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Affidavit

2002 065947

2002 JUL 26 9:19

STATE OF NEW YORK)

)ss.:

COUNTY OF ONEIDA)

RECORDER

Alice W. Browar being duly sworn deposes and says:

1. I am the widow of Borys N. Browar who passed away on July 6, 2001.
2. We were married on May 2, 1980 and lived together at our home located at 10417 Turnpike Road, Utica, New York 13502, as husband and wife from 1980 until his death.
3. At no time during this period were we not married.
4. I make this affidavit knowing it will be relied upon by the Surrogate's Court of Indiana and other relevant persons and agencies.

This Document is the property of the Lake County Recorder

Alice W. Browar
Alice W. Browar

Sworn to me this 4th day of September, 2001.

[Signature]

Andrew K. Ward, Notary Public
Appointed in Oneida County
No.: 02WA6004236
My Commission Expires 3/23/0



FILED

JUL 22 2002

PETER BENJAMIN
LAKE COUNTY AUDITOR

001400

13-11
Acct 49570

RECORDED DISTRICT
3202
REGISTER NUMBER

NEW YORK ST
DEPARTMENT OF
**CERTIFICATE
OF DEATH**

STATE FILE NUMBER

1. NAME: FIRST Borys			MIDDLE Nick			LAST Browar			2. SEX: MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/>		3A. DATE OF DEATH: MONTH 07 DAY 06 YEAR 2001			3B. HOUR: 3:30 a.m.			
4A. PLACE OF DEATH: HOSPITAL DOA <input type="checkbox"/> ER <input type="checkbox"/> HOSPITAL OUTPATIENT <input type="checkbox"/> HOSPITAL INPATIENT <input checked="" type="checkbox"/> NURSING HOME <input type="checkbox"/> PRIVATE RESIDENCE <input type="checkbox"/> OTHER (Specify) <input type="checkbox"/>				4B. IF FACILITY, DATE ADMITTED: MONTH 07 DAY 02 YEAR 2001													
4C. NAME OF FACILITY: (If not facility, give address) Faxton Hospital						4D. LOCALITY: (Check one and specify) CITY <input checked="" type="checkbox"/> VILLAGE <input type="checkbox"/> TOWN <input type="checkbox"/> Utica			4E. COUNTY OF DEATH: Oneida								
4F. MEDICAL RECORD NO. 000846808			4G. WAS DECEDENT TRANSFERRED FROM ANOTHER INSTITUTION? (If yes, specify institution name, city or town, county and state) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES														
5. DATE OF BIRTH: MONTH 12 DAY 14 YEAR 1949			6A. AGE IN YEARS: 51 yrs.		6B. IF UNDER 1 YEAR ENTER: months _____ days _____		6C. IF UNDER 1 DAY ENTER: hours _____ minutes _____		7A. CITY AND STATE OF BIRTH: (If not USA, Country and Region/Province) East Chicago, IN		7B. IF AGE UNDER 1 YEAR, NAME OF HOSPITAL OF BIRTH:						
8. SERVED IN U.S. ARMED FORCES? NO <input type="checkbox"/> YES <input type="checkbox"/> (Specify years)		9. RACE: (Black, White, etc.) White		10. HISPANIC ORIGIN? (If yes, specify) NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>		11. DECEDENT'S EDUCATION (Enter only the highest year of school completed. Do not circle range; enter specific number of years.) Elementary/Secondary (0-12) _____ College (1-4 or 5+) 6											
12. SOCIAL SECURITY NUMBER: 309-52-8702			13. MARITAL STATUS: NEVER MARRIED <input type="checkbox"/> MARRIED <input checked="" type="checkbox"/> SEPARATED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>			14. SURVIVING SPOUSE: Enter name if married or separated. If surviving spouse is wife, enter maiden name. Alice Williams											
15A. USUAL OCCUPATION: (Do not enter retired) Teacher			15B. KIND OF BUSINESS OR INDUSTRY: High School			15C. NAME AND LOCALITY OF COMPANY OR FIRM: Thomas R. Proctor High School											
16A. RESIDENCE: (State or Country if not USA) New York			16B. County or Region/ Province if not USA Oneida			16C. LOCALITY: (Check one and specify) CITY <input checked="" type="checkbox"/> VILLAGE <input type="checkbox"/> TOWN <input type="checkbox"/> Utica			16E. ZIP CODE: 13502			16D. STREET AND NUMBER OF RESIDENCE: 10417 Turnpike Rd.					
16F. IF CITY OR VILLAGE, IS RESIDENCE WITHIN CITY OR VILLAGE LIMITS? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> IF NO, SPECIFY TOWN:																	
17. NAME OF FATHER: FIRST Wolodymyr MI Browar LAST Browar			18. MAIDEN NAME OF MOTHER: FIRST Rostyslawa MI Buczacka LAST Buczacka														
19A. NAME OF INFORMANT: Alice Browar			19B. MAILING ADDRESS: (Include zip code) 10417 Turnpike Rd. Utica NY 13502														
20A. BURIAL, CREMATION, REMOVAL OR OTHER DISPOSITION: (Specify) MONTH 07 DAY 10 YEAR 2001			20B. PLACE OF BURIAL, CREMATION, REMOVAL OR OTHER DISPOSITION: St. Joseph cemetery			20C. LOCATION: (City or town and state) Whitestown, NY											
21A. NAME AND ADDRESS OF FUNERAL HOME: Heintz Funeral service Inc. 408 Herkimer Rd. Utica NY 13502			21B. REGISTRATION NUMBER: 00825														
22A. NAME OF FUNERAL DIRECTOR: Terrance K. Heintz			22B. SIGNATURE OF FUNERAL DIRECTOR: <i>Terrance K. Heintz</i>			22C. REGISTRATION NUMBER: 02244											
23A. SIGNATURE OF REGISTRAR: <i>Linda Torche</i>			23B. DATE FILED: MONTH 07 DAY 09 YEAR 2001			24A. BURIAL OR REMOVAL PERMIT ISSUED BY: <i>Linda Torche</i>			24B. DATE ISSUED: MONTH 07 DAY 09 YEAR 2001								
ITEMS 25 A-E THRU 33 COMPLETED BY CERTIFYING PHYSICIAN						OR						ITEMS 25 F-K THRU 33 COMPLETED BY CORONER OR MEDICAL EXAMINER					
25A. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSES STATED. SIGNATURE: <i>[Signature]</i> MONTH 07 DAY 09 YEAR 2001						25F. ON THE BASIS OF INVESTIGATION AND SUCH EXAMINATIONS, AS I FELT NECESSARY, IN MY OPINION, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSES STATED. SIGNATURE AND TITLE: FILED MONTH 07 DAY 09 YEAR 2001						CORONER'S PHYSICIAN MEDICAL EXAMINER					
25B. THE PHYSICIAN ATTENDED THE DECEASED FROM MONTH 05 DAY 1998 YEAR 1998						25G. PRONOUNCED DEAD ON: MONTH 07 DAY 09 YEAR 2001						25H. DATE SIGNED: MONTH 07 DAY 09 YEAR 2001					
25C. LAST SEEN ALIVE BY ATTENDANT: MONTH 05 DAY 1998 YEAR 1998						25I. SIGNATURE OF CORONER OR PHYSICIAN, IF OTHER THAN CERTIFIER: FILED						25J. ME/COR. PHYS. LICENSE NUMBER: 175678					
25D. NAME OF ATTENDING PHYSICIAN: Joseph Booth MD						25K. ME/COR. PHYS. LICENSE NUMBER: 175678						25L. NAME AND ADDRESS OF CERTIFIER WHO SIGNED 25A or 25F: 1592 Trenton Rd Decertfield NY 13502					
26. NAME AND ADDRESS OF CERTIFIER WHO SIGNED 25A or 25F: 1592 Trenton Rd Decertfield NY 13502						27. MANNER OF DEATH: NATURAL CAUSE <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> HOMICIDE <input type="checkbox"/> SUICIDE <input type="checkbox"/> UNDETERMINED CIRCUMSTANCES <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/>						28. WAS CASE REFERRED TO CORONER OR MEDICAL EXAMINER? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/>					
29. IF YES, WERE FINDINGS USED TO DETERMINE CAUSE OF DEATH? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/>						30. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C)) PETER BENJAMIN CONFIDENTIAL						31. INJURY LOCALITY: (City or town and county and state) LAKE COUNTY AUDITOR					
PART I. IMMEDIATE CAUSE (A) DUE TO OR AS A CONSEQUENCE OF: Hepab-Renal Insuf.						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 wks											
(B) DUE TO OR AS A CONSEQUENCE OF: Metastatic Lymphoma						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 6 months											
(C) DUE TO OR AS A CONSEQUENCE OF: Large Cell Lymphoma Stage IV						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 yrs											
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A): STADH						31A. IF INJURY DATE: MONTH _____ DAY _____ YEAR _____ HOUR _____						31B. INJURY LOCALITY: (City or town and county and state) _____					
31C. DESCRIBE HOW INJURY OCCURRED: _____						32. WAS DECEDENT HOSPITALIZED IN LAST 2 MONTHS? NO <input type="checkbox"/> YES <input checked="" type="checkbox"/>						33A. IF FEMALE, WAS DECEDENT PREGNANT IN LAST 6 MONTHS? NO <input type="checkbox"/> YES <input type="checkbox"/>					
33B. DATE OF DELIVERY: MONTH _____ DAY _____ YEAR _____						33C. DATE OF DELIVERY: MONTH _____ DAY _____ YEAR _____											

NOT OFFICIAL
This Document is the property of
Lake County, New York
FILED

↓
Alice Williams Browar
10417 Turnpike Rd
Utica, New York 13502

June 13, 2002

Lake County Recorder
2293 North Main Street
Crown Point, IN 46307
(219) 755-3730

Dear Sir or Madam,

This letter is to notify you that my husband, Borys N. Browar died June 6, 2001. He was the owner of ten (10) parcels of property in Hosford Park, Indiana. The property key numbers are 01 39 0169 0026 through 01 39 0169 0035. Please transfer the titles of these lots to my name.

Enclosed please find documents that I understand are required for this process:

1. Certified copy of the death certificate
2. Affidavit of my relationship to the deceased
3. Copies that I have of tax notices of these lots

I would appreciate it if you would return the original death certificate back to me after copying it. Thank you for taking care of this matter for me.

Sincerely yours,

Alice Williams Browar

Alice Williams Browar

