

Chicago Title Insurance Company

STATE OF INDIANA)

COUNTY OF LAKE) SS:

2002 108695

RE: John K. Anich, Deceased
2002 NOV 26 AM 9:49

1

CL 2002 9786 LD

MORRIS A. CENTER
RECORDER

AFFIDAVIT OF SURVIVORSHIP

Before me, an authority duly authorized to take oaths, did personally appear, Marianne Armstrong, and being duly sworn upon her oath, did state as follows:

1. John K. Anich is surviving owner in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

Lot 14, in Block 1, in Corrected Plat of Wright Manor Addition to Gary, as per plat thereof, recorded in Plat Book 33 page 62, in the Office of the Recorder of Lake County, Indiana.

Common Address: 2188 W. 57th Place, Merrillville, Indiana

- 2. John K. Anich and Betty Anich were married on April 16, 1947.
- 3. John K. Anich and Betty Anich were married at the time they acquired title to the above-described real estate, and the marital relationship continued unbroken from the time they acquired title until the death of Betty Anich.
- 4. The real estate was transferred by warranty deed to John K. Anich and Betty J. Anich, husband and wife, as tenants by the entireties on March 18, 1963.
- 5. John K. Anich and Betty Anich continued to own the property, as tenants by the entireties, until the time of Betty Anich's death on March 13, 1995, at which time John K.

Anich acquired title to the real estate as surviving tenant by the entireties. (A true and accurate, certified copy of the death certificate of Betty Anich is attached hereto and incorporated herein by reference as Exhibit "A".)

FILED
NOV 25 2002
PETER BENJAMIN
LAKE COUNTY AUDITOR

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Marianne Armstrong
MARIANNE ARMSTRONG, Affiant
14-
M.A.
C1

Subscribed and sworn to before me, this 21st day of November, 2002.

Laura L. Rybicki
LAURA L. RYBICKI, Notary Public
Resident of Lake County, Indiana

My Commission Expires: 9/25/08



This instrument was prepared by RUMAN, CLEMENTS & HOLUB, P.C.
BY: LAURA L. RYBICKI, #21389-45
5261 Hohman Avenue, Hammond, Indiana 46320; (219) 933-7600

LLR/ma
202-0419-D

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

Local No. 0594-95

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

PARENTS

INFORMANT

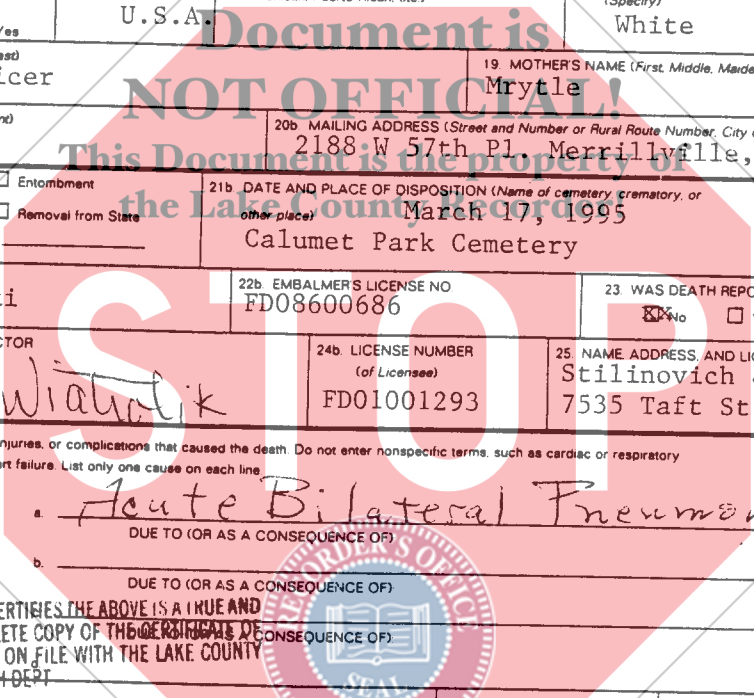
DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

| | | | | | |
|--|---|--|---|--|----------------------------------|
| 1 DECEASED—NAME (First, Middle, Last) Betty Anich | | 2 SEX Female | 3a TIME OF DEATH 2:46P M | 3b DATE OF DEATH (Month, Day, Yr.) March 13, 1995 | |
| 4 *SOCIAL SECURITY NUMBER 311-26-0240 | 5a AGE—Last Birthday (Years) | 5b UNDER 1 YEAR Months Days | 5c UNDER 1 DAY Hours Minutes | 6 DATE OF BIRTH (Mo, Day, Yr.) August 21, 1927 | |
| 7a WAS DECEDENT A U.S. VETERAN? No | 7b YEAR LAST SERVED IN U.S. ARMED FORCES? None | 7 BIRTHPLACE (City and State or Foreign Country) Gary, IN. | | | |
| 9a PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> OOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence | | | | | |
| 9b FACILITY NAME (If not institution, give street and number) Methodist Hospital - Southlake | | 9c CITY, TOWN, OR LOCATION OF DEATH Merrillville | | 9d COUNTY OF DEATH Lake | |
| 10 MARITAL STATUS (Specify) Married | 11 SURVIVING SPOUSE (If wife, give maiden name) John Anich | 12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Housewife | | 12b KIND OF BUSINESS/INDUSTRY Self | |
| 13a RESIDENCE—STATE IN | 13b COUNTY Lake | 13c CITY, TOWN, OR LOCATION Merrillville | | 13d STREET AND NUMBER 2188 W. 57th Pl. | |
| 13e ZIP CODE 46410 | 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) <input checked="" type="checkbox"/> College (1-4 or 5+) <input type="checkbox"/> | | 17 12 | | | |
| 18 FATHER'S NAME (First, Middle, Last) John W. Spicer | | 19 MOTHER'S NAME (First, Middle, Maiden Surname) Mrytle N/A | | | |
| 20a INFORMANT'S NAME (Type/Print) John Anich | | 20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2188 W 57th Pl, Merrillville, IN 46410 | | 20c Relationship Husband | |
| 21a METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" 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 17, 1995 Calumet Park Cemetery | | 21c LOCATION—City or Town, State Merrillville, IN | |
| 22a EMBALMER'S NAME David Semplinski | | 22b EMBALMER'S LICENSE NO FD08600686 | | 23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 24a SIGNATURE OF FUNERAL DIRECTOR Robert C. Wiatrolak | | 24b LICENSE NUMBER (of Licensee) FD01001293 | | 25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Stilnovich & Wiatrolik 7535 Taft St Merrillville, IN 46410 FH3004455 | |
| 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. Acute Bilateral Pneumonitis 4 weeks DUE TO (OR AS A CONSEQUENCE OF) b. DUE TO (OR AS A CONSEQUENCE OF) Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT | | | | | |
| PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I 1) Severe Paratyphoid Disease - five years | | | | | |
| 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, on the basis of personal 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 personal 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 Peter Benjamin, MD | | | 29c MEDICAL LICENSE NO 01017621 | | |
| 29d DATE SIGNED (Month, Day, Year) 17 Mar 95 | | | NOV 25 2002 | | |
| 30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Dr. Scully 8895 Broadway Merrillville, IN 738-2081 | | | | | |
| 31 HEALTH OFFICER'S SIGNATURE Peter Benjamin, MD PETER BENJAMIN, MD LAKE COUNTY HEALTH DEPT | | | | | |
| 33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <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. | | | |



FILED