



# Chicago Title Insurance Company

41221SS

## SURVIVORSHIP AFFIDAVIT

On this 10/28/04 before me personally appeared Carolyn E. Urycki  
(insert date)

2004 094630

to me personally known, who being duly sworn on oath did say that:

- Affiant resides at the address given below affiant's signature:
- Affiant is owner  
(state interest of affiant in the above premises as "owner", "son of owner", etc.)

- Said premises were formerly owned as joint tenants or as tenants by the entireties by Louis R. Urycki and Carolyn E. Urycki

- Said Louis R. Urycki  
(fill in name of co-tenant who died)  
died on April 7, 1998  
leaving no will;  
(insert "a" or "no"; if will left, attach a copy)

- The legal description of the premises in question is:  
Lot 393 in Northgate 6th Addition to the Town of Dyer, as per plat thereof, recorded in Plat Book 42 page 100, in the Office of the Recorder of Lake County, Indiana.

- Is there Federal or State inheritance tax liability by reason of the death of the decedent?  Yes  No

If yes, then estimated taxes due are \$ \_\_\_\_\_

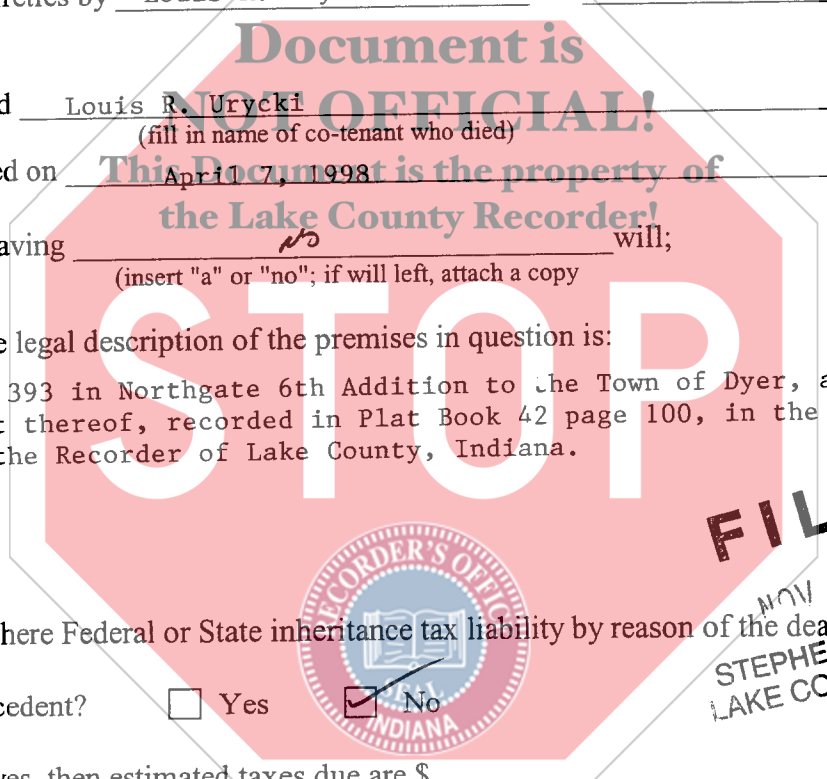
The taxes due are  paid or  unpaid..

000362

OFFICE OF RECORDER  
LAKE COUNTY  
FILED FOR RECORD

2004 NOV -5 AM 9:20

MOFFITT & COFFEE  
RECORDERS



FILED

NOV 4 2004  
STEPHEN R. STIGLICH  
LAKE COUNTY AUDITOR

SOUTHSHORE TITLE LLC  
990041821

SOUTHSHORE TITLE LLC  
11055 BROADWAY  
CROWN POINT, IN 46307

14 DC  
SS

①

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: Carolyn E Urycki

Printed Name Carolyn E. Urycki

Address: 832 Tyler Court

Dyer, IN 46311

Subscribed and sworn to before me by the affiant

This 10/28/04

(insert date)

B

S

Notary Public

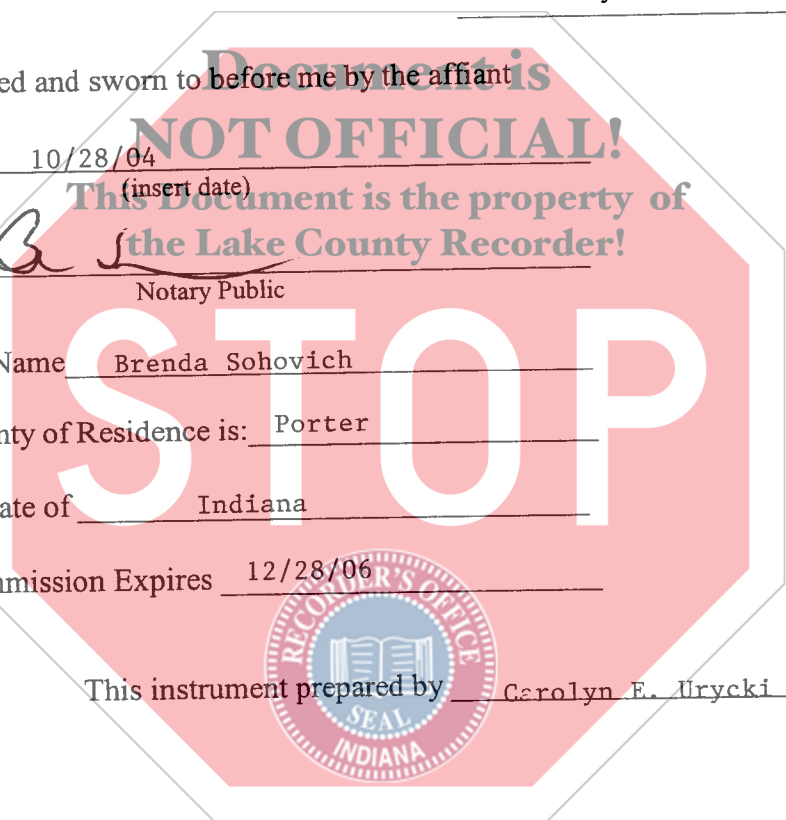
Printed Name Brenda Sohovich

My County of Residence is: Porter

In the State of Indiana

My Commission Expires 12/28/06

This instrument prepared by Carolyn E. Urycki



*[Faint, illegible text]*

\* 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  
CERTIFICATE OF DEATH

State No. ....

Local No. 0856-98

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER C 16-1-19-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED—NAME (First, Middle, Last) Louis Ronald Urycki		2. SEX Male	3a. TIME OF DEATH 9:00 P M	3b. DATE OF DEATH (Month, Day, Yr.) April 7, 1998	
4. *SOCIAL SECURITY NUMBER 311-40-8559	5a. AGE—Last Birthday (Years) 57	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr.) November 8, 1940	
7. BIRTHPLACE (City and State or Foreign Country) Gary, Indiana		9a. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence			
8a. WAS DECEDENT A U.S. VETERAN? No	8b. YEAR LAST SERVED IN U.S. ARMED FORCES? N/A	9b. FACILITY NAME (If not institution, give street and number) St. Anthony Medical Center		9c. CITY, TOWN, OR LOCATION OF DEATH Crown Point	
9d. COUNTY OF DEATH Lake		10. MARITAL STATUS (Specify) Married			
11. SURVIVING SPOUSE (If wife, give maiden name) Carolyn Moss		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Manager		12b. KIND OF BUSINESS/INDUSTRY Grocery	
13a. RESIDENCE—STATE Indiana		13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION Dyer		
13d. STREET AND NUMBER 832 Tyler		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 1			
13e. ZIP CODE 46311	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? USA	15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)		
13g. ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		16. RACE—American Indian, Black, White, etc. (Specify) White			
18. FATHER'S NAME (First, Middle, Last) Louis Frank Urycki		19. MOTHER'S NAME (First, Middle, Maiden Surname) Florence Szyzinski			
20a. INFORMANT'S NAME (Type/Print) Carolyn Urycki		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 832 Tyler; Dyer, Indiana 46311		20c. Relationship Wife	
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <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) April 11, 1998 Calumet Park Cemetery		21c. LOCATION—City or Town, State Merrillville, Indiana	
22a. EMBALMER'S NAME Henry Blake		22b. EMBALMER'S LICENSE NO. FDO1019406		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Lawrence Miller</i>		24b. LICENSE NUMBER (of Licenses) FDO1006015		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Fagen-Miller Funeral Home FH83001504 1920 Hart St; Dyer, IN 46311	
26. PART I. COMPLETE LIST OF ALL DISEASES, INJURIES, OR COMPLICATIONS THAT CAUSED THE DEATH. Do not enter nonspecific terms, such as cardiac or respiratory. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) APR 08 1998 PULMONARY EDEMA DUE TO (OR AS A CONSEQUENCE OF) ACUTE MYOCARDIAL INFARCTION DUE TO (OR AS A CONSEQUENCE OF) ISCHEMIC CARDIOMYOPATHY DUE TO (OR AS A CONSEQUENCE OF) CORONARY ARTERY DISEASE GASTROINTESTINAL BLEED Approximate Interval Between Onset and Death MINUTES HOURS YEARS YEARS					
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) <input type="checkbox"/>					
28a. WAS AN AUTOPSY PERFORMED? (Yes or no) <input type="checkbox"/>					
28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <input type="checkbox"/>					
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) 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.					
29b. SIGNATURE AND TITLE OF CERTIFIER <i>Daniel J. Motyka, D.O.</i>			29c. MEDICAL LICENSE NO. 02000304	29d. EXPIRES (Month, Day, Year) APR 09 1998	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) DANIEL J. MOTYKA, D.O. - 297 FRANCISCAN - CROWN POINT, IN 46407					
31. HEALTH OFFICER'S SIGNATURE <i>Alexander S. Williams, MD</i>					
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <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 MIV 4 2004 STEPHEN R. 000003 LAKE COUNTY AUDITOR
34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		34f. LOCATION (Street and Number and City, Town, or State)			
34g. DATE PRONOUNCED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.			