STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

2002 118465 2002 DEC 20 AM 11:45

AFFIDAVIT OF SURVIVORSHIP

MICHAEL B. BROWN
RECORDER

Comes now RAYMOND GMYREK, being duly sworn upon his oath and states as follows:

1. That EMILY GMYREK was the surviving spouse of STANLEY R. GMYREK and the owner in fee simple of the following described Real Estate located in Lake County, Indiana, more particularly described as follows:

> Lots 52 and 53, Block 3, Yonan Air-Park Homesites Addition to the City of Lake Station, as per plat thereof, in the Office of the recorder of Lake County, Indiana.

2. That Stanley R. GMyrek and Emily Gmyrek, now deceased, were Husband and Wife at the time they aquired title; as tenents by the entireties, to said Real Estate, by Deed of Conveyance on March 7, 1986, and recorded in the Office of the Lake County Recorder.

3. That the marital relationship which existed between Stanley R. Gmyrek and Emily Gmyrek, was still in existence on the 19th day of December, 1996, at which time Emily Gmyrek acquired title to the Real Estate as surviving tenant by the entireties, Stanley R. Gmyrek having died as evidenced by Exhibit :A: attached hereto.

4. That the gross value of the Estate of Stanley R. Gmyrek, was neither subject to Federal Estate Tax, nor Indiana Inheritance or Death Taxes.

5. That the purpose of this Affidavit is to establish clear title to said Real Estate and enable the Lake County Auditor to transfer upon its records ownership of said Real Estate in the name of Emily Gmyrek for purpose of Taxation.

Further this Affiant saith not.

DULY ENTERED FOR TAXATION SUBJECT TO
FINAL ACCEPTANCE FOR TRANSFER

DEC 20 2002

PETER BENJAMIN
LAKE COUNTY AUDITOR

Raymond Gmyrek, Affiant

1410 CL
FF 8979
1493

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared Raymond Gmyrek and subscribed and swore on oath to the foregoing Affidavit of Survivorship on this 10th day of October, 2002.

My County of Residence: Lake

Dawn Smith
Notary Public

My Commission Expires: 11/21/09

This Instrument prepared by:

William J. Longer
Atty. No.: 8894-45
651 East Third Street
P. O. Box 69
Hobart, IN 46342
(219) 947-1571

* ATTENTION ESTATE: Disclosure of the SS# we need to pursue our responsibilities is voluntary and there will be no penalty for refusal. *

Local No. 3495-96

2 Cert
2 Total

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.....

4205

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)	2. SEX	3a. TIME OF DEATH	3b. DATE OF DEATH (Month Day Yr)
STANLEY RAYMOND GMYREK	Male	6:15AM	December 19, 1996

4. SOCIAL SECURITY NUMBER	5a. AGE - Last Birthday (Years)	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo Day Yr)	7. BIRTHPLACE (City and State or Foreign Country)
308-32-2985	80			Jul 17, 1916	New Chicago, Indiana

8a. WAS DECEDENT A U.S. VETERAN?	8b. YEAR LAST SERVED IN U.S. ARMED FORCES	8c. PLACE OF DEATH (Check only one. See Instructions)
Yes	1945	HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☐ Other (Specify) ☒ Residence

9b. FACILITY NAME (If not institution, give street and number)	9c. CITY TOWN OR LOCATION OF DEATH	9d. COUNTY OF DEATH
1971 Riverlane	Lake Station	Lake

10. MARITAL STATUS (Specify)	11. SURVIVING SPOUSE (If wife, give maiden name)	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	12b. KIND OF BUSINESS INDUSTRY
Married	Emily Wozniak	Self-Employed Roofer	Construction-Siding & Trim

13a. RESIDENCE - STATE	13b. COUNTY	13c. CITY TOWN OR LOCATION	13d. STREET AND NUMBER
Indiana	Lake	Lake Station	1971 Riverlane

13e. ZIP CODE	13f. INSIDE CITY LIMITS	13g. ON A FARM?	14. CITIZEN OF WHAT COUNTRY?	15. WAS DECEDENT OF HISPANIC ORIGIN?	16. RACE - American Indian Black, White, etc. (Specify)	17. DECEDENT'S EDUCATION (Specify only highest grade completed)	
						Elementary/Secondary (0-12)	College (1-4 or 5+)
46405	☐ No ☒ Yes	☒ No ☐ Yes	USA	☒ No ☐ Yes (If yes specify Cuban, Mexican, Puerto Rican, etc.)	White		1

PARENTS

18. FATHER'S NAME (First, Middle, Last)	19. MOTHER'S NAME (First, Middle, Maiden Surname)
Paul Gmyrek	Katherine Soyha

INFORMANT

20a. INFORMANT'S NAME (Type/Print)	20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	20c. Relationship
Emily Gmyrek	1971 Riverlane, Lake Station, IN 46405	Wife

DISPOSITION

21a. METHOD OF DISPOSITION	21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place)	21c. LOCATION - City or Town State
☐ Entombment ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)	Dec 23, 1996 Calvary Cemetery	Portage, Indiana

22a. EMBALMER'S NAME	22b. EMBALMER'S LICENSE NO.	23. WAS DEATH REPORTED TO CORONER?
James J. Krause	FD01006463	☐ No ☒ Yes

24a. SIGNATURE OF FUNERAL DIRECTOR	24b. LICENSE NUMBER (of Licensee)	25. NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME
James J. Krause	FD01006463	FH83003069 Rees Funeral Home, Inc. 600 W. Old Ridge Road, Hobart, IN 46342

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.

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Cardiac arrhythmia	7 days
Conditions if any which gave rise to the immediate cause stating the underlying cause last	b. DUE TO (OR AS A CONSEQUENCE OF): Coronary artery disease	10 yr.
	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.	27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no)	28a. WAS AN AUTOPSY PERFORMED? (Yes or no)	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)
Chronic congestive heart failure Hypertension.	No	No	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	29c. MEDICAL LICENSE NO	29d. DATE SIGNED (Month Day Year)
John O. Carter MD	01017684	12-23-96

HEALTH OFFICER

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 29) (Type/Print): John O. Carter MD, 295 S. Wisconsin Street, Hobart, IN 46342

31. HEALTH OFFICER'S SIGNATURE: [signature] M.D.

32. DATE FILED (Month Day Year): December 23, 1996

THIS CERTIFIES THAT THE ORIGINAL CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT.

DEC 23 1996

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

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.

[signature] M.D.

COMMISSIONER

SDH06-004 State Form 10110-04 (R4 / 3-93) DEATHCER/PD 1