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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2004 045036

2004 MAY 23 11 51 AM

620042737

Chicago Title Insurance Company

(1)

SURVIVORSHIP AFFIDAVIT

On this 24th day of May, 2004 before me personally appeared Michael Kraynik
(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 Husband;
(state interest of affiant 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
Michael Kraynik and Donna Kraynik;
4. Said Donna Kraynik
(fill in name of co-tenant who died)
died on _____
leaving _____ will;
(insert "a" or "no"; if will left, attach a copy)
5. The legal description of the premises in question is:

Lot 10, in Lakewood Estates, Unit No. 1, an Addition to Lake County, Indiana, as per plat thereof, recorded in Plat Book 64 page 37, in the Office of the Recorder of Lake County, Indiana.

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.

FILED

MAY 27 2004

STIGLICH
RECORDER

002213

13-
DG
CT

CHICAGO TITLE INSURANCE COMPANY

7. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced?

(If answer is "Yes," identify the divorce proceedings:

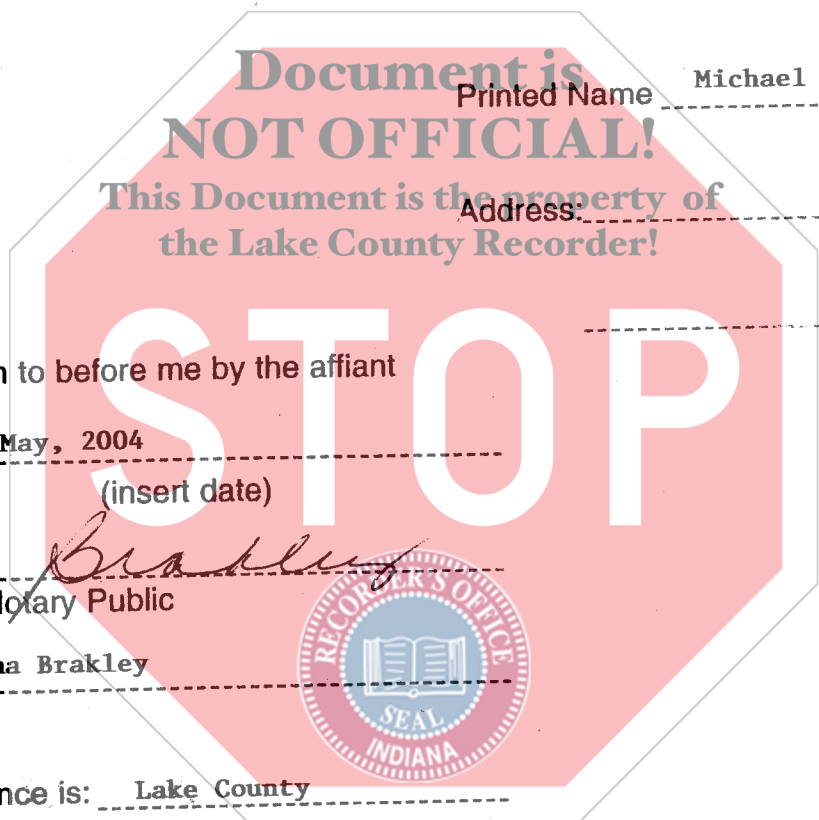
-----);

8. Affiant's relationship to the deceased was Husband

Signature: Michael Kraynik

Printed Name Michael Kraynik

Address: _____



Subscribed and sworn to before me by the affiant

this 24th day of May, 2004
(insert date)

Tina Brakley
Notary Public

Printed Name Tina Brakley

My County of Residence is: Lake County

In the State of INDIANA

My Commission Expires 12/26/07

This instrument prepared by Michael Kraynik

DISTRICT NO **1A-10** MEDICAL CERTIFICATE OF DEATH **6033382** STATE OF ILLINOIS
 REGISTERED NUMBER COUNTY OF COOK
 CITY OF CHICAGO

DECEASED-NAME **Donna J. Rappik** FIRST MIDDLE LAST **Female** SEX **March 3, 2004** DATE OF DEATH (MONTH, DAY, YEAR)
 COUNTY OF DEATH **COOK** AGE-LAST BIRTHDAY (YRS, MDS, HRS, MIN) **62** DATE OF BIRTH (MONTH, DAY, YEAR) **13, 1941**
 CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER **CHICAGO** HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) **Northwestern Memorial** IF HOSP. OR INST. INDICATE DOA OPERATED BY (SPECIFY)
 6a **CHICAGO** 6b **Northwestern Memorial** 6c **Independent** 6d **NO**

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) **INDIANA** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) **MARRIED** NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE) **Michael R. Kravnik** WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) **NO**
 7 **GARY, INDIANA** 8a **MARRIED** 8b **MICHAEL R. KRAVNIK** 9 **NO**

SOCIAL SECURITY NUMBER **312-42-7225** USUAL OCCUPATION **BOOKKEEPER** KIND OF BUSINESS OR INDUSTRY **GROCERY** EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) **12** COUNTY **LAKE**
 10 **312-42-7225** 11a **BOOKKEEPER** 11b **GROCERY** 12 **12** 13d **LAKE**

RESIDENCE (STREET AND NUMBER) **16141 LAKEWOOD STREET** CITY, TOWN, TWP. OR ROAD DISTRICT NO. **13b LOWELL** OF HISPANIC ORIGIN? (SPECIFY) YES/NO/YES-SPECIFY (CUBAN, MEXICAN, PUERTO RICAN, ETC.) **NO**
 13a **16141 LAKEWOOD STREET** 13b **LOWELL** 13c **YES**

STATE **INDIANA** ZIP CODE **46356** RACE (WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY)) **WHITE** 14b **XXNO** 15b **BARNES**
 13e **INDIANA** 13f **46356** 14a **WHITE** 14b **XXNO** 15a **SPECIFY** 15b **BARNES**

FATHER-NAME FIRST MIDDLE LAST **JOHN DOBROWETSKY** MOTHER-NAME FIRST MIDDLE LAST **CATHERINE BARNES**
 15 **JOHN DOBROWETSKY** 16 **CATHERINE BARNES**

INFORMANT'S NAME (TYPE OR PRINT) **Jessie Smith** RELATIONSHIP **Wife** MAILING ADDRESS (STREET AND NO. OR P.O. BOX) CITY OR TOWN STATE ZIP **17b McCormick St Chicago Ill 60611**
 17a **Jessie Smith** 17b **McCormick St Chicago Ill 60611**

18. PART I: Immediate Cause (final disease or condition resulting in death) **g.i. bleed**
 Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.
 CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) **g.i. bleed**
 IMMEDIATE CAUSE (a) **g.i. bleed**
 STATEMENT OF UNDERLYING CAUSE LAST **pancremia**
 PART II: Other significant conditions contributing to death but not resulting in the underlying cause given in PART I: **pancremia**

DATE OF OPERATION, IF ANY **NO** MAJOR FINDINGS OF OPERATION **NO**
 20a **NO** 20b **NO**

IDENTIFY AND ATTEND THE DECEASED (MONTH, DAY, YEAR) **March 3 2004** WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) **NO**
 21a **March 3 2004** 21c **NO**

TO THE BEST OF MY KNOWLEDGE, DECEASED WAS INJURED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED **NO**
 21c **NO**

22a. SIGNATURE (TYPE OR PRINT) **Richard Song** ILLINOIS LICENSE NUMBER **462298**
 22b **Richard Song MD #51 E. Holton Ave. both sides - 462298**

NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) **Richard Song MD #51 E. Holton Ave. both sides - 462298**
 22c **Richard Song MD #51 E. Holton Ave. both sides - 462298**

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) **Richard Song MD #51 E. Holton Ave. both sides - 462298**
 22c **Richard Song MD #51 E. Holton Ave. both sides - 462298**

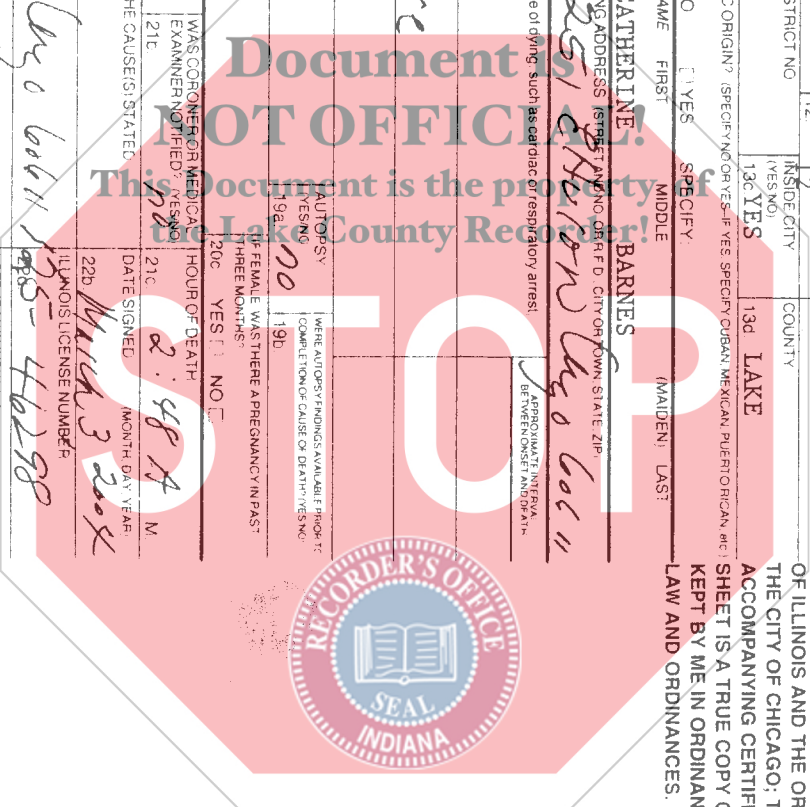
23. BUREAL CREMATION, REMOVAL (SPECIFY) **CEMETERY OR CREMATORY-NAME** LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)
 24a **BIRLAI** 24b **CHapel Lawn** 24c **246 Schererville, Indiana** 24d **246-6-2004**

FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP
 25a **MRAZEK & RUSS FUNERAL SERVICE- 3601 W. DIVERSEY AVE-CHICAGO, ILL. 60647**

FUNERAL DIRECTOR'S SIGNATURE **Michael** FUNERAL DIRECTOR ILLINOIS LICENSE NUMBER **25034-014579**
 25b **Michael** 25c **25034-014579**

LOCAL REGISTRAR'S SIGNATURE **John J. Wilhelmsen M.D.** DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
 26a **John J. Wilhelmsen M.D.** 26c **MAR 04 2004**

VR200 (Rev. 5-89) ILLINOIS DEPARTMENT OF PUBLIC HEALTH - DIVISION OF VITAL RECORDS (BASED ON 1980 U.S. STANDARD CERTIFICATE)



CITY OF CHICAGO DEPARTMENT OF PUBLIC HEALTH
 I, JOHN L. WILHELM M.D., LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS FOR THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO. THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN Obedience OF SAID LAW AND ORDINANCES.

THIS CERTIFICATE COPY VALID WHEN MULTICOLORED SIGNATURE SEAL IS AFFIXED.