

AFFIDAVIT OF HELEN KUSIAK

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

I, HELEN KUSIAK, being duly sworn, affirm under the penalties for perjury that I am an adult under no mental or physical incapacity or disability and am competent to testify to the facts set forth in this Affidavit and state as follows:

2004 JUN 17 AM 9:11
MORRIS COUNTY RECORDER

1. I am the surviving spouse of Anthony J. Kusiak, Sr., who died on the 31st day of July, 1995, a resident of Indiana.

2. My husband and I owned real estate situated in Lake County, Indiana which is described as follows:

The North 20 feet of Lot 85 and all Lot 86, Ridgeland Park First Addition, to the Town of Munster, in Lake County, Indiana, per recorded plat thereof.

3. As a result of my husband's death, I am the sole owner of the property described in the foregoing paragraph.

FURTHER AFFIANT SAYETH NOT

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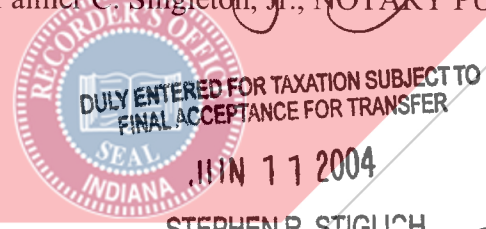
Helen Kusiak
HELEN KUSIAK

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

SUBSCRIBED AND SWORN to before me, a Notary Public, this 1st day of June, 2004.

Palmer C. Singleton, Jr.
Palmer C. Singleton, Jr., NOTARY PUBLIC

My Commission Expires: 1/13/07
Resident of Lake County.



STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR 001076

↓
Singleton, Crist, Austgen & Sears, LLP
The Farmont Ste, 200
9245 Calumet ave,
Munster, In. 46321

12:00
ok
27197

STATE OF ILLINOIS
 STATE FILE NUMBER
 MEDICAL EXAMINER'S - CORONER'S
 CERTIFICATE OF DEATH
 1047 Jul 95
 614804

REGISTRATION DISTRICT NO. **16-10**
 DECEASED-NAME: **ANTHONY KUSIAK**
 COUNTY OF DEATH: **COOK**
 CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: **CHICAGO**
 AGE - LAST BIRTHDAY (YRS): **58**
 SEX: **Male**
 DATE OF BIRTH (MONTH, DAY, YEAR): **7/31/95**
 DATE OF DEATH (MONTH, DAY, YEAR): **50 Jan. 6, 1945**

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): **Married**
 NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE): **Helen Camacho**
 HOSPITAL OR OTHER INSTITUTION, NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): **4475 Steel Mill**
 EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED): **7**
 INSIDE CITY (YES/NO): **Yes**
 COUNTY: **Lake**

RESIDENCE (STREET AND NUMBER): **8032 Monroe**
 CITY, TOWN, TWP. OR ROAD DISTRICT NO.: **4475 Steel Mill**
 FATHER-NAME: **JOHN KUSIAK**
 MOTHER-NAME: **MARI GORSKI**
 RELATIONSHIP: **WIFE**
 MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP): **178032 MONROE, MUNSTER, IND.**

IMMEDIATE CAUSE (Final disease or condition resulting in death): **Primary Arteriosclerosis**
 CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST:
 (b) DUE TO OR AS A CONSEQUENCE OF
 (c) DUE TO OR AS A CONSEQUENCE OF

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.
 NATURAL ACCIDENT, HOMICIDE, SUICIDE, UNDETERMINED (SPECIFY):
 INJURY AT WORK: **None**
 PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.) (SPECIFY):
 LOCATION (CITY, VIL. OR TOWN, OR TWP., OR RFD, DIST. NO., COUNTY, STATE):

1. CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND/OR THE INQUIRY, THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSE(S) STATED, AND THAT:
 CORONER'S PHYSICIAN'S NAME (Type or Print): **ADRIENNE SEGOVIA, M.D.**
 DATE SIGNED (MONTH, DAY, YEAR): **8/11/95**

DATE SIGNED (MONTH, DAY, YEAR): **7-31-95**
 AT: **724P M.**
 BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): **East Chicago, Ind**
 SOCIAL SECURITY NUMBER: **313-46-3170**
 USUAL OCCUPATION: **Repairman**
 KIND OF BUSINESS OR INDUSTRY: **Repairman**

CEMETERY OR CREMATORY-NAME: **HOLY CROSS CEM.**
 LOCATION: **CALUMET CITY, ILL.**
 DATE: **8-5-95**
 NAME: **ADRIENNE SEGOVIA, M.D.**
 DATE SIGNED (MONTH, DAY, YEAR): **8/11/95**

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 DATE SIGNED (MONTH, DAY, YEAR): **8/11/95**
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 DATE SIGNED (MONTH, DAY, YEAR): **8/11/95**

STATE OF ILLINOIS
 COUNTY OF COOK
 CITY OF CHICAGO
 AUG - 2 1995
 SHELLA LYNE, RSW, 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 PURSUANCE OF SAID LAWS AND ORDINANCES.

RECORDED
 INDEXED
 AUG 11 1995
 DEPARTMENT OF HEALTH - CITY OF CHICAGO

THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.
 DULY ENTERED FOR TAXATION & FINAL ACCEPTANCE FOR TRANSMISSION
 AUG 11 2004
 STEPHEN R. STIG
 LAKE COUNTY AUDITOR
 LOCAL REGISTRAR