3

## Chicago Title Insurance Company

620042078 SURVIVORSHIP AFFIDAVIT
STATE OF COUNTY OF S.S.
On this April 12, 2004 before me personally appeared John Kozubal (insert date)
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 afflant 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
John Kozubal Document andre projective the bonneau
4. Said Anna Charbonneauninty Recorder!
(fill in name of co-tenant who died)
died onJULY 25, 2003
leaving
5 The legal description of the premises in question is: East 90 feet of Lot 4 in Birdview Addition, to the City of Hammond, as per plat thereof, recorded in Plat Book 20 page 26, in the Offic of the Recorder of Lake County, Indiana. Key No. 26-32-56-4
6. To the best of affiant's knowledge there is no Federal or State estate or inheritance tax lia-
bility by reason of the death of said decedent: NONE
WOIANA MARKET STATE OF THE STAT

DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER

APR 27 2004

STEPHEN R STIGLICE LAKE COUNTY AUDITOP

002135



7. Where this affidavit relates to a tenancy by the entirties, were the parties ever divorced	?
(If answer is "Yes," identify the divorce proceedings:	_):
8. Affiant's relationship to the deceased was Signature. Solve Kozula	
Address: 1 10-170th St., Hammond, 4632 Subscribed and sworn to before me by the affiant	
this April 12, 2004	
Ginsert date)  Barbara & Lappellere	
My Commission Expires  This instrument prepared by Mercantile National Bank / M. Waech  This Document is the property of  the Lake County Recorder!	nter
"OFFICIAL SEAL"  BARBARA J. LAPPELLERE  NOTARY PUBLIC, STATE OF INDIANA MY COMMISSION EXPIRES 4/27/08	·
THE PROPERTY OF THE PARTY OF TH	

• 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.

Local No.

## INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

	THE RECO	RDS IN THIS S	ERIES AR	E CONFIDENTIAL P	ER IC 16-37-1	I-10								
TYPE/PRINT	1 DECEASED—NAME (First Middle, Last)							2. SEX		3a. TIME OF DE	ATH 3t	b. DATE OF DEA	ATH (Month, Day, Yr.)	
IN	ANN	A C	HARBO	RBONNEAU				FEM	AI.E	12:45 F	, l	יר ע זווז	5 2003	
PERMANEN	T 4. *SOCIAL SEC	56. UNDER 1 YEAR   5c UNDER 1							PM JULY 25, 2003  7 BIRTHPLACE (City and State or Foreign Country)					
BLACK INK	• }	0 5655		(Years) 87	Months	Days	Hours	Minutes		•	i i		- ,	
BLACK INK	J									4,1916			, INDIANA	
	8a. WAS DECEDENT A U.S. VETERAN?		86 YEAR LAST SERVED IN U.S. ARMED FORCES?		<u> </u>	9e PLACE OF DEATH (Check only o								
	<del>   </del>			N/A HOSPITAL D			petiont OTHER: Nursing Home					Other (Specify)		
						☐ ER/Ou	tpatient 🔲			Residence				
DECEDENT	96 FACILITY NA	AME (If not institu	tion, give str	eet and number)				9c CITY TO	WN. OR LOCA	ATION OF DEATH	9	OUNTY OF	DEATH	
020202	ST.	CATHER	INE H	OSPITAL				EAS	CHIC	AGO	İ	LAF	ζF.	
	10. MARITAL ST	TATUS	11. SURV	IVING SPOUSE		1	12a DECEDE			(Give kind of wor	rk 12h		INESS/INDUSTRY	
	(Specify) WIDOV	LT.	ł	e. give maiden name)			done dur			ot use retired)				
	130 RESIDENCE		13b. COU	ONE		CITY, TOWN, OR LOCATION			E MAKER			OWN HOME		
	1		136. 000	INIT	13c. CITY, TO	OWN, OFFICE	CATION		130	STREET AND N	UMBER			
	INDIA	ANA	<u>LA</u>	KE	HA	AMMON:	D			1110-	170t	h STREE	ET	
	13e ZIP CODE	13f. INSIDE CIT		14 CITIZEN OF	15. WAS DE					American Indian,	T	17. DECE	DENT'S EDUCATION	
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		DE No E		U.S.A.	<u> </u>				WH	ITE		12th		
PARENTS	18. FATHER'S NA	ME (First Middle	. Last)					19 MOTHE	R'S NAME (Fil	st. Middle, Maider	Surname)	)		
	1	MICHAI	EL MAI	KSTN				ΔN	NA MI	ח ז א נו				
INFORMANT	20m INFORMANT				20h	MAILING A	ADDRESS (S/			ne Number. City o	. T Ct	7.0.1	Tan 2	
INFORMANT	101	IN KOZUI	2 A T		1								20c. Relationship	
	21a. METHOD OF					TO-T	/Uth S	oI.,HAM	IMOND,	INDIAN	A ·	46324	SON	
			☐ Entorn	I	21b. DATE AN	ID PLACE C	OF DISPOSIT	ION (Name of c	emetery, crem	atory or	21c. LOC	CATION—City or	Town State	
	1	Cremetion		ral from State	other place	e) J(	OLY ZS	, 2003	5	}				
	Donetion	Other (Special	'y)			HOLY	CROSS	CEMET	ERY		CA	LUMET C	ITY, ILLINOI	
DISPOSITION	22a EMBALMERS	S NAME			22b EMB/	ALMER'S LI	ICENSE NO.		23. W	AS DEATH REPO				
	DEA	N G. WA	GNER		0114	_8800	2057			⊠ No □ Y	'es			
	DEAN G. WAGNER  249 SIGNATURE OF FUNERAL DIRECTOR  240 LICENSE NUMBER  25 NAME ADDRESS. AND LICENSE NUMBER OF FUNERAL HOME													
	SOLAN-PRUZIN FUNERAL HOME FH830028													
	10en 6 Gage 8800057 7109 CALUMET AVE., HAMMOND, IN. 46324													
	26 PART I Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory.  Approximate													
	1	Enter the disease	is, inju <b>ries, o</b>	r complications that caus	sed the death D	o not enter	nonspecific te	rms, such as ce	rdiac or respir	ratory			Annovimete	
		arrest, shock, or	es, injuries, o heart failure	List only one cause on	sed the death D each line.	o not enter	nonspecific te	rms, such as ce	rdiac or respir	ratory			Approximate Interval Between	
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CERTIFIER HEALTH OFFICER	disease or condition resulting in death)  Conditions if any wrise to the immediate stating the underlying cause lest.  PART II Other sign.  29a CERTIFIER (Check only one)  29b SIGNATUREA  30 NAME AND AD  FRED A1  31 AEALTH OFFICE  Natural  Accident  Suicide  Suicide	cause  CE (Finel  CHICK gave  CAUSE  CE  CO  NO TITLE OF CE  DRESS OF PERS  DLER, M  CR S SIGNATURE  MATH	BRTIFYING PLACE ON WHO CO. D	DUE TO (OF  CONTributing to death but  HYSICIAN To the beas  CER On the basis of examination  OMPLETED CAUSE OF  800 MacAl  JATE OF INJURY  (Month. Day, Year)	AS A CONSE  AS A CONSE  AS A CONSE  The previously  t of my knowled  aminetion and/or invest  At home farm  At home farm	SQUENCE COUNTY OF THE PROPERTY	Copy openion deal of the sure	WAS DECEC PREGNANT POSTPARTIC (Yes or no) 100 time date and non, death occurred at the E 2, MI	DENT OR 90 DAYS  place and due  rred at the time, date.  29c ME  UNSTER	288. WAS AN PERFORM (Yes or n 110) to the cause(s) a e. date. and place. and due DICAL LICENSE 1935 ( R, INDIA DESCRIBE HOV	AED?  o)  s stated  and due to to the cau  NO	or the cause(s) as use(s) and manne 29d DAT JUL 46321	ERE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION OF CAUSE DEATH? (Yes or no)  11 / 2  stated  E SIGNED (Month. Day, Year)  Y 28 , 2003	
CERTIFIER HEALTH OFFICER	disease or condition resulting in death)  Conditions if any wrise to the immediate stating the underlying cause lest  PART II Other sign  29a CERTIFIER (Check only one)  29b SIGNATUREA  30 NAME AND AD  FRED A1  31 ALTH OFFICE  33 MANNER OF DE	cause  CE (Finel  CE (	BRTIFYING PLACE ON WHO CO. D	DUE TO (OF	AS A CONSE  AS A CONSE  AS A CONSE  The previously  t of my knowled  aminetion and/or invest  At home farm  At home farm	SQUENCE COUNTY OF THE PROPERTY	Copy openion deal of the sure	WAS DECEC PREGNANT POSTPARTIC (Yes or no) 100 time date and non, death occurred at the E 2, MI	DENT OR 90 DAYS  place and due  rred at the time, date.  29c ME  UNSTER	288. WAS AN PERFORM (Yes or n 110) to the cause(s) a e. date. and place. and due DICAL LICENSE 1935 ( R, INDIA DESCRIBE HOV	AED?  o)  s stated  and due to to the cau  NO	or the cause(s) as use(s) and manne 29d DAT JUL 46321	Interval Between Onset and Prest and	
CERTIFIER HEALTH OFFICER	disease or condition resulting in death)  Conditions if any wrise to the immediate stating the underlying cause lest.  PART II Other sign.  29a CERTIFIER (Check only one)  29b SIGNATUREA  30 NAME AND AD  FRED A1  31 AEALTH OFFICE  Natural  Accident  Suicide  Suicide	ceuse  DRESS OF PERS  DLER, M  Pending Investigation  Could not be Determined	b.  Conditions  RTIFYING PI ALTH OFFIC RONER O  RTIFIER  ON WHO C  D  3	DUE TO (OF  CONTributing to death but  HYSICIAN To the bess  CER On the basis of examination  In the basis of examination  OMPLETED CAUSE OF  800 MacAl  JATE OF INJURY  (Month. Day, Year)  The PLACE OF INJURY  building etc (Specify	AS A CONSE  A AS A CONSE  A AS A CONSE  A AS A CONSE  A AS A CONSE  The conse of th	SQUENCE COUNTY CO	DF)  art I 27  A	WAS DECEC PREGNANT POSTPARTIC (Yes or no) 100 time date and non, death occurred at the occurre	DENT OR 90 DAYS  Place and due  rred at the time, date.  29c ME  UNSTER	288. WAS AN PERFORM (Yes or n III) To the cause(s) a e. date, and place, and due DICAL LICENSE 1935 ( TINDIA  DESCRIBE HOW (Street and Number)	AED?  o)  s stated  and due to to the cau  NO	or the cause(s) as use(s) and manne 29d DAT JUL 46321	Interval Between Onset and Prest and	