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2003 10 20 03

CHICAGO TITLE INSURANCE COMPANY

Chicago Title Insurance Company

SURVIVORSHIP AFFIDAVIT

20034675T

On this 10-20-03 before me personally appeared DIANTHA J. LANDOWSKI
(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 OWNER;
(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
WILLIAM F. LANDOWSKI and DIANTHA J. LANDOWSKI;
- Said WILLIAM F. LANDOWSKI
(fill in name of co-tenant who died)
died on JUNE 19, 1999
leaving no will;
(insert "a" or "no"; if will left, attach a copy)
- The legal description of the premises in question is:

ATTACHED

DULY ENTERED FOR TAXATION SUBJECT TO
FINAL ACCEPTANCE FOR TRANSFER

OCT 29 2003

STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

6. 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 \$ _____

The taxes due are paid or unpaid.

002378

15-JG
(1)

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:

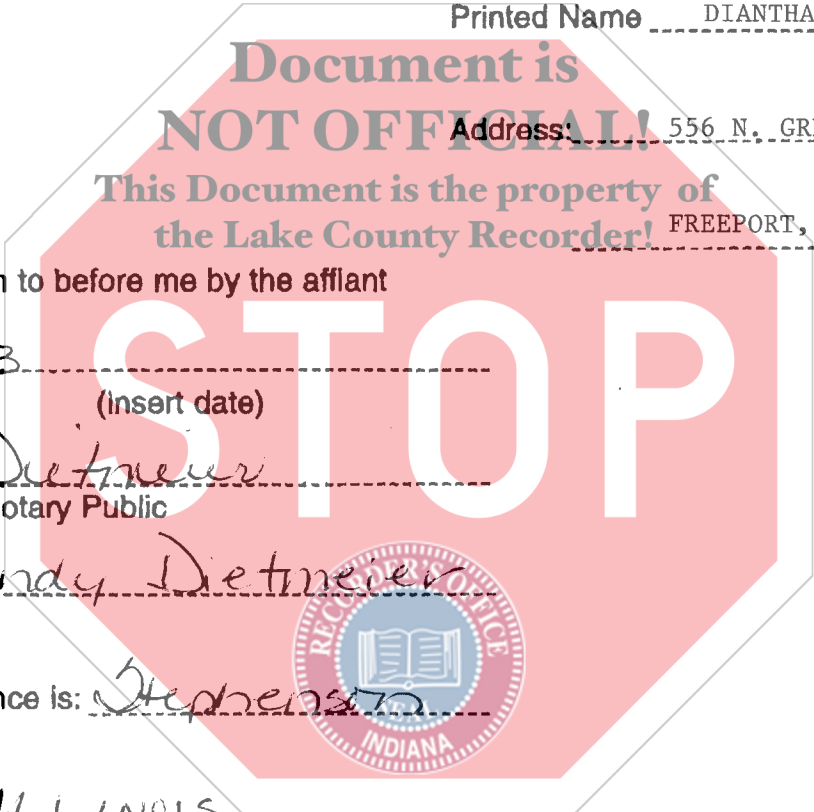
8. Affiant's relationship to the deceased was ----- Spouse -----

Signature: Diantha J. Landowski

Printed Name DIANTHA J. LANDOWSKI

Address: 556 N. GREENFIELD

FREEPORT, IL 61032



Subscribed and sworn to before me by the affiant

this 10/20/13
(Insert date)

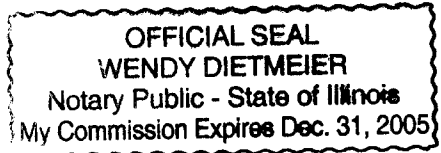
Wendy Dietmeier
Notary Public

Printed Name Wendy Dietmeier

My County of Residence is: Stephenson

In the State of ILLINOIS

My Commission Expires 12/31/15



This instrument prepared by DIANTHA J. LANDOWSKI

PART OF LOT 3 IN SPRINGVALE FARMS COURT I, IN THE TOWN OF SCHERERVILLE, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 58, PAGE 48, AND CORRECTED BY CERTIFICATE OF CORRECTION, RECORDED MARCH 29, 1985 AS DOCUMENT NO. 797367, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA, DESCRIBED AS FOLLOWS: COMMENCING AT THE SOUTHEAST CORNER OF SAID LOT 3; THENCE NORTH ALONG THE EASTERLY LINE OF SAID LOT 3; 57.87 FEET TO THE POINT OF BEGINNING; THENCE NORTH 76 DEGREES, 10 MINUTES, 50 SECONDS WEST, 96.01 FEET TO THE WESTERLY LINE OF SAID LOT 3; THENCE NORTH ALONG SAID WESTERLY LINE, 32.67 FEET; THENCE SOUTH 76 DEGREES, 10 MINUTES, 50 SECONDS EAST, 90.11 FEET TO SAID EASTERLY LINE; THENCE SOUTH ALONG SAID EASTERLY LINE, 32.86 FEET TO THE POINT OF BEGINNING. COMMONLY KNOWN AS UNIT 3-2, 1855 SPRINGVALE DRIVE SCHERERVILLE, INDIANA.



SCHEDULE A.....
ALTA Commitment - 1996

Burnet Title, L.L.C.
Issuing Agent for Chicago Title Insurance Company

* ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Local No. 1467-99

State No.

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

Resubmit
TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First, Middle, Last) William F. Landowski				2 SEX Male		3a TIME OF DEATH 8:23 A M		3b DATE OF DEATH (Month, Day, Yr) June 19, 1999	
4 *SOCIAL SECURITY NUMBER 355-36-5079		5a AGE—Last Birthday (Years) 55		5b UNDER 1 YEAR Months: Days		5c UNDER 1 DAY Hours: Minutes		6 DATE OF BIRTH (Mo, Day, Yr) Jan. 29, 1944	
8a WAS DECEDENT A U.S. VETERAN? Yes		8b YEAR LAST SERVED IN U.S. ARMED FORCES? 1968		9a PLACE OF DEATH (Check only one. See instructions) 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 checked="" type="checkbox"/> Residence					
9b FACILITY NAME (If not institution, give street and number) 1855 Springvale Dr.				9c CITY, TOWN, OR LOCATION OF DEATH Crown Point			9d COUNTY OF DEATH Lake		
10 MARITAL STATUS (Specify) Married		11 SURVIVING SPOUSE (If wife, give maiden name) Diantha Gimple		12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Payroll Clerk			12b KIND OF BUSINESS/INDUSTRY Railroad		
13a RESIDENCE—STATE IN		13b COUNTY Lake		13c CITY, TOWN, OR LOCATION Crown Point			13d STREET AND NUMBER 1855 Springvale Dr.		
13e ZIP CODE 46307		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? U.S.A.		15 WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
16 RACE—American Indian, Black, White, etc. (Specify) White				17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+) ---		18 FATHER'S NAME (First, Middle, Last) Frank Landowski			
19 MOTHER'S NAME (First, Middle, Maiden Surname) Dorothy Lewis				20a INFORMANT'S NAME (Type/Print) Diantha Landowski				20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1855 Springvale Dr. Crown Point, IN	
20c Relationship Wife				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) June 23, 1999		21c LOCATION—City or Town, State Munster, IN	
22a EMBALMER'S NAME Brian T. Burns				22b EMBALMER'S LICENSE NO. 8601763		23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
24a SIGNATURE OF FUNERAL DIRECTOR <i>Thomas J. Burns</i>				24b LICENSE NUMBER (of Licensee) 1045184		25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Burns-Kish Funeral Home #3004968 8415 Calumet Munster, IN 46321			
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. Severe Coronary Atherosclerosis Approximate Interval Between Onset and Death: Unknown DUE TO (OR AS A CONSEQUENCE OF) b. _____ DUE TO (OR AS A CONSEQUENCE OF) c. _____ DUE TO (OR AS A CONSEQUENCE OF) d. _____ Conditions if any which gave rise to the immediate cause, stating the underlying cause last									
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) No		28a WAS AN AUTOPSY PERFORMED? (Yes or no) Yes	
						28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) Yes			
29a CERTIFIER (Check only one) <input 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 checked="" type="checkbox"/> DEPUTY 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>Deputy</i>						29c MEDICAL LICENSE NO. N/A		29d DATE SIGNED (Month, Day, Year) July 22, 1999	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Donna Melyon, Deputy Coroner, 2900 West 93rd Avenue, Crown Point, Indiana 46307									
31 HEALTH OFFICER'S SIGNATURE <i>Alexander S. Williams, MD</i>						32 DATE SIGNED (Month, Day, Year) July 22, 1999			
33 MANNER OF DEATH <input checked="" 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 DESCRIPTION OF INJURY	
		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) JUL 22 1999					
34g DATE PRONOUNCED DEAD (Month, Day, Year) June 19, 1999				34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc. <i>Alexander S. Williams, MD</i> LAKE COUNTY HEALTH COMMISSIONER					

