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LAKE COUNTY  
FILED FOR RECORD

H-620031618 ioo

2003 077285

**Chicago Title Insurance Company**

**SURVIVORSHIP AFFIDAVIT**

Chicago Title Insurance Company

On this 28th day of March 2003 before me personally appeared Jacqueline S. Smolinski  
(insert date)

to me personally known, who being duly sworn on oath did say that:

- Affiant resides at the address given below affiant's signature;
- Affiant is the Personal Representative and Daughter  
(state interest of affiant in the above premises as "owner", "son of owner", etc.)
- Said premises were formerly owned as joint tenants or as tenants by the entireties by Martin A. Covert and Julia Covert
- Said Martin A. Covert AKA MARTIN COVERT  
(fill in name of co-tenant who died)  
died on September 29, 1989  
leaving A will;  
(insert "a" or "no"; if will left, attach a copy)
- The legal description of the premises in question is:  
Lot 22, Block 1, Kraay's Ridgeway Addition,  
Town of Munster, Plat Book 24 Page 24  
Lake County, IN  
Key # 18-28-115-22
- Is there Federal Estate or State inheritance tax liability by reason of the death of said decedent?  Yes  No

If yes, then estimated taxes due are \$ N/A

The taxes due are  paid or  unpaid.

**FILED**

JUL 24 2003

STEPHEN R. STIGLICH  
LAKE COUNTY AUDITOR

001746

13-  
DG  
CT

7. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced?

NO

(If answer is "Yes," identify the divorce proceedings:

8. Affiant's relationship to the deceased was NATURAL DAUGHTER

Signature: Jacqueline Smolinski

Printed Name JACQUELINE SMOLINSKI

Address: 8708 W. 85TH AVE

SCHAEFERVILLE IN 46013

Subscribed and sworn to before me by the affiant

this 3.28.03

(insert date)

Kathleen Adams

Notary Public

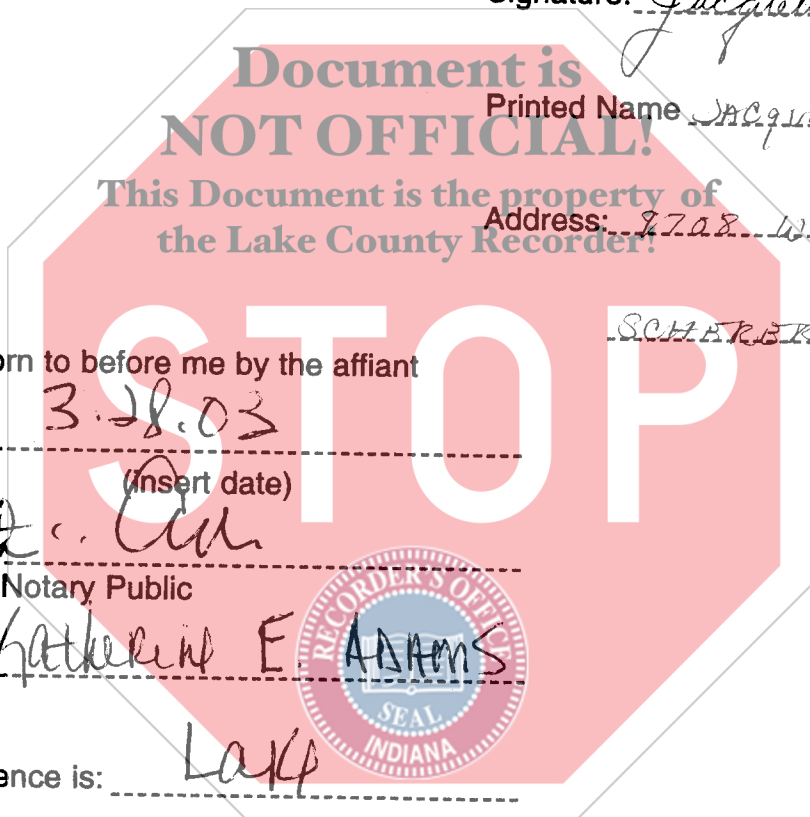
Printed Name Kathleen E. ADAMS

My County of Residence is: Lake

In the State of Indiana

My Commission Expires 12.13.08

This instrument prepared by D. Wickham



A-620031618 iso

Kcy # 18-28-115-22

INDIANA STATE BOARD OF HEALTH

Local No. 4276-89

CERTIFICATE OF DEATH

State No. ....

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

CORONER USE ONLY

1. DECEASED—NAME (First, Middle, Last) <b>MARTIN COVERT</b>			2. SEX <b>MALE</b>		3a. TIME OF DEATH <b>10:00PM</b>		3b. DATE OF DEATH (Month, Day, Yr.) <b>SEPTEMBER 29, 1989</b>					
4. SOCIAL SECURITY NUMBER <b>304-14-6995A</b>		5a. AGE—Last Birthday (Years) <b>72</b>		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes		6. DATE OF BIRTH (Mo, Day, Yr.) <b>MAY 30, 1917</b>		7. BIRTHPLACE (City and State or Foreign Country) <b>HAMMOND, INDIANA</b>		
8a. WAS DECEDENT A U.S. VETERAN? <b>YES</b>		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? <b>1943-45</b>		9a. PLACE OF DEATH (Check only one. See instructions.) <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA				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) <b>THE COMMUNITY HOSPITAL</b>						9c. CITY, TOWN, OR LOCATION OF DEATH <b>MUNSTER</b>			9d. COUNTY OF DEATH <b>LAKE</b>			
10. MARITAL STATUS (Specify) <b>MARRIED</b>		11. SURVIVING SPOUSE (If wife, give maiden name) <b>JULIA EVANOFF</b>			12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>FOREMAN</b>			12b. KIND OF BUSINESS/INDUSTRY <b>INLAND STEEL</b>				
13a. RESIDENCE—STATE <b>INDIANA</b>		13b. COUNTY <b>LAKE</b>		13c. CITY, TOWN, OR LOCATION <b>MUNSTER</b>			13d. STREET AND NUMBER <b>8325 KRAAY AVENUE</b>					
13a. ZIP CODE <b>46321</b>		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		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) <b>WHITE</b>		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>12yrs</b> College (1-4 or 5+) <b>2+</b>		
18. FATHER'S NAME (First, Middle, Last) <b>HAROLD A. COVERT</b>						19. MOTHER'S NAME (First, Middle, Maiden Surname) <b>EVA PARKER</b>						
20a. INFORMANT'S NAME (Type/Print) <b>JULIA COVERT</b>				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>8325 KRAAY MUNSTER, INDIANA 46321</b>				20c. Relationship <b>WIFE</b>				
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from Site <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)				21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>ST. JOSEPH CEMETERY 10-3-89</b>				21c. LOCATION—City or Town, State <b>HAMMOND, INDIANA</b>				
22a. EMBALMER'S NAME <b>KEVIN W. KISH</b>				22b. EMBALMER'S LICENSE NO. <b>10021590</b>		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes						
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Kevin W. Kish</i>				24b. LICENSE NUMBER (of Licenses) <b>10021590</b>		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>BURNS-KISH FUNERAL HOME 3002819 8415 CALUMET AVE. MUNSTER, IN.</b>						
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. <b>cardiorespiratory arrest</b> DUE TO (OR AS A CONSEQUENCE OF) b. <b>congestive heart failure</b> DUE TO (OR AS A CONSEQUENCE OF) c. <b>arteriosclerotic heart disease</b> DUE TO (OR AS A CONSEQUENCE OF) d. Approximate Interval Between Onset and Death <b>10/4/89</b> 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.					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)			
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 <b>LAKE COUNTY HEALTH COMMISSIONER</b> <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 <b>Burton H. Greenberg, M.D.</b>						29c. MEDICAL LICENSE NO. <b>23250</b>			29d. DATE SIGNED (Month, Day, Year) <b>10/3/89</b>			
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>BURTON H. GREENBERG M.D. 4320 FIR ST. EAST CHICAGO, INDIANA 46312</b>												
31. HEALTH OFFICER'S SIGNATURE <i>Burton H. Greenberg</i>									32. DATE FILED (Month, Day, Year) <b>OCT 4, 89</b>			
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			
			34a. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		34d. 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. <b>FILED JUL 24 2003 STEPHEN R. STIGLICH LAKE COUNTY AUDITOR</b>								

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