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STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

2002 100163

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2002 NOV -4 PM 12: 15

MORRIS W. CARTER
RECORDER

AFFIDAVIT OF SURVIVORSHIP

EVELYN T. TOBINSKI, being of legal age and duly sworn upon her oath, deposes and states as follows:

1. That she is the owner in fee simple of the following described real estate commonly known as 326 W. Eastland Circle, in the City of Lowell, County of Lake, State of Indiana, which parcel is more particularly described as follows, to-wit:

Lot 46, Eastland Estates Unit No. Two, an addition to the Town of Lowell, as shown in Plat Book 70, Page 44, in Lake County, Indiana. Tax Key No.: 4-136-20.

2. The Affiant further states that **JOHN J. TOBINSKI** and **EVELYN T. TOBINSKI**, were husband and wife at the time they acquired title *as husband and wife* to said real estate by Deed of Conveyance dated the 19th day of May, 1995, recorded on the 7th day of June, 1995, as Warranty Deed Number 388 in the Office of the Recorder of Lake County, Indiana.

3. That the marital relationship which existed between **JOHN J. TOBINSKI** and **EVELYN T. TOBINSKI** continued unbroken from the time they so acquired title to the real estate until the death of **JOHN T. TOBINSKI** on the 6th day of June, 1997, at which time this Affiant, acquired title to said real estate as the surviving tenant by the entireties. The Affiant attaches hereto a copy of the Death Certificate of **JOHN J. TOBINSKI** marked as Exhibit "A".

4. That no administration has been held upon the estate of **JOHN J. TOBINSKI** and none is contemplated, and his estate was not subject to any Federal or State taxes.

5. The Affiant makes this Affidavit for the purpose of causing the proper transfer of the real

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PETER BENJAMIN
LAKE COUNTY AUDITOR

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14.00

estate in the Office of the Auditor of Lake County, Indiana.

Evelyn T. Tobinski
EVELYN T. TOBINSKI

SUBSCRIBED AND SWORN to before me, a Notary Public in and for said State and County, this 4 day of Nov., 2002.

Betty J. Polston
Notary Public (Written)

BETTY J. POLSTON
Notary Public (Printed)

Commission Expires: 10-19-2008
County of Residence: LAKE

This instrument prepared by: Frank J. Koprcina, BRANDEWIE & KOPRCINA, P.C., Attorneys at Law, 105 E. 61st Avenue, SteE., Merrillville, Indiana 46410, (219) 985-9999.

EXHIBIT "A"

* 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.

Local No. 1194-97
426659

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. ....

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED—NAME (First, Middle, Last): John J. Tobinski
2. SEX: Male
3a. TIME OF DEATH: 10:50P M
3b. DATE OF DEATH (Month, Day, Yr.): June 6,1997
4. *SOCIAL SECURITY NUMBER: 318-22-5987
5a. AGE—Last Birthday (Years): 69
5b. UNDER 1 YEAR — Months / Days
5c. UNDER 1 DAY — Hours / Minutes
6. DATE OF BIRTH (Mo., Day, Yr.): Jan. 4,1928
7. BIRTHPLACE (City and State or Foreign Country): Chicago,ILL.
8a. WAS DECEDENT A U.S. VETERAN?: Yes
8b. YEAR LAST SERVED IN U.S. ARMED FORCES?: 1960
9a. PLACE OF DEATH (Check only one. See instructions.): HOSPITAL: ☐ Inpatient ☒ ER/Outpatient ☐ DOA — OTHER: ☐ Nursing Home ☐ Other (Specify) ☐ Residence
9b. FACILITY NAME (If not institution, give street and number): St. Anthonys Med.Center
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): Evelyn Krynicki
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Secretary
12b. KIND OF BUSINESS/INDUSTRY: Ald.Vrdolyaks Offi
13a. RESIDENCE—STATE: Indiana
13b. COUNTY: Lake
13c. CITY, TOWN, OR LOCATION: Lowell
13d. STREET AND NUMBER: 326 Eastland Circle
13e. ZIP CODE: 46356
13f. INSIDE CITY LIMITS: ☐ No ☒ Yes
13g. ON A FARM?: ☒ No ☐ Yes
14. CITIZEN OF WHAT COUNTRY?: USA
15. WAS DECEDENT OF HISPANIC ORIGIN?: ☒ No ☐ 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+):

PARENTS

18. FATHER'S NAME (First, Middle, Last): John Tobinski Sr.
19. MOTHER'S NAME (First, Middle, Maiden Surname): Pauline Budzynski

INFORMANT

20a. INFORMANT'S NAME (Type/Print): Evelyn Tobinski
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 326 Eastland Circle,Lowell,Ind.
20c. Relationship: Wife

DISPOSITION

21a. METHOD OF DISPOSITION: ☐ Entombment ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Holy Cross June 10,1997
21c. LOCATION—City or Town, State: Calumet City,ILL.
22a. EMBALMER'S NAME: James F. Betkowski
22b. EMBALMER'S LICENSE NO.: FD09200077
23. WAS DEATH REPORTED TO CORONER?: ☐ No ☒ Yes
24a. SIGNATURE OF FUNERAL DIRECTOR: James F. Betkowski
24b. LICENSE NUMBER (of Licensee): FD09200077
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: Baran & Son FHD#83007267 1235-119th St.Whiting,Ind For Elmwood Chapel Chicago,ILL.6061

CAUSE OF DEATH

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.

IMMEDIATE CAUSE (Final disease or condition resulting in death)
a. Amyloidosis
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

Approximate Interval Between Onset and Death

PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I: Myeloma
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): —

CERTIFIER

29a. CERTIFIER (Check only one):
☐ CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated.
☐ 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.
☐ 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: R Drasga
29c. MEDICAL LICENSE NO.: 01031484
29d. DATE SIGNED (Month, Day, Year): June 9, 1997
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): R. Drasga MD 8127 Merrillville Rd. Merrillville, IN 46410

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE: Alexander S. Williams MD
32. DATE FILED (Month, Day, Year): June 9,1997

33. MANNER OF DEATH: ☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide
34a. DATE OF INJURY (Month, Day, Year):
34b. TIME OF INJURY:
34c. INJURY AT WORK? (Yes or no):
34d. DESCRIBE HOW INJURY OCCURRED:
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.