

STATE OF INDIANA)
LAKE COUNTY)

AFFIDAVIT OF SURVIVORSHIP

2003 10752

(27) 17-10-24

Rina Kosiba ("affiant"), being first duly sworn upon her oath, states as follows:

- I am an adult resident of the City of Hobart, Lake County, Indiana and have personal knowledge of all facts stated herein.
- Robert Kosiba and I were joined in marriage in Lake County, Indiana on March 1, 1969 and lived together as husband and wife until Robert Kosiba died on September 10, 1978 in Jasper County, Indiana. A true accurate and complete certified copy of his duly issued Certificate of Death is attached hereto and made a part hereof as Exhibit A.
- At and prior to the time of his death, Robert Kosiba and I were owners as tenants by the entireties of a certain parcel of real estate improved with a single family dwelling located at 4431 15th Place, Hobart, Indiana 46342 and legally described as follows:

Lot 136 in the Glen Wood Addition to the City of Hobart, Unit No. 4, as per plat thereof, recorded in Plat Book 41, page 72, in the Office of the Recorder of Lake County, Indiana.
- This affidavit is given to document the death of Robert Kosiba upon the public record and to vest title to said real estate at the time of his death in Rina Kosiba, his widow, by operation of law.

FURTHER AFFIANT SAITH NAUGHT.

Rina Kosiba
RINA KOSIBA

SUBSCRIBED AND SWORN to before me, a duly appointed Notary Public in and for said county and state, on this 29th day of September, 2003.

Anthony DeBonis, Jr.
Anthony DeBonis, Jr., Notary Public

FILED ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER
OCT 7 2003
STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

S E A L

My Commission Expires: February 17, 2009
County of Residence: Lake

000602

TICOR HBT

This instrument prepared by Anthony DeBonis, Jr., Attorney at Law, SMITH & DeBONIS, LLC, 9696 Gordon Drive, Highland, Indiana 46322. (219) 922-1000

923-7255

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FOR PRINT ONLY WITH PADDING INK THIS IS A PERMANENT RECORD or State Office Use

EMBALMER'S NAME Ronald Mesarch LICENSE No. 591
 FUNERAL DIRECTOR'S SIGNATURE Michael J. Garcia FUNERAL DIRECTOR'S LICENSE No. 367 FUNERAL HOME No. 776

Local No. 87-78

INDIANA STATE BOARD OF HEALTH
 CORONER'S CERTIFICATE OF DEATH

State No. 10

DATE OF DEATH (MONTH DAY YEAR) Sept 10, 1978

DECEASED—NAME Robert W. Kosiba SEX Male DATE OF BIRTH (MONTH DAY YEAR) Feb 17, 1944

RACE White AGE (YEAR MONTHS DAYS) 34 UNDER 1 YEAR 0 UNDER 1 DAY 0 HOURS 0 MINUS 0 DATE OF BIRTH (MONTH DAY YEAR) Feb 17, 1944 COUNTY OF DEATH Jasper

CITY, TOWN OR LOCATION OF DEATH Rensselaer HOSPITAL OR OTHER INSTITUTION—Name if death occurred there and full name Jasper County Airport Property

STATE OF BIRTH (if not in U.S.A.) Indiana CITIZEN OF WHAT COUNTRY USA MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married SURVIVING SPOUSE (Name, full name, date of death) Rina Vinzani

SOCIAL SECURITY NUMBER 315-44-7936 USUAL OCCUPATION (Specify kind of work done during death if different from usual) Manager KIND OF BUSINESS OR INDUSTRY Morocco Sand & Gravel

RESIDENCE—STATE Indiana COUNTY Lake CITY, TOWN OR LOCATION Hobart IS RESIDENCE ON A FARM? YES NO

STREET AND NUMBER 4431 15th place INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes

IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. YES NO

FATHER—NAME Wallace Kosiba MOTHER—Maiden Name Anne Klosowski

INFORMANT—NAME (Type or Print) Rina Kosiba MAILING ADDRESS 4431 15th place Hobart, Indiana 46342 CITY OR TOWN Hobart STATE Indiana ZIP 46342

BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial CEMETERY OR CREMATORY—FUNERAL HOME Weston Cemetery LOCATION Rensselaer, Indiana CITY OR TOWN Rensselaer STATE Indiana

DATE (MONTH, DAY YEAR) September 13, 1978 FUNERAL HOME—NAME AND ADDRESS Geisen Funeral Home, Inc 7905 Broadway, Merrillville, IN 46410 STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP

On the basis of examination and/or investigation by my personal death occurred at the time, date and place and due to the accident stated

20a. September 13, 1978 20b. Geisen Funeral Home, Inc 7905 Broadway, Merrillville, IN 46410

21a. Signature Donald Ahler 21b. Signature Michael J. Garcia

21c. NAME AND ADDRESS OF CERTIFIER (Type or Print) K. J. Ahler M.D. HWY. 114 East, Rensselaer, Indiana 47978

HEALTH OFFICER—SIGNATURE Michael J. Garcia M.D. DATE RECEIVED BY LOCAL HEALTH OFFICER September 12, 1978

22a. Michael J. Garcia M.D. (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B) AND (C))

23. IMMEDIATE CAUSE (A) P. Parvovirus (B) Maternal Baby Trauma (C) Due to OR AS A CONSEQUENCE OF

24. INTERVAL BETWEEN ONSET AND DEATH Interval between onset and death

25a. ACC. SUICIDE, HOMICIDE, OR FENDING INVEST. (Specify) Accident DATE OF INJURY (MO. DAY YR.) 9-10-78 HOUR OF INJURY 4:35P M DESCRIBE HOW INJURY OCCURRED 2nd Hang Glider Crash CITY OR TOWN Rensselaer, IN

25b. INJURY AT WORK (Specify Type of Work) NO PLACE OF INJURY—Name, Street, Highway, Office Building, etc. (Specify) Edge of Cornfield LOCATION Hwy 114 W. STREET OR R.F.D. NO. NO CITY OR TOWN Rensselaer, IN

26. OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART II (A)

27. AUTOPSY? (Specify Year or No) NO

JASPER COUNTY HEALTH DEPARTMENT
 Rensselaer, Indiana 47978
 This is a true copy of the original record.
 Michael J. Garcia M.D.
 Health Officer

TICOR HBT

923-7255
 (2) 17240-24

EXHIBIT A