J

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

IN THE LAKE CIRCUIT COURT

AT CROWN POINT, INDIANA

AFFIDAVIT OF SURVIVORSHIP

John Babich, Jr. upon his oath, states:

1. That this affidavit is made upon his personal knowledge.

2. That he is the same person who is the owner of and the Joint Tenant with George Krisfalusy on real estate described as:

a. Pt. NW. S. 33 T. 32 R.8 .171 A. 108.25 X 73.5 X 50 Ft. Lot 71, and

b. Pt. NW.1-4 70X108.25X50X91.3Ft.S.33 T.32 R.8 .147AC. Lot 73

More commonly known as 113 Westwood Dr., Shelby, IN 46377

Tax Key No. 002-02-03-0200-0034, 002-02-03-0200-0098.

2004 042954

3. That he acquired his interest in the real estate by Deeds from George Krisfalusy to George Krisfaulsy & John Babich, Jr., Joint Tenants which deeds were recorded as documents numbered 627181 and 627182 on May 5, 1981 in the office of the recorder of Lake County, Indiana.

FILED FOR RECORD

3. That George Krisfaulsy is deceased having died on November 12, 2003.

4. That this affidavit is made for the purpose of removing George Krisfaulsy's name from the title to the real estate because of his death.

5. Further affiant sayeth not.

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

Dated: 5-21-04

John Babich, Jr.

FILED

MAY 24 2004

STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

Prepared by: William H. Von Willer, Indiana Attorney No. 968-98

RETURN TO → 117 1/2 W. Joliet, Crown Point IN 46307

001915

1ST CK 10.00

OT 2

...TE: The Social Security # is ... by this state agency in order to ...statutory responsibility. Disclosure is ...y and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

...ical No. ...2122-03... State No. .....

64080

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

'PE/PRINT IN RMANENT ...ACK INK

CEDENT

1 DECEASED—NAME (First, Middle, Last)	2 SEX	3a TIME OF DEATH	3b DATE OF DEATH (Month, Day, Yr.)
George Krisfalusy	Male	12:29 PM	November 12, 2003

4. *SOCIAL SECURITY NUMBER	5a AGE—Last Birthday (Years)	5b. UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr)	7 BIRTHPLACE (City and State or Foreign Country)
339-12-6198	79			March 8, 1924	Ziegler IL

8a WAS DECEDENT A U.S VETERAN?	8b YEAR LAST SERVED IN U.S ARMED FORCES?	9a PLACE OF DEATH (Check only one. See instructions)
YES	1946	HOSPITAL [X] Inpatient [ ] ER/Outpatient [ ] DOA — OTHER [ ] Nursing Home [ ] Other (Specify) [ ] Residence

9b FACILITY NAME (If not institution, give street and number)	9c CITY, TOWN, OR LOCATION OF DEATH	9d COUNTY OF DEATH
Community Hospital	Munster	Lake

10. MARITAL STATUS (Specify)	11. SURVIVING SPOUSE (If wife, give maiden name)	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	12b. KIND OF BUSINESS/INDUSTRY
Widowed	N/A	Driver	IN Hwy. Dept.

13a. RESIDENCE—STATE	13b COUNTY	13c CITY, TOWN, OR LOCATION	13d STREET AND NUMBER
Indiana	Lake	Shelby	1113 Westwood Dr. Box 194

13e ZIP CODE	13f INSIDE CITY LIMITS	13g ON A FARM?	14 CITIZEN OF WHAT COUNTRY?	15 WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16 RACE—American Indian, Black, White, etc (Specify)	17. DECEDENT'S EDUCATION (Specify only highest grade completed)	
						Elementary/Secondary (0-12)	College (1-4 or 5 +)
46377	[ ] No [X] Yes	[X] No [ ] Yes	USA	[X] No [ ] Yes	Caucasian	11	

RENTS

18. FATHER'S NAME (First, Middle, Last)	19 MOTHER'S NAME (First, Middle, Maiden Surname)
	Pauline Lucack

ORMANT

20a. INFORMANT'S NAME (Type/Print)	20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	20c Relationship
Diane M. Drewno	407 Lakeside St., Laporte, IN 46350	Great-Niece

POSITION

21a. METHOD OF DISPOSITION	21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	21c LOCATION—City or Town, State
[X] Burial [ ] Cremation [ ] Removal from State [ ] Donation [ ] Other (Specify)	Nov 17, 2003 Orchard Grove Cemetery	Lowell IN

22a EMBALMER'S NAME	22b EMBALMER'S LICENSE NO	23. WAS DEATH REPORTED TO CORONER?
Molly E. Hawkins	FD09200061	[X] No [ ] Yes

24a SIGNATURE OF FUNERAL DIRECTOR	24b LICENSE NUMBER (of Licensee)	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME
Molly E Hawkins Clerk for	FD09200061	Sheets Funeral Home FH83004277 604 E. Commercial Ave. Lowell, IN 46356

USE OF ...TH

26. PART I Enter the disease(s), 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
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a Aortic Stenosis	years
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last	b DUE TO (OR AS A CONSEQUENCE OF)	
	c DUE TO (OR AS A CONSEQUENCE OF)	
	d DUE TO (OR AS A CONSEQUENCE OF)	

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)	28a WAS AN AUTOPSY PERFORMED? (Yes or no)	28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)
	No	No	No

29a. CERTIFIER (Check only one)

[X] CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated

[ ] 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

[ ] 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

TIFIER

29b SIGNATURE AND TITLE OF CERTIFIER	29c MEDICAL LICENSE NO	29d DATE SIGNED (Month, Day, Year)
Richard Krejsa MD	02001072	11/18/03

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)
Richard Krejsa DO 317 E. Commercial Ave., Lowell, IN 46356

LTH ...ICER

31 HEALTH OFFICER'S SIGNATURE	32 DATE FILED (Month, Day, Year)
Susan W Burt D.O.	November 19, 2003

33 MANNER OF DEATH	34a DATE OF INJURY (Month, Day, Year)	34b TIME OF INJURY	34c INJURY AT WORK? (Yes or no)	34d DESCRIBE HOW INJURY OCCURRED
[X] Natural [ ] Pending Investigation [ ] Accident [ ] Suicide [ ] Could not be Determined [ ] Homicide				

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.