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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

STATE OF INDIANA)
COUNTY OF LAKE)

) SS: 2005 004022

2005 JAN 20 10 11:10

MICHAEL A. ...
RECORDS

044503075H0

AFFIDAVIT OF SURVIVORSHIP

CYNTHIA A. TOMBERS, as Personal Representative of the Estate of EVELYN LULA, being duly sworn upon her oath, states as follows:

1. SAMUEL G. LULA and EVELYN LULA acquired title to the following described real estate, as tenants by the entireties, by deed dated 4-12-56, and recorded in the office of the Lake County Recorder on 4-16-56:

Lot 15 in Block 3 in Subdivision of the East 1510.2 feet of the North 1320 feet of the Northwest 1/4 of Section 32, Township 37 North, Range 9 West of the Second Principal Meridian, in the City of East Chicago, as per plat thereof, recorded in Plat Book 2 page 16, in the Office of the Recorder of Lake County, Indiana.

Commonly known as 5030 Magoun Avenue, East Chicago, Indiana 46312 .

2. SAMUEL G. LULA and EVELYN LULA were married on the 16th day of October, 1948.

3. The marital relationship which existed between SAMUEL G. LULA and EVELYN LULA continued unbroken until the death of SAMUEL G. LULA on the 7th day of December, 2001, at which time EVELYN LULA acquired title to the real estate as surviving tenant.

4. That EVELYN LULA died on July 3, 2004, and the affiant, CYNTHIA A. TOMBERS was appointed the Personal Representative of the Unsupervised Estate of EVELYN LULA by the Lake Circuit Court, in Crown Point, Indiana, on September 16, 2004, as Cause Number 45C01-0409-EU-132. The administration of the Estate of EVELYN LULA continues.

5. The gross value of the estate of the decedent, SAMUEL G. LULA, as determined for the purpose of Federal Estate Taxes, did not require the filing of a Federal Estate Tax Return, and all Indiana Inheritance taxes attributable to the decedent's estate have been paid.

FURTHER YOUR AFFIANT SAYETH NOT.

Cynthia A. Tombers
CYNTHIA A. TOMBERS, as Personal Representative
of the Estate of EVELYN LULA

STATE OF INDIANA)
COUNTY OF LAKE)

) SS:

Before me, a Notary Public in and for the State of Indiana, personally appeared CYNTHIA A. TOMBERS, as Personal Representative of the Estate of EVELYN LULA, who acknowledged the execution of the foregoing Affidavit of Survivorship.

Witness my hand and Notarial Seal this 14 day of JANUARY, 2005.

Stephen R. Stiglich
Notary Public

FILED
JAN 20 2005

LINDA S. WOOD
NOTARY PUBLIC - LAKE COUNTY, INDIANA
MY COMMISSION EXPIRES OCTOBER 17, 2006
RESIDENT LAKE COUNTY INDIANA

Printed Name _____
County of Residence: LAKE COUNTY
Commission Expires: _____
STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

This instrument prepared by C. Donald Emery, III, LUCAS, HOLCOMB & MEDREA, LLP, 300 East 90th Drive, Merrillville, Indiana 46410, Telephone: 219/769-3561.

→ **Stewart Title Services**
of Northwest Indiana
The Pointe
5521 W. Lincoln Hwy.
Crown Point, IN 46307

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STS*

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. 283

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 18-37-1-10

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED—NAME (First, Middle, Last) SAMUEL G LULA		2. SEX MALE	3a. TIME OF DEATH 11:30 A.M.	3b. DATE OF DEATH (Month, Day, Yr.) DEC 7, 2001	
4. *SOCIAL SECURITY NUMBER 312-16-9077	5a. AGE—Last Birthday (Years) 84	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr.) FEB 22, 1917	
7a. WAS DECEDENT A U.S. VETERAN? YES	7b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1946	8. PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> OOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence			
9a. FACILITY NAME (If not institution, give street and number) 5030 MAGOUN AVE		9c. CITY, TOWN, OR LOCATION OF DEATH EAST CHICAGO	9d. COUNTY OF DEATH LAKE		
10. MARITAL STATUS (Specify) MARRIED	11. SURVIVING SPOUSE (If wife, give maiden name) EVELYN KURZYDYM	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) POLICE OFFICER	12b. KIND OF BUSINESS/INDUSTRY CITY GOVT		
13a. RESIDENCE—STATE INDIANA	13b. COUNTY LAKE	13c. CITY, TOWN, OR LOCATION EAST CHICAGO	13d. STREET AND NUMBER 5030 MAGOUN AVE		
13e. ZIP CODE 46312	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 13g. ON A FARM? <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.)	16. RACE—American Indian, Black, White, etc. (Specify) WHITE	
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+) 12		18. FATHER'S NAME (First, Middle, Last) STANLEY LULA			
19. MOTHER'S NAME (First, Middle, Maiden Surname) ANN RAK		20a. INFORMANT'S NAME (Type/Print) EVELYN LULA			
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5030 MAGOUN AVE E. CHICAGO IN 46312		20c. Relationship WIFE			
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <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) DEC 12, 2001 ST JOHN ST JOSEPH CEMETERY		21c. LOCATION—City or Town, State HAMMOND IN	
22a. EMBALMER'S NAME JAMES W. GHOLSTON		22b. EMBALMER'S LICENSE NO. 1004194	23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a. SIGNATURE OF FUNERAL DIRECTOR <i>John B. Lesniak</i>		24b. LICENSE NUMBER (of Licensee) 1005491	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME LESNIAK FH 83001601 4918 MAGOUN E. CHICAGO IN 46312		
26. PART I. Enter the disease, 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. CONGESTIVE HEART FAILURE DUE TO (OR AS A CONSEQUENCE OF): b. ISCHEMIC HEART DISEASE DUE TO (OR AS A CONSEQUENCE OF): c. CORONARY ARTERY DISEASE DUE TO (OR AS A CONSEQUENCE OF): d. ISCHEMIA				Approximate Interval Between Onset and Death	
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I. HIP FRACTURE					
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		
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>C. G. Grefrenco</i>			29c. MEDICAL LICENSE NO. 101051588	29d. DATE SIGNED (Month, Day, Year) 12/12/01	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) CESAR JARA MD 7217 INDIANAPOLIS BLVD HAMMOND IN 46324					
31. HEALTH OFFICER'S SIGNATURE <i>Dr. Timothy Raykauch</i>				32. DATE FILED (Month, Day, Year) 12-13-01	
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
34a. 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, etc.			