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PAUL G. KARRAS

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STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

MORRIS W. CARTER
RECORDER
Parcel No.: 006-00168-00
Duplicate No.: 0025
Parcel No.: 204-00153-00
Duplicate No.: 00088

AFFIDAVIT

Judith Ann Kopchik, being first duly sworn, states:

- 1. Affiant is a resident of Lake County, Indiana.
- 2. Affiant states that she is the surviving spouse of John Kopchik, who died a resident of Lake County, Indiana, on October 16, 2001.

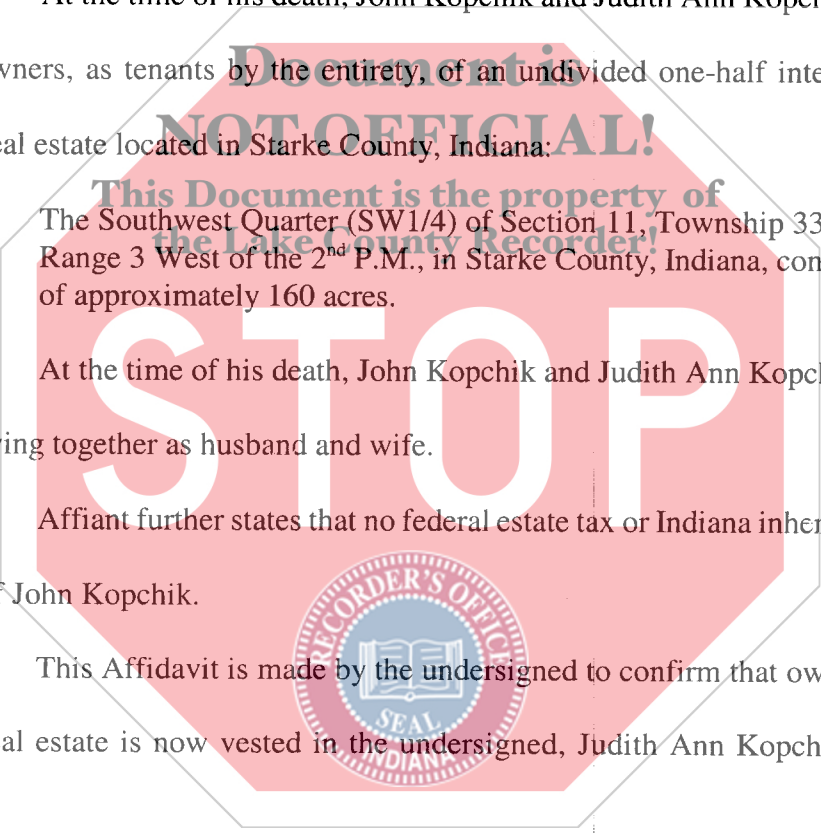
3. At the time of his death, John Kopchik and Judith Ann Kopchik, husband and wife, were the owners, as tenants by the entirety, of an undivided one-half interest in the following described real estate located in Starke County, Indiana:

The Southwest Quarter (SW1/4) of Section 11, Township 33 West, Range 3 West of the 2nd P.M., in Starke County, Indiana, consisting of approximately 160 acres.

4. At the time of his death, John Kopchik and Judith Ann Kopchik were not divorced and were living together as husband and wife.

5. Affiant further states that no federal estate tax or Indiana inheritance tax is due from the Estate of John Kopchik.

6. This Affidavit is made by the undersigned to confirm that ownership of the described real estate is now vested in the undersigned, Judith Ann Kopchik, and to induce the



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JUL 17 2002

PETER BENJAMIN
LAKE COUNTY AUDITOR

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PAUL G. KARRAS

Auditor of Lake County, Indiana to reflect the correct ownership of such **PAUL G. KARRAS** Auditor's records.

Dated June 24, 2002

Judith Ann Kopchik
Judith Ann Kopchik

Before me the undersigned, a Notary Public in and for said County and State, personally appeared Judith Ann Kopchik, and she, being first duly sworn by me upon her oath, states that the facts alleged in the foregoing Affidavit are true.

Signed and sealed this 24th day of June, 2002.

My Commission Expires: 09/12/2007

Margaret Perz

Margaret Perz, Notary Public

A resident of Lake County.

Document
Printed Name

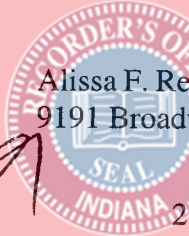
NOT OFFICIAL!

**This Document is the property of
the Lake County Recorder!**

STOP

This instrument prepared by
and after recording return to:

Alissa F. Resop, with the firm Burke Costanza & Cuppy LLP
9191 Broadway, Merrillville, Indiana 46410



ATTENTION ESTATE: Disclosure of the SS# we need to pursue our responsibilities is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 385983

389-01

State No.

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

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

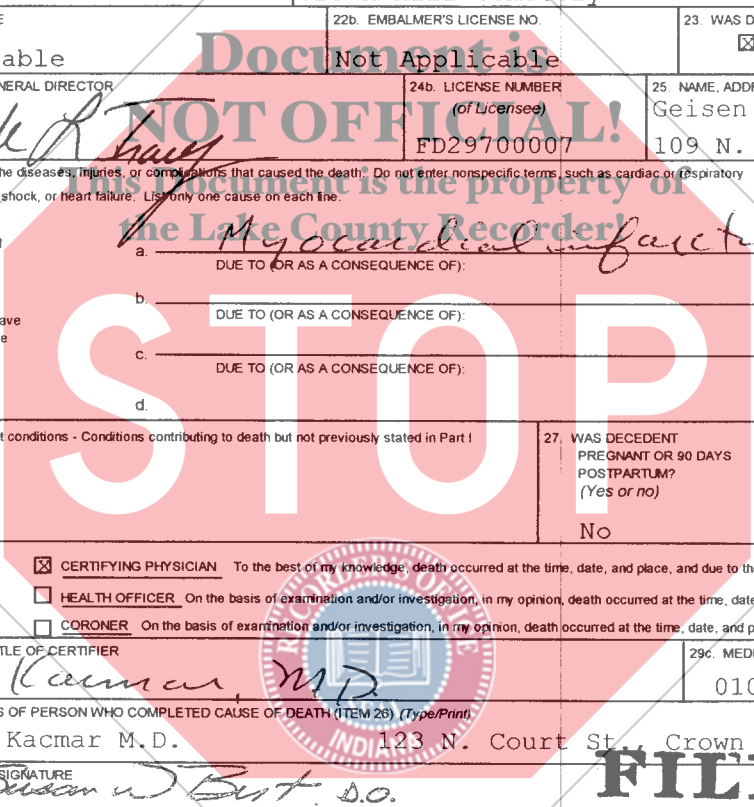
DISPOSITION

CAUSE OF
DEATH

CERTIFIER

HEALTH
OFFICER

1. DECEASED - NAME (First, Middle, Last) John Kopchik Jr.		2. SEX Male		3a. TIME OF DEATH 3:06 PM		3b. DATE OF DEATH (Month, Day, Yr.) October 16, 2001	
4. SOCIAL SECURITY NUMBER 313-36-4188		5a. AGE - Last Birthday (Years) 65		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes	
6. DATE OF BIRTH (Mo., Day, Yr.) July 07, 1936		7. BIRTHPLACE (City and State or Foreign Country) Whiting Indiana					
8a. WAS DECEDENT A U.S. VETERAN? Yes		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1966		PLACE OF DEATH (Check only one See instructions) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence			
9b. FACILITY NAME (If not institution, give street and number) 924 Mohawk Dr.				9c. CITY, TOWN, OR LOCATION OF DEATH Crown Point		9d. COUNTY OF DEATH Lake	
10. MARITAL STATUS (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Judith Ann Lambert		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Teacher		12b. KIND OF BUSINESS/INDUSTRY Education	
13a. RESIDENCE - STATE Indiana		13b. COUNTY Lake		13c. CITY, TOWN OR LOCATION Crown Point		13d. STREET AND NUMBER 924 Mohawk Dr	
13e. ZIP CODE 46307		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" 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. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+) 5+					
18. FATHER'S NAME (First, Middle, Last) John Kopchik				19. MOTHER'S NAME (First, Middle, Maiden Surname) Helen Groyza			
20a. INFORMANT'S NAME (Type/Print) Judith Ann Kopchik				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 924 Mohawk Dr, Crown Point, IN 46307		20c. Relationship Wife	
21a. METHOD OF DISPOSITION <input checked="" 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) October 19, 2001 Crown Hill Cemetery		21c. LOCATION - City or Town, State Knox, Indiana			
22a. EMBALMER'S NAME Not Applicable		22b. EMBALMER'S LICENSE NO. Not Applicable		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Michelle R. Tracy</i>		24b. LICENSE NUMBER (of Licensee) FD29700007		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Geisen Funeral Home FH19900060 109 N. East St., Crown Point, Indiana			
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. X <i>Myocardial infarction</i> Approximate Interval Between Onset and Death <i>Minutes</i>							
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. DUE TO (OR AS A CONSEQUENCE OF): b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): d. Conditions, if any, which gave rise to the immediate cause stating the underlying cause last							
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) 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>J.A. Kacmar, M.D.</i>				29c. MEDICAL LICENSE NO. 01027088		29d. DATE SIGNED (Month, Day, Year) 10/18/01	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Joseph A. Kacmar M.D. 123 N. Court St., Crown Point, IN 46307							
31. HEALTH OFFICER'S SIGNATURE <i>Susan W. Best, D.O.</i>				32. DATE FILED (Month, Day, Year) October 19, 2001			
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. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		34e. LOCATION (Street and Number or Rural Route Number, City or Town, State) PETER BENJAMIN LAKE COUNTY AUDITOR			
34g. DATE PRONOUNCED DEAD (Month, Day, Year)				34h. MOTOR VEHICLE ACCIDENT? (Yes or No) If yes, specify driver, passenger, pedestrian, etc.			



FILED

JUL 17 2002
THIS CERTIFIES THAT THE ABOVE DESCRIBED AND COMPLETE COPY OF THE CERTIFICATE OF DEATH HAS BEEN FILED WITH THE LAKE COUNTY HEALTH DEPT.
PETER BENJAMIN
LAKE COUNTY AUDITOR

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