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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2004 100373

2004 NOV 30 AM 9:38

MORRIS W. CARTER
RECORDER

CHICAGO TITLE INSURANCE COMPANY

Chicago Title Insurance Company

620047084

SURVIVORSHIP AFFIDAVIT

On this 11/22/04 before me personally appeared Catherine Tylka
(insert date)

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

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STOP

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
   Andrew J. Tylka and Catrerine Tylka;
4. Said Andrew J. Tylka
   (fill in name of co-tenant who died)

   died on 5/23/04

   leaving No will;
   (insert "a" or "no"; if will left, attach a copy)
5. The legal description of the premises in question is:

   attached

FILED
NOV 29 2004
STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

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.

002029

15 MV CT

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

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

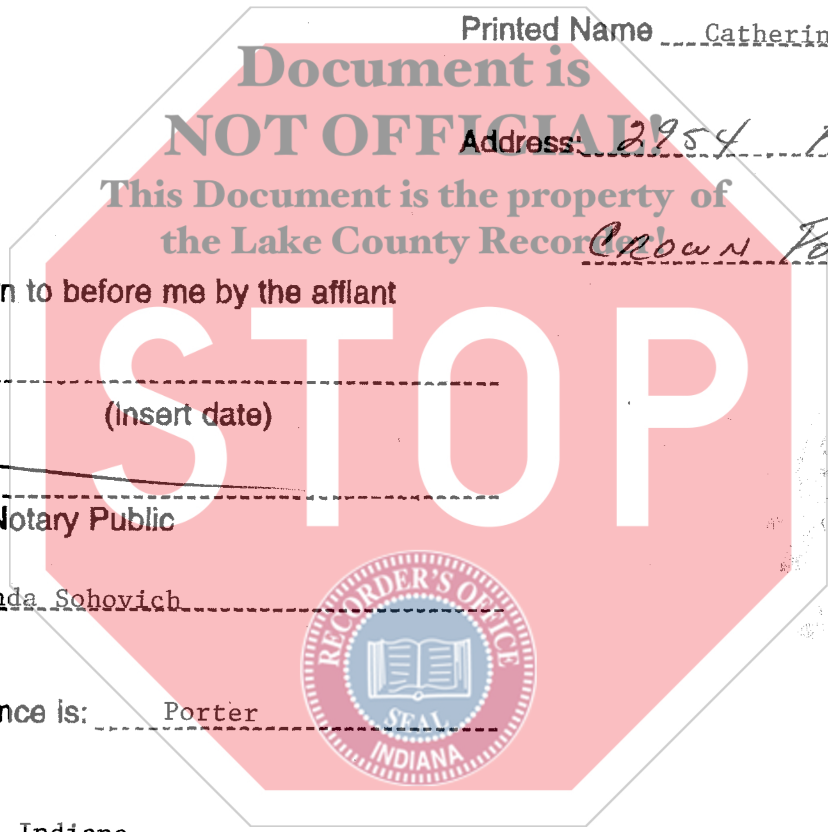
8. Affiant's relationship to the deceased was spouse

Signature: + Catherine Tylka

Printed Name Catherine Tylka

Address: 2954 Freedom Circle

Crown Point IN.



Subscribed and sworn to before me by the affiant

this 11/22/04
(insert date)

Notary Public

Printed Name Brenda Sobovich

My County of Residence is: Porter

In the State of Indiana

My Commission Expires 12/28/06

This instrument prepared by Catherine Tylka

No: 620047084

LEGAL DESCRIPTION

Part of the Northeast Quarter of Section 27, Township 33 North, Range 9 West of the 2nd Principal Meridian, described as follows: Beginning at a point on the East line of said Section 27 and 1,524.00 feet South of the Northeast corner thereof; thence North 88 degrees 29 minutes 45 seconds West and parallel to the North line of said Section 27, a distance of 230.00 feet; thence North 00 degrees 19 minutes 37 seconds West, 2.50 feet; thence South 89 degrees 16 minutes 15 seconds East, 229.92 feet to the East line of said Section 27; thence South 00 degrees 19 minutes 37 seconds East, 5.61 feet, more or less to the Point of Beginning, in Lake County, Indiana.

LEGAL 6/98 SB

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.

Local No. 1336-04

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. ....

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED—NAME (First, Middle, Last): Andrew J. Tylka
2. SEX: Male
3a. TIME OF DEATH: 08:20 PM
3b. DATE OF DEATH (Month, Day, Yr): May 23, 2004
4. SOCIAL SECURITY NUMBER: 328-14-7887
5a. AGE—Last Birthday (Years): 82
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Mo, Day, Yr): December 25, 1921
7. BIRTHPLACE (City and State or Foreign Country): Belleville IL
8a. WAS DECEDENT A U.S. VETERAN?: YES
8b. YEAR LAST SERVED IN U.S. ARMED FORCES?: 1946
9a. PLACE OF DEATH (Check only one. See instructions): HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☐ Residence ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): St. Anthony's 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): Catherine Niebergall
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Airbreak Tester
12b. KIND OF BUSINESS/INDUSTRY: Railcar Manufacturer
13a. RESIDENCE—STATE: Indiana
13b. COUNTY: Lake
13c. CITY, TOWN, OR LOCATION: Lowell
13d. STREET AND NUMBER: 18310 Cline Ave.
13e. ZIP CODE: 46356
13f. INSIDE CITY LIMITS: ☒ No ☐ Yes
13g. ON A FARM?: ☒ No ☐ Yes
14. CITIZEN OF WHAT COUNTRY?: USA
15. WAS DECEDENT OF HISPANIC ORIGIN?: ☒ No ☐ Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)
16. RACE—American Indian, Black, White, etc. (Specify): White
17. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 7; College (1-4 or 5+):

PARENTS

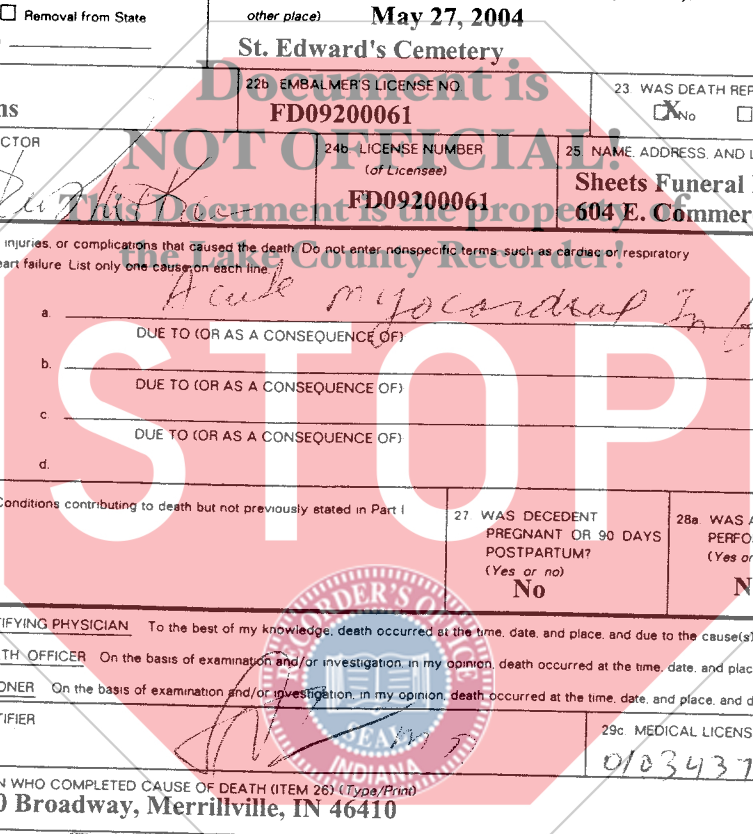
18. FATHER'S NAME (First, Middle, Last): Andrew J. Tylka
19. MOTHER'S NAME (First, Middle, Maiden Surname): Regina Hontous

INFORMANT

20a. INFORMANT'S NAME (Type/Print): Catherine Tylka
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 18310 Cline Ave., Lowell, In 46356
20c. Relationship: Wife

DISPOSITION

21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Other (Specify) ☐ Entombment ☐ Removal from State
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): May 27, 2004 St. Edward's Cemetery
21c. LOCATION—City or Town, State: Lowell IN
22a. EMBALMER'S NAME: Molly E. Hawkins
22b. EMBALMER'S LICENSE NO.: FD09200061
23. WAS DEATH REPORTED TO CORONER?: ☒ No ☐ Yes
24a. SIGNATURE OF FUNERAL DIRECTOR: [signature]
24b. LICENSE NUMBER (of Licensee): FD09200061
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: Sheets Funeral Home FH83004277 604 E. Commercial Ave. Lowell, IN 46356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CAUSE OF DEATH

26. PART I. Enter the diseases, 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.

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Acute myocardial Infarction
DUE TO (OR AS A CONSEQUENCE OF): b.
DUE TO (OR AS A CONSEQUENCE OF): c.
DUE TO (OR AS A CONSEQUENCE OF): d.
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last.
Approximate Interval Between Onset and Death

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

CERTIFIER

29a. CERTIFIER (Check only one):
☒ 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.
29b. SIGNATURE AND TITLE OF CERTIFIER: [signature]
29c. MEDICAL LICENSE NO.: 01034378A
29d. DATE SIGNED (Month, Day, Year): 5/26/04
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): Dr. A. Malik 8560 Broadway, Merrillville, IN 46410

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE: [signature] D.O.
32. DATE FILED (Month, Day, Year):

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

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT.
FILED
NOV 29 2004
092630
STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

SDH06-004 State Form 10110 (R5/1-99)