

SURVIVORSHIP AFFIDAVIT

1620037732 LD  
STATE OF Indiana

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

COUNTY OF Lake

S. S.

2003 110692

2003 OCT 15 AM 9:47

MORRIS V. BARTER

On this 4th of October 2003 before me personally appeared Nancy D. Wujek  
(insert date)

Chicago Title Insurance Company

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

- 1. Affiant resides at the address given below affiant's signature;
- 2. Affiant is owner (state interest of affiant in the above premises as "owner," "son of owner," etc.);
- 3. Said premises were formerly owned as joint tenants or as tenants by the entireties by Norbert Wujek and Nancy D. Wujek;

4. Said Norbert Wujek (fill in name of co-tenant who died)

died on September 6, 1994

leaving A will; (insert "a" or "no"; if will left, attach a copy)

5. The total value of the taxable estate of said deceased including joint tenancies, tenancies by the entireties, individual ownerships of both real and personal property, and insurance does not exceed the sum of \$ 20,000.00 and to the best of affiant's knowledge there is no estate or inheritance tax liability by reason of the death of said decedent;

6. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced? No

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

7. Affiant's relationship to the deceased was wife

DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER  
Signature: Nancy D. Wujek

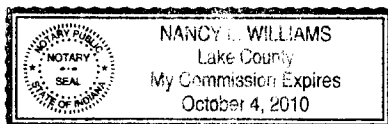
Address: 609 River Drive  
Munster, IN 46321

OCT 14 2003  
STEPHEN H. STIGLICH  
LAKE COUNTY AUDITOR

Subscribed and sworn to before me by the affiant

this 4th day of October, 2003.  
(insert date)

[Signature]  
Notary Public



001051

My Commission Expires 10/04/2010

This instrument prepared by Nancy D. Wujek

14.00  
KEM  
CT

\*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

THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.

Local No. 694

CERTIFICATE OF DEATH

Stat Sept 8, 1994 Date Issued Franklin J. Remuda M.D. Hammond Health Commissioner

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) <b>Norbert Wujek</b>		2. SEX <b>Male</b>	3a. TIME OF DEATH <b>7:30 p m</b>	3b. DATE OF DEATH (Month, Day, Yr) <b>September 6, 1994</b>	
4. *SOCIAL SECURITY NUMBER <b>331-36-3179</b>	5a. AGE—Last Birthday (Years) <b>50</b>	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr) <b>Feb. 2, 1944</b>	
7a. WAS DECEDENT A U.S. VETERAN? <b>Yes</b>	7b. YEAR LAST SERVED IN U.S. ARMED FORCES? <b>N/A</b>	9a. PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input checked="" 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>St. Margaret Mercy North</b>		9c. CITY, TOWN, OR LOCATION OF DEATH <b>Hammond</b>	9d. COUNTY OF DEATH <b>Lake</b>		
10. MARITAL STATUS (Specify) <b>Married</b>	11. SURVIVING SPOUSE (If wife, give maiden name) <b>Nancy Johnson</b>	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired). <b>Systems Analyst</b>		12b. KIND OF BUSINESS/INDUSTRY <b>Electronic</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>609 River drive</b>	
13e. ZIP CODE <b>46321</b>	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 13g. ON A FARM? <input checked="" type="checkbox"/> No <input 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>---</b> College (1-4 or 5+) <b>2</b>			18. FATHER'S NAME (First, Middle, Last) <b>Casimir Wujek</b>		
19. MOTHER'S NAME (First, Middle, Maiden Surname) <b>Lillian Wisniewski</b>			20a. INFORMANT'S NAME (Type/Print) <b>Nancy Wujek</b>		
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>609 River Drive, Munster, IN 46321</b>			20c. Relationship <b>Wife</b>		
21a. METHOD OF DISPOSITION <input type="checkbox"/> Entombment <input checked="" type="checkbox"/> Burial <input 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) <b>September 10, 1994 Holy Cross Cemetery</b>		21c. LOCATION—City or Town, State <b>Calumet City, IL</b>	
22a. EMBALMER'S NAME <b>James Porras</b>		22b. EMBALMER'S LICENSE NO. <b>1045964</b>		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Brian T. Burns</i>		24b. LICENSE NUMBER (of Licensee) <b>8601763</b>		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>Burns-Kish Funeral Home #300496 8415 Calumet Avenue Munster, Indiana</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>Meta Stroke lung CA</b> DUE TO (OR AS A CONSEQUENCE OF): b. <b>FE NO Stroke renal Disease 20 Diabetes</b> DUE TO (OR AS A CONSEQUENCE OF): c. <b>Severe Arterial</b> DUE TO (OR AS A CONSEQUENCE OF): d. PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.				Approximate Interval Between Onset and Death	
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) <b>NO</b>		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) <b>NO</b>		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <b>NO</b>	
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 cause(s) as stated. <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 <i>[Signature]</i>		29c. MEDICAL LICENSE NO. <b>848</b>	
29d. DATE SIGNED (Month, Day, Year) <b>September 7, 1994</b>		30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>S. Mischel, D.O. 222 Douglas Street, Hammond, Indiana 46320</b>			
31. HEALTH OFFICER'S SIGNATURE <i>Franklin J. Remuda M.D.</i>			32. DATE FILED (Month, Day, Year) <b>SEP 08 1994</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
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.			

No: 620037732

### LEGAL DESCRIPTION

Lot 27 in Schoon & Harkema 2nd Addition to Munster, as per plat thereof, recorded in Plat Book 31 page 80, in the Office of the Recorder of Lake County, Indiana.

