

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2004 038917

2004 MAY 10 11:11

NOTARIAL PUBLIC
LAKE COUNTY, INDIANA

DULY ENTERED FOR TAXATION SUBJECT TO
FINAL ACCEPTANCE FOR TRANSFER

MAY 7 2004

STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

SURVIVORSHIP AFFIDAVIT

Comes now GEORGIA BIANCO, who being first duly sworn upon her oath, deposes and says:

1. That affiant is the Personal Representative of the Estate of PAULINE DOBROWOLSKY, who passed away a resident of Lake County, Indiana, on the 9th day of January, 2004, by virtue of her appointment by the Lake Superior Court #3 on the 19th day of March, 2004, under Cause No.: 45D03-0403-ES-00031;

2. That prior to the death of PAULINE DOBROWOLSKY, she was the surviving spouse of JOHN DOBROWOLSKY, who passed away a resident of Lake County, Indiana, on the 30th day of July, 1989; a certified copy of the death certificate of JOHN DOBROWOLSKY is attached hereto and made a part of this Affidavit;

3. That at the time of the death of PAULINE DOBROWOLSKY, she and JOHN DOBROWOLSKY were the joint owners as tenants by the entireties of the following described real estate located in Lake County, Indiana, to-wit:

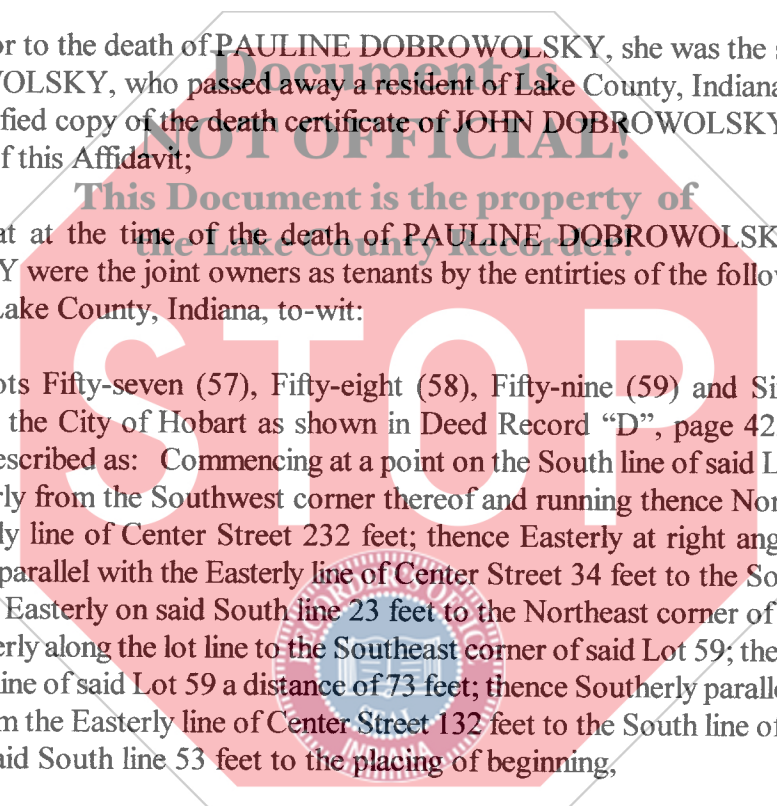
Part of Lots Fifty-seven (57), Fifty-eight (58), Fifty-nine (59) and Sixty (60), Town of Hobart, in the City of Hobart as shown in Deed Record "D", page 423, in Lake County, Indiana, described as: Commencing at a point on the South line of said Lot 57, which is 172 feet Easterly from the Southwest corner thereof and running thence Northerly parallel with the Easterly line of Center Street 232 feet; thence Easterly at right angles 50 feet; thence Southerly parallel with the Easterly line of Center Street 34 feet to the South line of said Lot 60; thence Easterly on said South line 23 feet to the Northeast corner of said Lot 59; thence Southeasterly along the lot line to the Southeast corner of said Lot 59; thence Westerly along the South line of said Lot 59 a distance of 73 feet; thence Southerly parallel with and 225 feet distant from the Easterly line of Center Street 132 feet to the South line of said lot 57; thence West on said South line 53 feet to the placing of beginning,

and commonly known as 632 East 2nd Street, Hobart, Indiana, 46342.

000497

4. That said JOHN DOBROWOLSKY died intestate on the 30th day of July, 1989, a resident of Lake County, Indiana;

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5. That the marital relationship which existed by and between JOHN DOBROWOLSKY and PAULINE DOBROWOLSKY at the time they acquired the real estate remained in effect and unbroken until the date of death of JOHN DOBROWOLSKY on July 30, 1989;

6. That all funeral expenses in connection with the death of JOHN DOBROWOLSKY have been paid in full;

7. That the decedent, JOHN DOBROWOLSKY, left no estate or inheritance tax liability by reason of his death;

8. That this affidavit is being made for purposes of establishing that PAULINE DOBROWOLSKY was the surviving spouse of the decedent, JOHN DOBROWOLSKY, and therefore all interest in and to said real estate should vest solely in the estate of PAULINE DOBROWOLSKY;

9. That the foregoing representations are true and correct to the best of this affiant's knowledge, information, and belief.

Dated this 6th day of April, 2004.

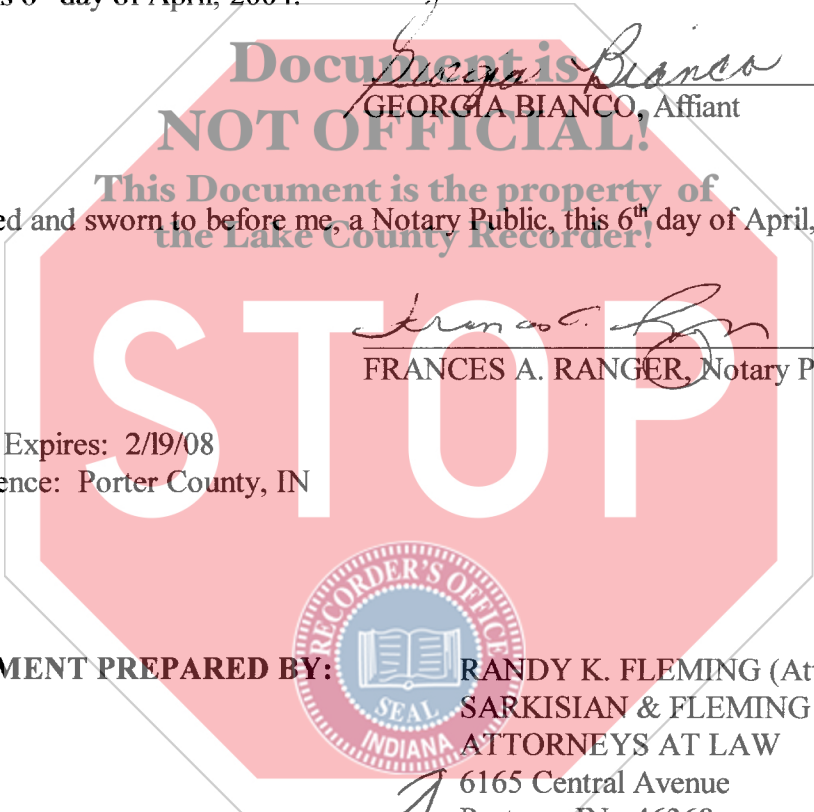
Georgia Bianco
GEORGIA BIANCO, Affiant

Subscribed and sworn to before me, a Notary Public, this 6th day of April, 2004.

Frances A. Ranger
FRANCES A. RANGER, Notary Public

My Commission Expires: 2/19/08
County of Residence: Porter County, IN

THIS INSTRUMENT PREPARED BY: RANDY K. FLEMING (Atty. #17321-64)
SARKISIAN & FLEMING
ATTORNEYS AT LAW
6165 Central Avenue
Portage, IN 46368
Telephone: (219)762-7718



92047345

INDIANA STATE BOARD OF HEALTH

CERTIFICATE OF DEATH

State No.

Local No. 3902-89

bcc'd

TYPE/PRINT IN PERMANENT BLACK INK

1. DECEASED—NAME (First, Middle, Last) JOHN DOBROWOLSKY		2. SEX Male	3a. TIME OF DEATH 10:30P M	3b. DATE OF DEATH (Month, Day, Yr.) July 30, 1989
4. SOCIAL SECURITY NUMBER 313-07-3009	5a. AGE—Last Birthday (Years) 83	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr.) FEB 10, 1906
8a. WAS DECEASET A U.S. VETERAN? No	8b. YEAR LAST SERVED IN U.S. ARMED FORCES? N/A	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		

DECEDENT

9b. FACILITY NAME (If not institution, give street and number) OUR LADY OF MERCY HOSPITAL		9c. CITY, TOWN, OR LOCATION OF DEATH DYER	9d. COUNTY OF DEATH LAKE
10. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) PAULINE THOMASON	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) ELECTRICIAN	12b. KIND OF BUSINESS/INDUSTRY ETV STEEL
13a. RESIDENCE—STATE INDIANA	13b. COUNTY LAKE	13c. CITY, TOWN, OR LOCATION HOBART	13d. STREET AND NUMBER 632 EAST 2ND STREET
13e. ZIP CODE 46342	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? USA	15. WAS DECEDENT OF HISPANIC ORIGIN? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)
16. RACE—American Indian, Black, White, etc. (Specify) WHITE	17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) TC College (1-4 or 5+) 4		

PARENTS

18. FATHER'S NAME (First, Middle, Last) WALTER DOBROWOLSKY	19. MOTHER'S NAME (First, Middle, Maiden Surname) ANNA DRAGUNAS
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INFORMANT

20a. INFORMANT'S NAME (Type/Print) PAULINE DOBROWOLSKY	20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 632 EAST 2ND STREET, HOBART, IN 46342	20c. Relationship Wife
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DISPOSITION

21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <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) AUGUST 2, 1989 CALVARY CEMETERY	21c. LOCATION—City or Town, State PORTAGE, INDIANA
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CAUSE OF DEATH

22a. EMBALMER'S NAME JAMES W. GHOLSTON	22b. EMBALMER'S LICENSE NO. FDE1004194	23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Gerald Rees</i>	24b. LICENSE NUMBER (of License) FDE1041083	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME REES FUNERAL HOME - FDH3003069 600 W. OLD RIDGE RD, HOBART, IN 46342
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. Pulmonary Fibrosis DUE TO (OR AS A CONSEQUENCE OF): b. Respiratory Failure DUE TO (OR AS A CONSEQUENCE OF): c. Cor pulmonale DUE TO (OR AS A CONSEQUENCE OF): d. Ascites, Ischemic Hepatitis		
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.		

CERTIFIER

27. WAS DECEDENT PREGNANT OR 30 DAYS POSTPARTUM? (Yes or no) N/A	28a. WAS AN AUTOPSY PERFORMED? (Yes or no) NO	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) N/A
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) as stated.	29b. MEDICAL LICENSE NO. 02001087	29c. DATE SIGNED (Month, Day, Year) 7-30-89
29d. SIGNATURE AND TITLE OF CERTIFIER <i>Gary Frick M.D.</i>		

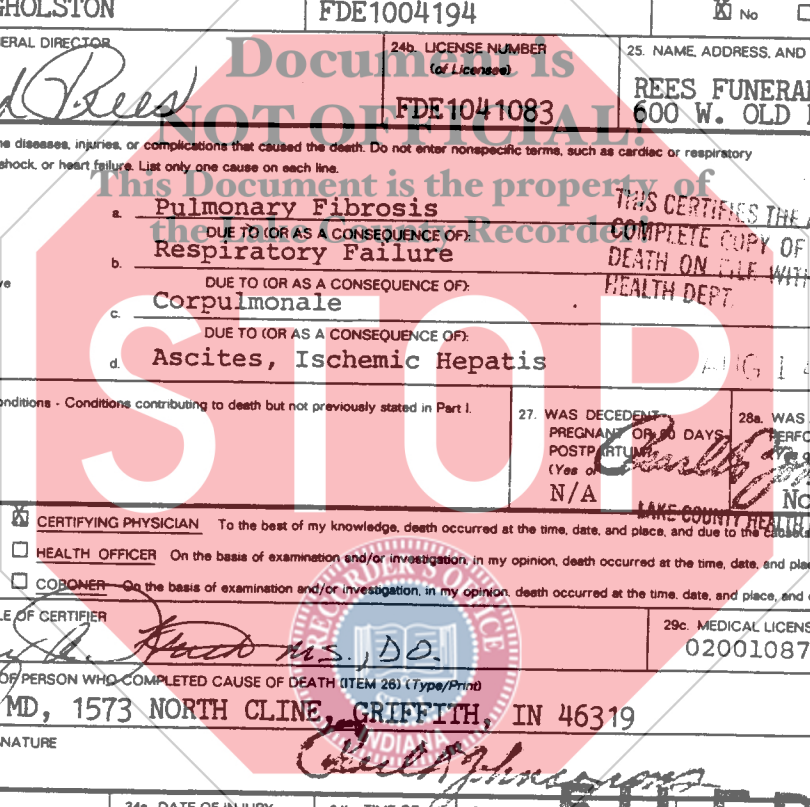
HEALTH OFFICER

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) GARY FRICK MD, 1573 NORTH CLINE, GRIFFITH, IN 46319	31. HEALTH OFFICER'S SIGNATURE <i>Gary Frick</i>	32. DATE FILED (Month, Day, Year) AUG 8 89
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CORONER USE ONLY

33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be Determined	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) JUL 29 1989			34f. LOCATION (S.O.D. Number or Rural Route Number, City or Town, State)	
34g. DATE PRONOUNCED DEAD (Month, Day, Year)	34h. MOTOR VEHICLE ACCIDENT? (Yes or no) Driver passenger			01621

600



THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT

AUG 14 1989

FILED

Auditor Lake County

18-13-14 Hobart E. 5.3 ft of W. 225 ft L. 57, 58 E 14 Pt. of L. 59 S. 34 E x W 120 ft L. 60

TAKES 1632 E. 2nd St. Hobart In