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hold for:
Stewart Title Services
of Northwest Indiana
8695 Broadway
Merrillville, IN 46412

2002 102909

2002 NOV 12 AM 10:57

MORRIS W. CARTER
SURVIVORSHIP AFFIDAVIT

Lake Co.

024501909h
STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

On this 5th day of NOVEMBER, 2002, before me personally appeared STEVEN G. CHOUANEC, who being duly sworn on his/her oath states the following:

1. That the Affiant is the owner of the real estate located in Lake County, State of Indiana, more particularly described as follows:
See attached legal description
Commonly known as 5523 White Oak Ave, East Chicago, Indiana
 2. That said premises were formerly owned as tenants by the entireties by Steve Chouanec and Elaine Chouanec, husband and wife.
 3. That said STEVE CHOUANEC died on _____, a resident of Lake County, Indiana, leaving no Will.
 4. That by reason of the death of STEVE CHOUANEC, there are no Federal Estate taxes nor Indiana Inheritance Taxes due and payable by reason of the death of said Decedent.
 5. That on the date of the death of STEVE CHOUANEC said parties, namely, STEVE CHOUANEC and ELAINE CHOUANEC, were husband and wife and have not been divorced.
- Further Affiant saith not.

This Document is the property of
the Lake County Recorder!

Steven G. Chouanec
STEVEN G. CHOUANEC

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public in and for said County and State, this 5th day of NOV, 2002, personally appeared STEVEN G. CHOUANEC and acknowledged the execution of the foregoing affidavit.

FILED

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my official seal.
My Commission expires: _____
LINDA S. WOOD
NOTARY PUBLIC, Lake County, Indiana
My Commission Expires October 17, 2006
Resident of Lake County, Indiana

County of Residence: _____

This instrument was prepared by: David E. Wickland
846 Columbus Ave
Munster, IN 46321
RTY # 1231-45

000873
14c
not
11/12/02

* 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.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Local No. 57

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) Steve Chovanec		2 SEX Male	3a. TIME OF DEATH 7:30 a.m.	3b. DATE OF DEATH (Month, Day, Yr) March 3, 1997	
4. *SOCIAL SECURITY NUMBER 316-14-7742	5a. AGE—Last Birthday (Years) 74	5b. UNDER 1 YEAR Months: _____ Days: _____	5c. UNDER 1 DAY Hours: _____ Minutes: _____	6. DATE OF BIRTH (Mo, Day, Yr) July 6, 1922	
7. BIRTHPLACE (City and State or Foreign Country) Czechoslovakia	8a. WAS DECEDENT A U.S. VETERAN? Yes	8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1945	9a. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input checked="" type="checkbox"/> Residence <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify)		
9b. FACILITY NAME (If not institution, give street and number) 5523 White Oak Avenue		9c. CITY, TOWN OR LOCATION OF DEATH East Chicago		9d. COUNTY OF DEATH Lake	
10. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Elaine Chernek	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Dir. of Facilities & Planning		12b. KIND OF BUSINESS/INDUSTRY School City of E.C.	
13a. RESIDENCE—STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN OR LOCATION East Chicago		13d. STREET AND NUMBER 5523 White Oak Avenue	
13e. ZIP CODE 46312	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? U.S.A.	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+) -		18. FATHER'S NAME (First, Middle, Last) John Chovanec			
19. MOTHER'S NAME (First, Middle, Maiden Surname) Katherine Mucha		20a. INFORMANT'S NAME (Type/Print) Elaine Chovanec			
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5523 White Oak Ave., East Chicago, IN 46312		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) March 6, 1997 Concordia Cemetery		21c. LOCATION—City or Town, State Hammond, Indiana	
22a. EMBALMERS NAME James H. Fife		22b. EMBALMERS LICENSE NO. FD01010795		23. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
24a. SIGNATURE OF FUNERAL DIRECTOR <i>John P. Fife</i>		24b. LICENSE NUMBER (of Licensee) FD01020366		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME FIFE FUNERAL HOME - FH83001512 4201 Indpls. Blvd., E. Chgo, IND	
26. PART I. Enter the disease, 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. MYOCARDIAL INFARCTION DUE TO (OR AS A CONSEQUENCE OF)					
b. DIABETES MELLITUS DUE TO (OR AS A CONSEQUENCE OF)					
c. _____ DUE TO (OR AS A CONSEQUENCE OF)					
d. _____ DUE TO (OR AS A CONSEQUENCE OF)					
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I. PERIPHERAL VASCULAR OCCLUSIVE DISEASE					
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) -	
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>Timothy W. Raykovich</i>			29c. MEDICAL LICENSE NO. 01025435	29d. DATE SIGNED (Month, Day, Year) MARCH 5, 1997	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Timothy W. Raykovich, M.D. - 3903 Indpls. Blvd., East Chicago, IND 46312					
31. HEALTH OFFICER'S SIGNATURE <i>Mr. Timothy Raykovich</i>				32. DATE FILED (Month, Day, Year) 3-6-97	
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. 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.			

CASE NO. 024501969

EXHIBIT A - LEGAL DESCRIPTION

Lot 41, except the North 33 feet thereof, all of Lot 40 and the North 10 feet of Lot 39, Block 3, a Resubdivision of Blocks 2 and 3, in Roxana Park 5th Addition, in the City of East Chicago, as shown in Plat Book 31, page 20, in the Office of the Recorder of Lake County, Indiana.

