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2004 050320

2004 JUN 16 AM 10: 25

MORRIS W. CARTER
RECORDER

620042960

Chicago Title Insurance Company

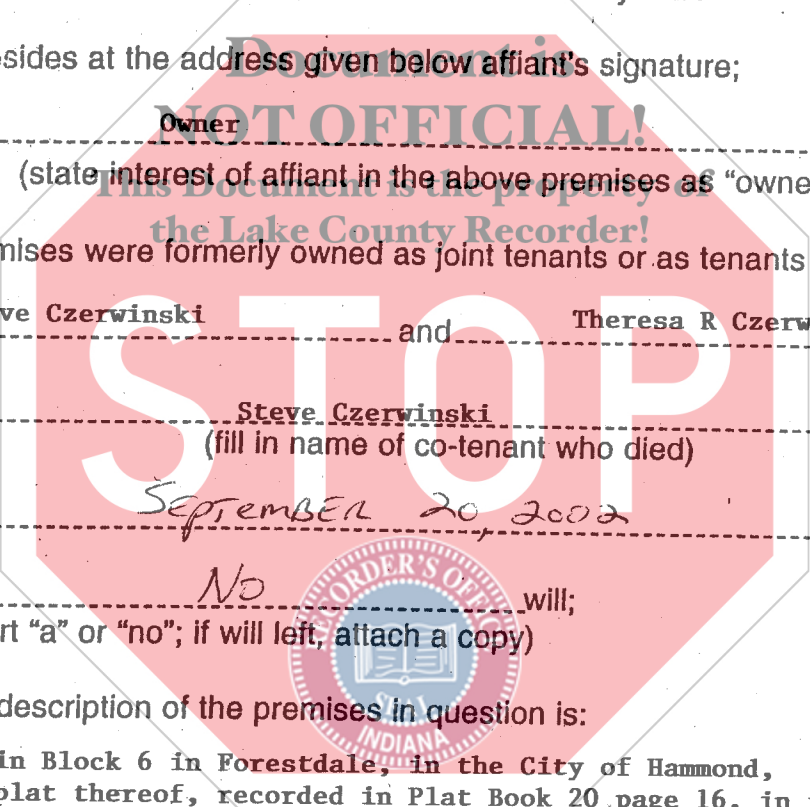
SURVIVORSHIP AFFIDAVIT

On this 6-9-04 before me personally appeared Theresa R Czerwinski
(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 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
Steve Czerwinski and Theresa R Czerwinski;
4. Said Steve Czerwinski
(fill in name of co-tenant who died)
died on September 20, 2002
leaving No will;
(insert "a" or "no"; if will left, attach a copy)
5. The legal description of the premises in question is:
Lot 11 in Block 6 in Forestdale, in the City of Hammond,
as per plat thereof, recorded in Plat Book 20 page 16, in the
Office of the Recorder of Lake County, Indiana.

CHICAGO TITLE INSURANCE COMPANY



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

JUN 15 2004

STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

001205

13-
AT DC

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

No

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

8. Affiant's relationship to the deceased was Spouse

Signature: Theresa A. Czerwinski

Printed Name Theresa Czerwinski

Address: 6835 Forestdale Ave

Hammond, IN 46323

Subscribed and sworn to before me by the affiant

this JUN - 9 2004
(insert date)

Andrea A. Widlowski
Notary Public

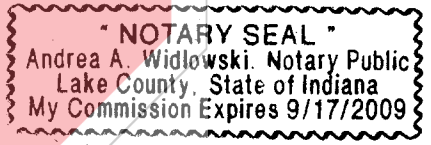
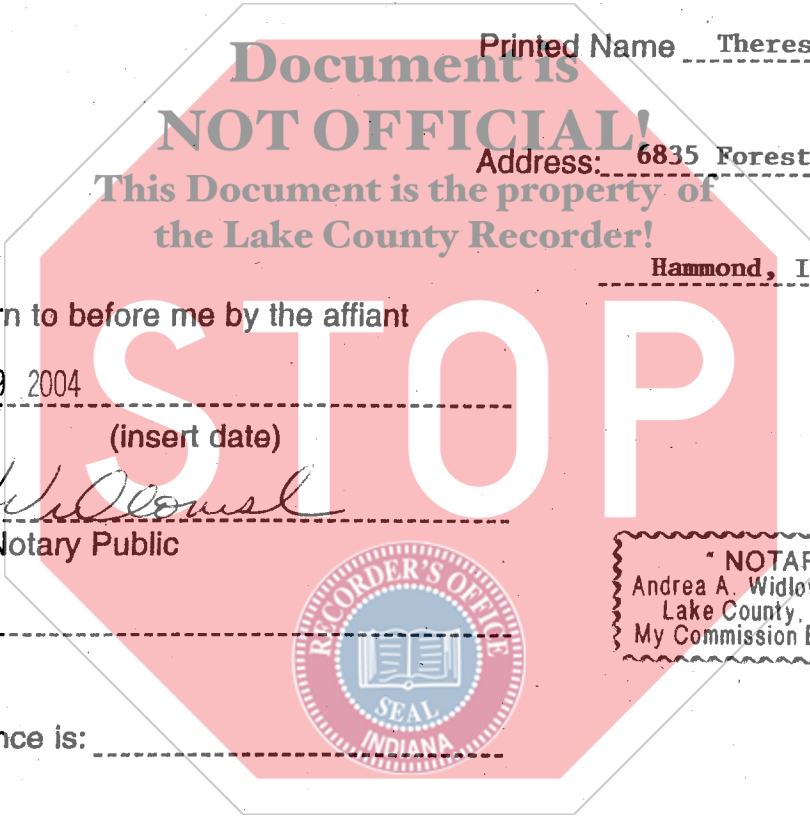
Printed Name _____

My County of Residence is: _____

In the State of _____

My Commission Expires _____

This instrument prepared by Theresa Czerwinski



ATTENTION ESTATE: Disclosure of the
33* we need to pursue our responsibilities
voluntary and there will be no penalty for
refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.....

Local No. 1686-02

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-10-3

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. OCCASION-NAME (First Middle Last) Steve Czerwinski Sr.		2. SEX Male	3a. TIME OF DEATH 7:45PM	3b. DATE OF DEATH (Month Day Year) September 20, 2002
4. SOCIAL SECURITY NUMBER 307-01-1548		5a. AGE - Last Birthday (Years) 88	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes
6. PLACE OF DEATH (Check only one. See instructions) <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Home <input type="checkbox"/> Other (Specify)		7. BIRTHPLACE (City and State or Foreign Country) Calumet City, IL 60409		
8. FACILITY NAME (If not institution, give street and number) Community Hospital		9. CITY/TOWN OR LOCATION OF DEATH Munster		10. COUNTY OF DEATH Lake
11. SURVIVING SPOUSE (If wife, give maiden name) Theresa R. Fanchally		12. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not list retired) Inspector		13. KIND OF BUSINESS INDUSTRY Meat Packing
14. CITIZEN OF WHAT COUNTRY? USA		15. WAS DECEASED 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) White
17. DECEASED'S EDUCATION (Specify highest grade completed) 8		18. DECEASED'S EDUCATION (Specify highest grade completed) 8		
19. FATHER'S NAME (First Middle Last) Joe Czerwinski		20. MOTHER'S NAME (First Middle Last) Ann Bradtke		
21. INFORMANT'S NAME (Type/print) Steve Czerwinski Jr.		22a. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) P.O. Box 307, Cedar Lake, IN 46303		22b. Relationship Son
23. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input checked="" type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		24. DATE AND PLACE OF DISPOSITION (Name of cemetery, church, or other place) September 23, 2002 St. John/St. Joseph Cemetery		25. LOCATION - City or Town, State Hammond, Indiana
26. EMBALMER'S NAME Jody Zeese		27. EMBALMER'S LICENSE NO. FD20100056		28. WAS DEATH REPORTED TO PROSECUTOR? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
29. SIGNATURE OF FUNERAL DIRECTOR <i>Henry J. Zeese</i>		30. LICENSE NUMBER (All licenses) FD29900123		31. NAME ADDRESS AND PHONE NUMBER OF FUNERAL HOME Virgil Huber Funeral Home 7051 Kennedy Av. Hammond, IN 46323
32. PART I: Cause of Death (Specify immediate cause, condition or disease, and mode of death. Do not list remote causes such as cancer or pulmonary infarct, shock, or heart failure. Use only one cause on each line.) Internal/Upper GI hemorrhage due to (OR AS A CONSEQUENCE OF) gastric cancer DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT due to (OR AS A CONSEQUENCE OF) gastric cancer due to (OR AS A CONSEQUENCE OF) gastric cancer				
33. PART II: Other significant conditions - Conditions contributing to death but not previously stated in Part I. CAD HTN				
34. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death assumed at the time, date, and place was 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) and manner as stated.				
35. SIGNATURE AND TITLE OF CERTIFIER <i>Yelena Brodsky, M.D.</i>		36. MEDICAL LICENSE NO. IND 20023344		37. DATE SIGNED (Month Day Year) 9/23/02
38. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Type/print) Dr. V. Brodsky, 110 Ridge Rd., Munster, IN 46321				
39. HEALTH OFFICER'S SIGNATURE <i>Susan D. Stiglich, D.O.</i>				
39. HEALTH OFFICER'S SIGNATURE <i>Susan D. Stiglich, D.O.</i>				
39. MANNER OF DEATH <input checked="" 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		40. DATE OF INJURY (Month Day Year) MAY 14 2004		41. TIME OF INJURY 9:15 AM
42. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify) STEPHEN R. STIGLICH LAKE COUNTY AUDITOR		43. LOCATION (Street and Number or Rural Route Number, City or Town, State) 7051 Kennedy Av. Hammond, IN 46323		
44. DATE ANNOUNCED DEAD (Month, Day, Year)		45. MOTOR VEHICLE ACCIDENT? (Yes or No) If yes specify driver, passenger, pedestrian, etc. NO		



FILED
STATE DEPT. OF HEALTH
LAKELAND
SEP 23 2002
PH 12:22

Block 6
11-Hol-11
Key#33-104-11
Forestdale lot 11