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STIGLICH, HENRY
LAKE COUNTY
FILED FOR RECORD
2003 OCT -1 AM 11:35
RECORDER

2003 104945

SURVIVORSHIP AFFIDAVIT

Teresq

Modrzejewski ("Affiant"), being first duly sworn upon an oath, deposes and says:

1. That ^{Casimir} Modrzejewski ("the Decedent") and Affiant were husband and wife at the time they acquired title, as tenants by the entireties, to certain real estate by deed #5696 Recorded 2/18/89 in the Office of the Recorder of Lake County, Indiana, and more particularly described as follows:

Lot 33 and 34, Block 1, Frank S. Betz 3rd Addition to Hammond, as shown in Plat Book 12, page 1 of the Recorder's Office of Lake County, Indiana.

The address of the real estate is commonly known as 4218 - 4220 Henry Street, Hammond, IN 46327.

- 2. That the marital relationship which existed between the Decedent and Affiant continued unbroken from the time they so acquired title to said real estate until the death of the Decedent on 8-7-80, at which time Affiant acquired title to said real estate as surviving tenant by the entirety.
- 3. That all debts, estate and inheritance taxes, funeral expenses, and expenses of the last illness of the Decedent have been fully paid and satisfied.
- 4. That all of the above representations are true.



AFFIANT:

Teresa Modrzejewski
Signature

Teresq Modrzejewski
Printed

FILED
OCT 1 2003
HEN R. STIGLICH
COUNTY AUDITOR

HOLD FOR FIRST AMERICAN TITLE

612441

D3 B. DG
FA

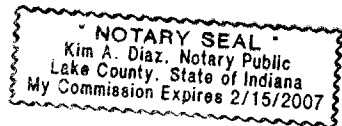
STATE OF INDIANA }
COUNTY OF Lake }SS:
}

ACKNOWLEDGMENT

Before me the undersigned, a Notary Public in and for said County and State, personally appeared Teresa Mdrzejewski who, being first duly sworn by me upon an oath, states that the facts alleged in the foregoing Survivorship Affidavit are true.

Witness my hand and Notarial Seal this 26th day of September 2003

Kim A. Diaz
Notary Public



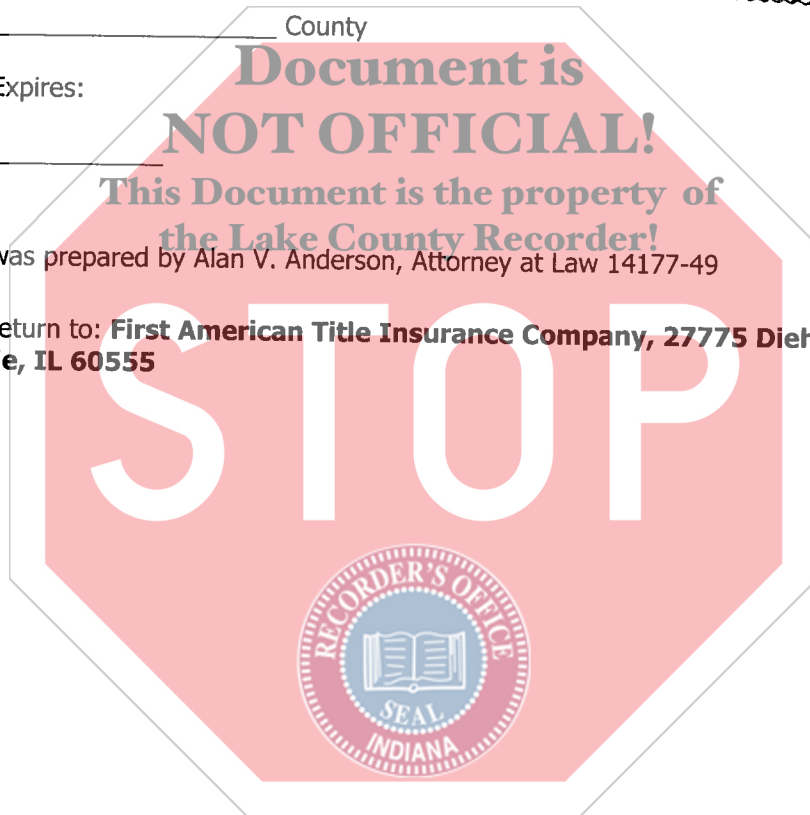
Printed Name _____

Resident of _____ County

My Commission Expires: _____

This instrument was prepared by Alan V. Anderson, Attorney at Law 14177-49

After recording, return to: **First American Title Insurance Company, 27775 Diehl Road, Suite 200, Warrenville, IL 60555**



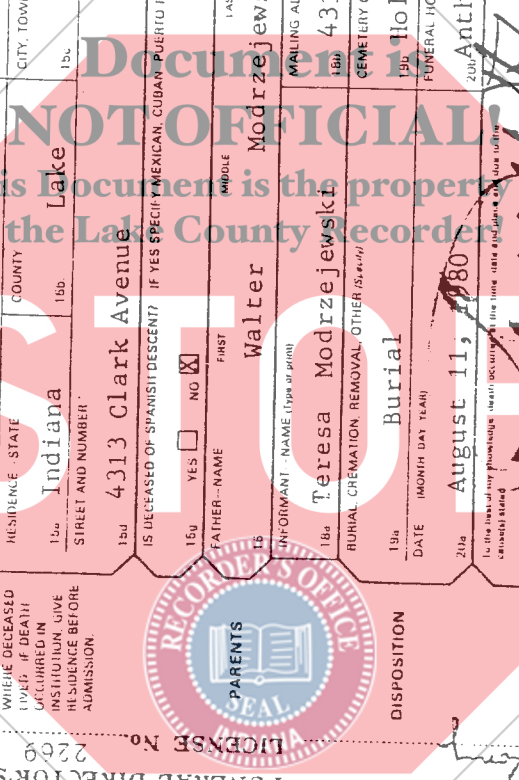
ONE PRINT
 VIA WHITE
 GLOSSY INK
 IS A
 BURNED
 State Office Use

Local No. 362
 Type of Print
 Permanent
 Instructions
 Handbook

INDIANA STATE BOARD OF HEALTH
 MEDICAL CERTIFICATE OF DEATH

State No.

1. DECEASED NAME (Kazimierz) CASIMIR		MIDDLE MODRZEJEWSKI		LAST MODRZEJEWSKI		SEX MALE		DATE OF DEATH (MONTH, DAY, YEAR) AUGUST-7-1980	
2. RACE White		AGE (at Birth) 54		UNDER 1 YEAR MOS. 54		DATE OF BIRTH (Mo., Day, Yr.) 12/3/1925		COUNTY OF DEATH Lake	
3. CITY, TOWN OR LOCATION OF DEATH East Chicago		CITIZEN OF WHAT COUNTRY U.S.A.		HOSPITAL OR OTHER INSTITUTION (Name, if not in earlier, give street and number) St. Catherine Hospital		IF HOSP OR INST. OP/Engr. Inst. (Name) (No.)		7d. INPATIENT Inpatient	
4. SOCIAL SECURITY NUMBER 303-36-3520		8. POLAND		9. U.S.A.		10. MARRIED		11. TERESA GACKOWSKI	
12. RESIDENCE - STATE Indiana		13. COUNTY Lake		14a. CITY, TOWN OR LOCATION Hammond		14b. KIND OF BUSINESS OR INDUSTRY Railway Car Mfg.		12. WAS DECEDENT EVER IN U.S. MILITARY SERVICE? No	
15a. STREET AND NUMBER 4313 Clark Avenue		15b. IS DECEASED OF SPANISH DESCENT? NO		15c. IS RESIDENCE ON A FARM? NO		15d. YES		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes	
16. FATHER - NAME Walter		17. MOTHER - MAIDEN NAME Modrzejewski		18. FIRST Aniela		18. MIDDLE Aniela		18. LAST Jadonski	
19a. INFORMANT - NAME (Type or print) Teresa Modrzejewski		19b. STREET OR R.F.D. NO. 4313 Clark Ave. Hammond, Indiana 46327		19c. CITY OR TOWN Hammond		19d. STATE Indiana		19e. ZIP	
20. BURIAL CEMETERY Burial		20a. HOLY CROSS CEMETERY		20b. LOCATION Calumet City, Illinois		20c. STATE Illinois		20d. CITY OR TOWN Calumet City, Illinois	
21. DATE (Month, Day, Year) August 11, 1980		21a. M.D. OR D.O. LOWELL H. STEEN, M.D.		21b. DATE SIGNED (Mo., Day, Yr.) 8/9/80		21c. HOUR OF DEATH 6:30 PM		21d. M.	
22. MAILING ADDRESS - PHYSICIAN 2450-169th - STREET HAMMOND, IND. 46323		22a. HEALTH OFFICER - SIGNATURE Keith D. Anthony		22b. DATE RECEIVED BY LOCAL HEALTH OFFICER 8-12-80		22c. SIGNATURE OF LOCAL HEALTH OFFICER Keith D. Anthony		22d. SIGNATURE OF DECEASED Teresa Modrzejewski	
23. SIGNATURE OF EMBALMER Keith D. Anthony		23a. EMBALMER'S NAME Keith D. Anthony		23b. LICENSE NO. 1191		23c. SIGNATURE OF FUNERAL DIRECTORS Keith D. Anthony		23d. LICENSE NO. 2269	
24. SIGNATURE OF FUNERAL HOME DIRECTORS Keith D. Anthony		24a. FUNERAL HOME FURNERAL HOME		24b. LICENSE NO. 283		24c. SIGNATURE OF FUNERAL HOME DIRECTORS Keith D. Anthony		24d. LICENSE NO. 2269	



Permit
 of local
 health
 department
 No