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STATE OF INDIANA )  
 ) SS:  
COUNTY OF LAKE )

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2004-042111  
AFFIDAVIT OF SURVIVORSHIP

2004 MAY 20 PM 3:25

MORRIS W. STIGLICH  
RECORDER

JEANETTE NONDORF, upon her oath, states:

1. That this affidavit is made upon her personal knowledge.
2. That she is the daughter of the same person who is the owner of and the Joint

Tenant with VALENTINE SWENTKO as Husband and Wife, on real estate described as:

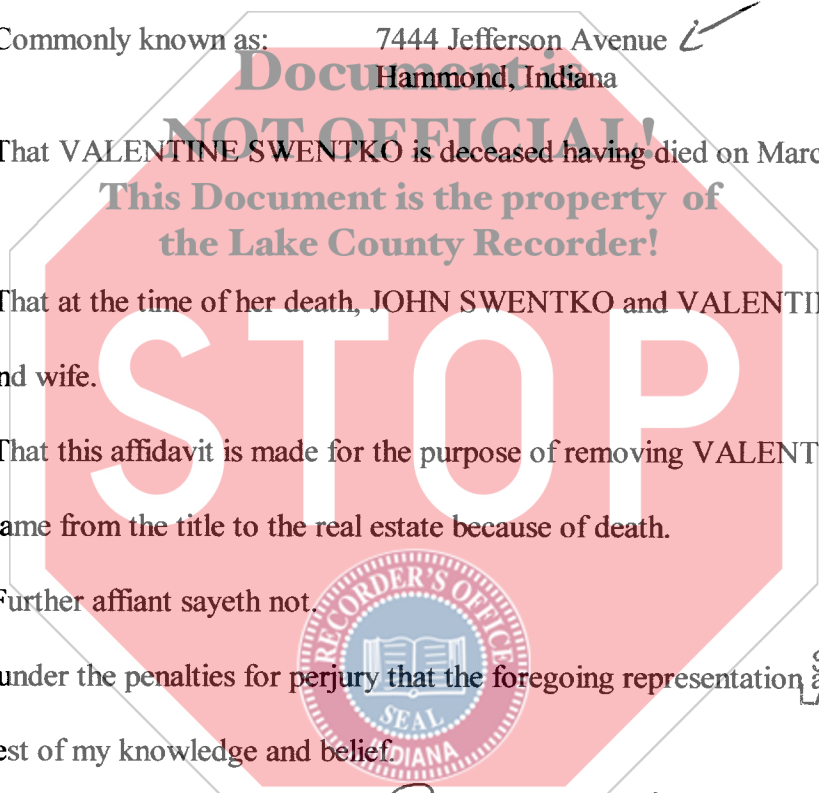
Lot No. Eleven(11), in Block No. Three (3), as marked and laid down on the recorded plat of Ellyson's 4<sup>th</sup> Addition, in the City of Hammond, Lake County, Indiana, As the same appears of record in Plat Book 26, Page 78 in the Recorder's Office of Lake County, Indiana.

Commonly known as: 7444 Jefferson Avenue  
Hammond, Indiana

3. That VALENTINE SWENTKO is deceased having died on March 1, 2003 (see attached).
4. That at the time of her death, JOHN SWENTKO and VALENTINE SWENTKO were husband and wife.
5. That this affidavit is made for the purpose of removing VALENTINE SWENTKO's name from the title to the real estate because of death.
6. Further affiant sayeth not.

I affirm under the penalties for perjury that the foregoing representation are true and correct to the best of my knowledge and belief.

Dated: May 20, 2004  
Jeanette Nondorf  
JEANETTE NONDORF



**FILED**

MAY 20 2004

STEPHEN R. STIGLICH  
LAKE COUNTY AUDITOR

001792

13-  
MV  
CASH

STATE OF INDIANA     )  
                                  ) SS:  
COUNTY OF LAKE     )

Subscribed and sworn to before me, a Notary Public, this *20th* day of *May*, 2004.

*Judith C. Stevens*  
\_\_\_\_\_  
JUDITH C. STEVENS  
Notary Public  
Resident of Lake County

My Commission Expires:  
*1-17-09*



Prepared by: Steven P. Nicholls, Nicholls & Nicholls, LLC, atty no. 22491-45

\* 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

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

Local No. 173

CERTIFICATE OF DEATH

State INDIANA Date Issued MAR 4 2004 Stephen R. Stiglich Hammond Health Commissioner

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First, Middle, Last) <b>VALENTINE V. SWENTKO</b>		2 SEX <b>FEMALE</b>		3a TIME OF DEATH <b>2:40 P.M.</b>		3b DATE OF DEATH (Month, Day, Yr.) <b>MARCH 1, 2003</b>	
4 *SOCIAL SECURITY NUMBER <b>307-01-1871</b>		5a AGE—Last Birthday (Years) <b>88</b>		5b UNDER 1 YEAR Months Days		5c UNDER 1 DAY Hours Minutes	
6 DATE OF BIRTH (Mo, Day, Yr.) <b>DECEMBER 1, 1914</b>		7 BIRTHPLACE (City and State or Foreign Country) <b>HAMMOND, INDIANA</b>					
8a WAS DECEDENT A U.S. VETERAN? <b>NO</b>		8b YEAR LAST SERVED IN U.S. ARMED FORCES? <b>n/a</b>		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) <b>7444 JEFFERSON AVENUE</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>JOHN SWENTKO</b>		12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>HOME MAKER</b>		12b KIND OF BUSINESS/INDUSTRY <b>OWN HOME</b>	
13a RESIDENCE—STATE <b>INDIANA</b>		13b COUNTY <b>LAKE</b>		13c CITY, TOWN, OR LOCATION <b>HAMMOND</b>		13d STREET AND NUMBER <b>7444 JEFFERSON AVENUE</b>	
13e ZIP CODE <b>46324</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>10th</b> College (1-4 or 5 +)					
18 FATHER'S NAME (First, Middle, Last) <b>STANLEY KAZMIERSKI</b>				19 MOTHER'S NAME (First, Middle, Maiden Surname) <b>FRANCES n/a</b>			
20a INFORMANT'S NAME (Type/Print) <b>JEANETTE NONDORF</b>			20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>7444 JEFFERSON AVE., HAMMOND, IN. 46324</b>			20c Relationship <b>DAUGHTER</b>	
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) <b>MARCH 6, 2003</b> <b>ST. JOSEPH CEMETERY</b>			21c LOCATION—City or Town, State <b>HAMMOND, INDIANA</b>	
22a EMBALMER'S NAME <b>DEAN G. WAGNER</b>			22b EMBALMER'S LICENSE NO. <b>8800057</b>		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a SIGNATURE OF FUNERAL DIRECTOR <i>Dean G. Wagner</i>			24b LICENSE NUMBER (of Licensee) <b>8800057</b>		25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>SOLAN-PRUZIN FUNERAL HOME FH83002893</b> <b>7109 CALUMET AVE., HAMMOND, IN. 46324</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. Approximate Interval Between Onset and Death <b>Breast Cancer</b> <span style="float: right;"><b>Year 5</b></span>							
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. _____ DUE TO (OR AS A CONSEQUENCE OF) _____ b. _____ DUE TO (OR AS A CONSEQUENCE OF) _____ c. _____ DUE TO (OR AS A CONSEQUENCE OF) _____ d. _____							
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) <b>no</b>				28a WAS AN AUTOPSY PERFORMED? (Yes or no) <b>no</b>		28b WAS AN AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <b>MAY 20 2004</b> <b>n/a</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) 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) 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>Stephen R. Stiglich</i> <b>STEPHEN R. STIGLICH</b> <b>LAKE COUNTY AUDITOR</b>				29c MEDICAL LICENSE NO. <b>01038072</b>	
29d DATE SIGNED (Month, Day, Year) <b>MARCH 3, 2003</b>		30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>ERWIN ROBIN, M.D.</b> <b>801 MacArthur Blvd, Munster, In. 46321</b>					
31 HEALTH OFFICER'S SIGNATURE <i>Franklin J. Spermeida M.D.</i>						32 DATE FILED (Month, Day, Year) <b>March 4, 2003</b>	
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <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. <b>oc 1793</b>					