c. d. Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last Approximate Interval Between Onset and Death Unknown							
PART II. Other significant conditions - 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) n/a			
29a. CERTIFIER (Check only one) <input 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 checked="" 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>Daniel D. Thomas</i>				29c. MEDICAL LICENSE NO. 16120		29d. DATE SIGNED (Month, Day, Year) February 4, 1993	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Daniel D. Thomas, M.D., Coroner, 2293 North Main Street, Crown Point, Indiana 46307							
31. HEALTH OFFICER'S SIGNATURE <i>TR O P O</i>						32. DATE FILED (Month, Day, Year) 2-5-93	
33. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be Determined		34a. DATE OF INJURY (Month, Day, Year)		34b. TIME OF INJURY		34c. INJURY AT WORK? (Yes or no) MAY 17 2002	
34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) PETER BENJAMIN LAKE COUNTY AUDITOR				34f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 001105			
34g. DATE PRONOUNCED DEAD (Month, Day, Year) February 3, 1993				34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.			