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**AFFIDAVIT**

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

STATE OF INDIANA ) **2002 047988**  
 ) SS:  
COUNTY OF LAKE )

2002 MAY 23 AM 11:06

MORRIS W. CARTER  
RECORDER

Albert Bury, Jr., being first duly sworn upon oath, deposes and says:

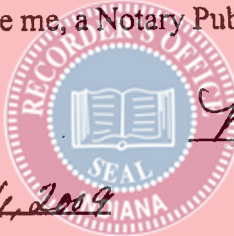
1. That Affiant's spouse, Eugenia P. Bury, died (without leaving a will) (~~leaving a will~~) on January 16, 2001 at St Margaret Mercy Healthcare, Dyer, IN.
2. That they were duly and legally married at the time they acquired title as Husband and Wife to the following described real estate:  
LOT 2 IN CASTLEWOOD, UNIT NO. 2, IN THE TOWN OF DYER, AS PER PLAT THEREOF, RECORDED MAY 13, 1986 IN PLAT BOOK 60 PAGE 52, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.
3. That the martial relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of 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.

COMMUNITY TITLE COMPANY  
FILE NO LA 015 23115

Albert Bury Jr.  
ALBERT BURY, JR.

Subscribed and sworn to before me, a Notary Public this 8th day of May 2002.



Marita R. Slayton  
MAY 23 2002  
RECORDING  
LAKE COUNTY, INDIANA

My Commission Expires: June 6, 2009  
County of Residence: Lake

This instrument prepared by PATRICK J. McMANAMA, Attorney-at-Law, Attorney ID No. 9534-45. No legal opinion given or rendered.

11-  
n.t.  
cm

\* 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

CERTIFICATE OF DEATH

State No. ....

Local No. 012201

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-9-3

392737  
TYPE/PRINT  
IN  
PERMANENT  
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First Middle, Last) <b>Eugenia P. Bury</b>				2 SEX <b>Female</b>		3a TIME OF DEATH <b>10:25A M</b>		3b DATE OF DEATH (Month, Day, Yr) <b>January 16, 2001</b>	
4 *SOCIAL SECURITY NUMBER <b>338-26-9839</b>		5a AGE—Last Birthday (Years) <b>67</b>	5b UNDER 1 YEAR Months Days		5c UNDER 1 DAY Hours Minutes		6 DATE OF BIRTH (Mo, Day, Yr) <b>April 16, 1933</b>		7 BIRTHPLACE (City and State or Foreign Country) <b>Chicago, IL</b>
8a WAS DECEDENT A U.S. VETERAN? <b>No</b>		8b YEAR LAST SERVED IN U.S. ARMED FORCES? <b>None</b>		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) <b>St. Margaret Mercy Healthcare</b>				9c CITY, TOWN, OR LOCATION OF DEATH <b>Dyer</b>			9d COUNTY OF DEATH <b>Lake</b>		
10 MARITAL STATUS (Specify) <b>Married</b>		11 SURVIVING SPOUSE (If wife, give maiden name) <b>Albert Bury</b>		12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Secretary</b>			12b KIND OF BUSINESS/INDUSTRY <b>University</b>		
13a RESIDENCE—STATE <b>IN</b>		13b COUNTY <b>Lake</b>		13c CITY, TOWN, OR LOCATION <b>Dyer</b>			13d STREET AND NUMBER <b>2669 Tower Court</b>		
13e ZIP CODE <b>46311</b>	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? <b>U.S.A.</b>	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) <b>White</b>		17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>12</b> College (1-4 or 5+) <b>2</b>	
18 FATHER'S NAME (First, Middle, Last) <b>Anthony Zwarycz</b>					19 MOTHER'S NAME (First, Middle, Maiden Surname) <b>Helen Gajodsik</b>				
20a INFORMANT'S NAME (Type/Print) <b>Albert Bury</b>				20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>2669 Tower Court Dyer, IN 46311</b>				20c Relationship <b>Husband</b>	
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) <b>January 20, 2001 Resurrection Cemetery</b>				21c LOCATION—City or Town, State <b>Justice, IL</b>		
22a EMBALMER'S NAME <b>James Porras</b>			22b EMBALMER'S LICENSE NO. <b>1045964</b>		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
24a SIGNATURE OF FUNERAL DIRECTOR <i>Thomas J. Burns</i>			24b LICENSE NUMBER (of Licensee) <b>1045184</b>		25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>Burns-Kish Funeral Home #3004968 8415 Calumet MUnster, IN (For Blake-Tamb F.H./Chicago, IL Signature Only)</b>				
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. Approximate Interval Between Onset and Death									
IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>the Lake County Reaver! ma of Pancreas</b> DUE TO (OR AS A CONSEQUENCE OF)									
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last b. DUE TO (OR AS A CONSEQUENCE OF) 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 <b>Hepatic metastasis</b>									
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) <b>No</b>			28a. WAS AN AUTOPSY PERFORMED? (Yes or no) <b>No</b>			28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <b>---</b>			
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>Charles D. Egnatz</i>							
29c MEDICAL LICENSE NO. <b>14057</b>		29d DATE SIGNED (Month, Day, Year) <b>Jan. 18, 2001</b>							
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>Dr. Egnatz 1326 W. U.S. Route 30 Schererville, IN 46375</b>									
31 HEALTH OFFICER'S SIGNATURE <i>James H. Tolson, M.D.</i>							32 DATE FILED (Month, Day, Year) <b>January 19, 2001</b>		
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)		34b TIME OF INJURY	34c INJURY AT WORK? (Yes or no)	34d DESCRIBE HOW INJURY OCCURRED <b>JAN 9 2001</b>		
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)					
34g DATE PRONOUNCED DEAD (Month, Day, Year)			34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc						