

3

2002 064212

RECEIVED
 FILED
 2002 JUL 17 AM 10:20 2002
 PAUL G. KARRAS
 MORRIS RECORDER KEY No. 09-0383-0003

STATE OF INDIANA)
) SS:
 COUNTY OF LAKE)

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 of the following described real estate located in Lake County, Indiana:

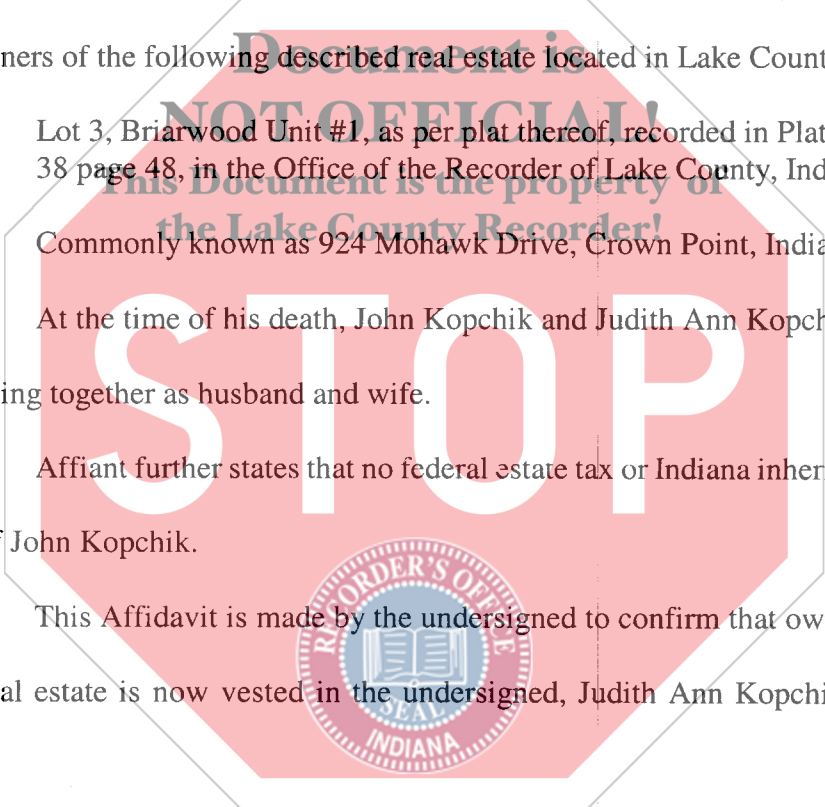
Lot 3, Briarwood Unit #1, as per plat thereof, recorded in Plat Book 38 page 48, in the Office of the Recorder of Lake County, Indiana.

Commonly known as 924 Mohawk Drive, Crown Point, Indiana 46307.

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 in the described real estate is now vested in the undersigned, Judith Ann Kopchik, and



FILED

JUL 17 2002

RETIRED BENJAMIN
LAKE COUNTY AUDITOR

001130

13-
 J. H.
 13314 1391

RECEIVED
JUL 02 2002
PAUL G. KARRAS

Auditor of Lake County, Indiana to reflect the correct ownership of such real estate on said Auditor's records.

Dated June 24, 2002

Judith A. 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.

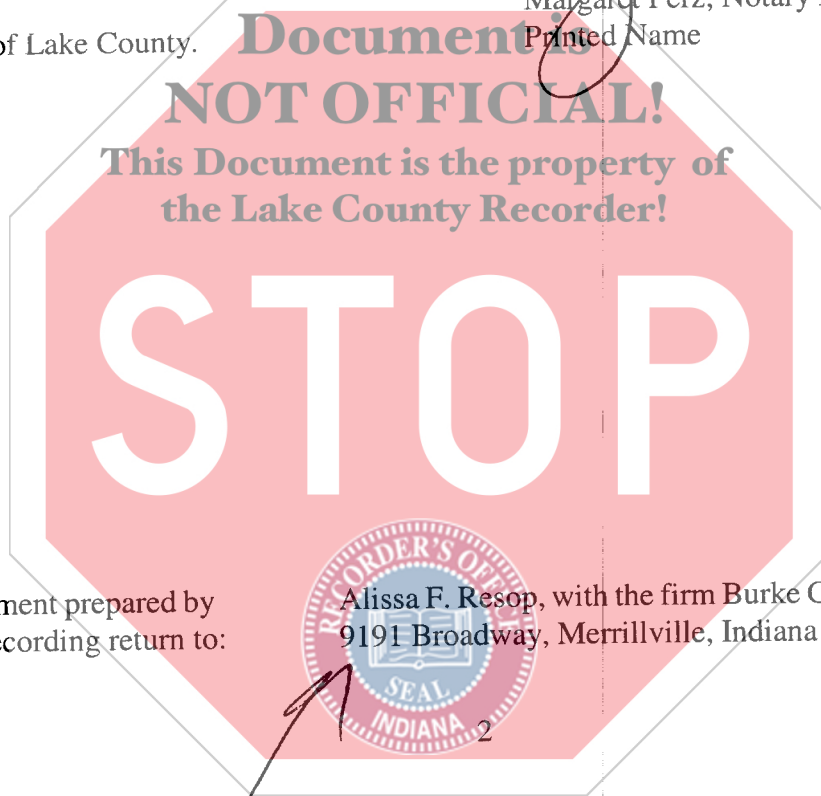
My Commission Expires: 09/12/2007

Margaret Perz

Margaret Perz, Notary Public

A resident of Lake County.

Printed Name



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

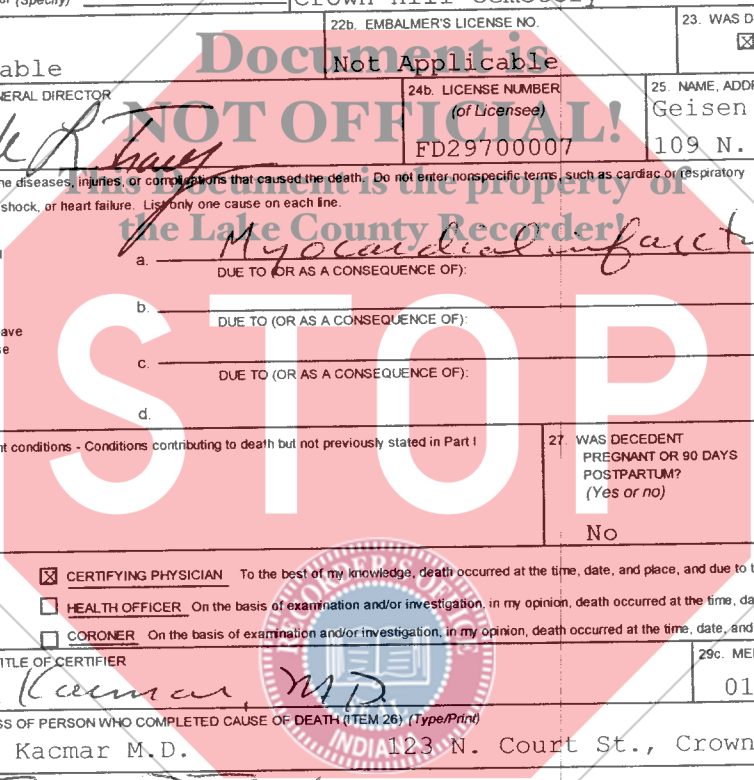
State No.....

Local No. 2329-01
385983

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

TYPE/PRINT
IN
PERMANENT
BLACK INK

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 <input checked="" type="checkbox"/> Residence OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify)									
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. DECEASED'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"/> 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) 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. [Signature]</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, Indian					
26. PART I Enter the diseases, injuries, or conditions 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 Myocardial infarction											
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. _____											
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, MD</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>											
33. MANNER OF DEATH <input 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)		34d. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)			
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) 9/19/01 001131									
34g. DATE PRONOUNCED DEAD (Month, Day, Year)				34h. MOTOR VEHICLE ACCIDENT? (Yes or no) LAKE COUNTY AUDITOR							



FILED
JUL 17 2002
PETER BENJAMIN
LAKE COUNTY AUDITOR