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TAX KEY NO.  
56-0362-13  
FILED FOR RECORD

2002 061516

2002 JUL 10 AM 10:03  
ADDRESS OF REAL ESTATE  
4116 Sheffield

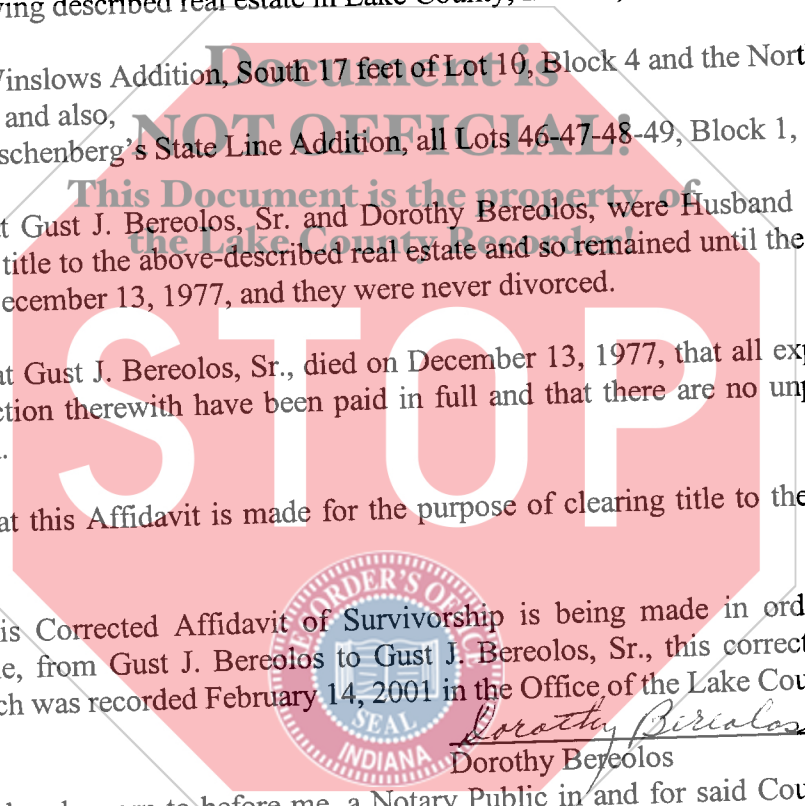
MORRIS W. GRIFFIN  
RECORDER

STATE OF INDIANA )  
                                  )     SS  
COUNTY OF LAKE     )

**CORRECTED AFFIDAVIT OF SURVIVORSHIP**

Dorothy Bereolos, being first duly sworn upon her oath, states as follows:

1. That Dorothy Bereolos is an adult and resides in Hammond, Indiana.
2. That Affiant, Dorothy Bereolos, along with Gust J. Bereolos, Sr. were owners in fee simple of the following described real estate in Lake County, Indiana, to-wit:  
  
Parcel 1: Winslows Addition, South 17 feet of Lot 10, Block 4 and the North 17 feet of Lot 11, Block 4 and also,  
Parcel 2: Eschenberg's State Line Addition, all Lots 46-47-48-49, Block 1,
3. That Gust J. Bereolos, Sr. and Dorothy Bereolos, were Husband and Wife at the time they acquired title to the above-described real estate and so remained until the death of Gust J. Bereolos, Sr., on December 13, 1977, and they were never divorced.
4. That Gust J. Bereolos, Sr., died on December 13, 1977, that all expenses and taxes incurred in connection therewith have been paid in full and that there are no unpaid bills left by reason of his death.
5. That this Affidavit is made for the purpose of clearing title to the above parcel of real estate.
6. This Corrected Affidavit of Survivorship is being made in order to correct the descendant's name, from Gust J. Bereolos to Gust J. Bereolos, Sr., this corrects Document No. 2001 010480 which was recorded February 14, 2001 in the Office of the Lake County Recorder.



Dorothy Bereolos  
Dorothy Bereolos

Subscribed and sworn to before me, a Notary Public in and for said County and State, on January 24, 2002.

**FILED**

Deborah L. Domka  
Deborah L. Domka, Notary Public

My Commission Expires:  
08-31-2006

JUL 8 2002

John O' Drobina  
5265 Commerce Dr., Ste A  
Crown, Point, IN 46307

PETER BENJAMIN  
LAKE COUNTY AUDITOR

0000-375

11.00  
M.V.  
025707

INDIANA STATE BOARD OF HEALTH  
DIVISION OF VITAL RECORDS  
MEDICAL CERTIFICATE OF DEATH

Local No. 964

|   |                                  |  |  |
|---|----------------------------------|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Lake</b>  |                                  | 7. USUAL RESIDENCE<br>b. STATE <b>Indiana</b>  |  |
| b. CITY, TOWN, OR LOCATION<br><b>Hammond</b>  |                                  | c. Length of Stay in 1b<br><b>60 years</b>   |  |
| d. NAME OF HOSPITAL OR INSTITUTION<br><b>St. Margaret Hospital</b>  |                                  | e. CITY, TOWN, OR LOCATION<br><b>Hammond</b>   |  |
| e. IS PLACE OF DEATH INSIDE CITY LIMITS?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>   |                                  | d. STREET ADDRESS<br><b>4116 Sheffield Avenue</b>  |  |
| 3. NAME OF DECEASED<br>(Type or print)<br><b>Mr. Andrew Spolnik</b>   |                                  | f. DATE OF DEATH<br><b>12-2-1967</b>   |  |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>  | 8. DATE OF BIRTH<br><b>Oct. 15, 1936</b> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Foreman</b>   |                                  | 11. BIRTHPLACE (State or foreign country)<br><b>Poland</b>   |  |
| 13. FATHER'S NAME<br><b>Stanley Spolnik</b>   |                                  | 14. MOTHER'S MAIDEN NAME<br><b>Mary Mastej</b>   |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>  |                                  | 16. SOCIAL SECURITY NO.<br><b>306-01-5218</b>  |  |
| 17b. INFORMANT'S ADDRESS<br><b>7310 Hohman Avenue, Hammond, Indiana</b>   |                                  | 17a. INFORMANT'S NAME<br><b>Frank J. Spolnik</b>   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Congestive Failure</b><br>DUE TO (b) <b>Myocardial Coronary of</b><br>DUE TO (c) <b>the Forstate</b><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) |                                  | INTERVAL BETWEEN ONSET AND DEATH   |  |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>   |                                  | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)   |  |
| 20c. TIME OF INJURY<br>Hour Month Day Year<br>A. M. P. M.   |                                  | 20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)   |  |
| 20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |                                  | 20f. CITY, TOWN, OR LOCATION COUNTY STATE  |  |
| 21. ATTENDING PHYSICIAN: I certify that I attended the deceased from <b>11/14/67</b> to <b>12/2/67</b> and last saw him alive on <b>12/2/67</b> . Death occurred at <b>4:50 P.M.</b> <input type="checkbox"/> M. <input type="checkbox"/> C.S.T. on the date stated above; and to the best of my knowledge, from the causes stated.   |                                  | 22. HEALTH OFFICER: I certify that I investigated cause of death of deceased and that that death occurred at <input type="checkbox"/> M. <input type="checkbox"/> C.S.T. from causes stated and on above date. |  |
| 23a. Signature of Attending Physician or Health Officer.<br><i>[Signature]</i>  |                                  | 23b. ADDRESS<br><b>6134 Columbia Ave</b>   |  |
| 23c. DATE SIGNED<br><b>12/4/67</b>  |                                  | 24. NAME OF CEMETERY OR CREMATORY<br><b>Holy Cross Cemetery</b>  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  |                                  | 24b. DATE<br><b>Dec. 6, 1967</b>   |  |
| 24c. LOCATION<br><b>Calumet City, Illinois</b>  |                                  | 25. FUNERAL DIRECTOR<br><b>Bernard A. Dziadowicz</b>   |  |
| DATE REC'D BY LOCAL HEALTH OFFICER<br><b>DEC 4 1967</b>   |                                  | ADDRESS<br><b>Hammond</b>  |  |

FUNERAL DIRECTOR'S LICENSE No. 1537  
 Bernard A. Dziadowicz  
 License No. 3825  
 Hammond, Indiana

THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.  
 NOV 29 2001  
 [Signature]

Disposition Permit issued 1/1  
Provisional Certificate  Yes  No

