

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2005 006738

2005 JAN 28 AM 9:47

MICHAEL A. CROWNE  
RECORDER

Chicago Title Insurance Company  
Document  
Chicago Title Insurance Company

**NOT OFFICIAL!**  
SURVIVORSHIP AFFIDAVIT

020048205

This Document is the property of  
the Lake County Recorder!

STATE OF Indiana  
COUNTY OF Lake

s.s.

On this 1-21-05 before me personally appeared  
(insert date)  
Michele J. Cleveland

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 daughter of former owners  
(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 Evelyn B Zoladz and Edmund Zoladz;
- Said Evelyn B Zoladz  
(in name of co-tenant who died)  
died on 8-22-95  
leaving NO will;  
(insert "a" or "no"; if will left, attach a copy)

5. The legal description of the premises in question is: see attached for legal

6. To the best of affiant's knowledge there is no Federal or State estate or inheritance tax liability by reason of the death of said decedent: NONE

**FILED**

JAN 27 2005

STEPHEN R. STIGLICH  
LAKE COUNTY AUDITOR

001347

15  
47 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:

NO

8. Affiant's relationship to the deceased was

daughter

Signature:

Michelle J Cleveland  
MICHELLE J CLEVELAND

Address:

55 South 400 East  
Valparaiso IN 46383

Subscribed and sworn to before me by the affiant

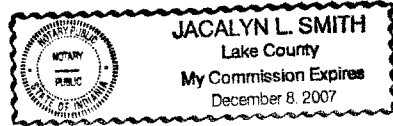
this

1-21-05

(insert date)

Jacalyn L. Smith

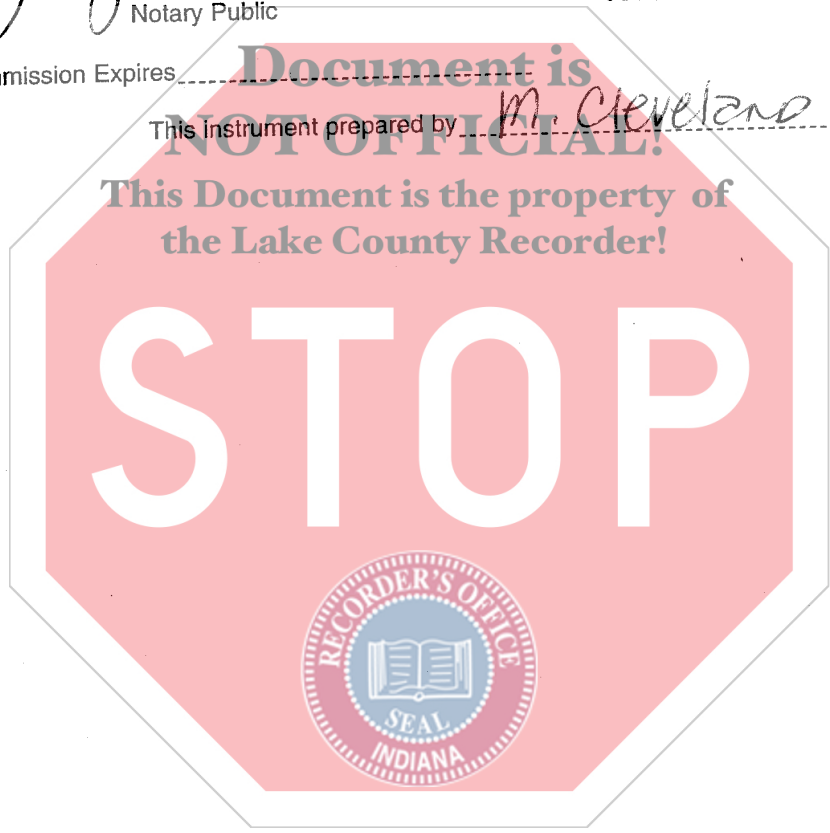
Notary Public



My Commission Expires

This Instrument prepared by

M. Cleveland



No: 620048205

## LEGAL DESCRIPTION

Lots 25 to 28, both inclusive, in Block 9, in 3rd Addition to New Chicago, in Lake County, Indiana, as per plat thereof, recorded in Plat Book 6 page 11, in the Office of the Recorder of Lake County, Indiana.



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. 1917-95

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 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) EVELYN B. ZOLADZ		2. SEX FEMALE	3a. TIME OF DEATH 9:05 A M	3b. DATE OF DEATH (Month, Day, Yr) AUGUST 22, 1995	
4. *SOCIAL SECURITY NUMBER 304-34-3224	5a. AGE—Last Birthday (Years) 60	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr) SEP. 24, 1934	
7. BIRTHPLACE (City and State or Foreign Country) GARY, INDIANA	8a. WAS DECEDENT A U.S. VETERAN? HUSBAND NO, YES	8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1954	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		
9b. FACILITY NAME (If not institution, give street and number) ST. MARY MEDICAL CENTER		9c. CITY, TOWN OR LOCATION OF DEATH HOBART	9d. COUNTY OF DEATH LAKE		
10. MARITAL STATUS (Specify) MARRIED	11. SURVIVING SPOUSE (If wife, give maiden name) EDMUND ZOLADZ	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) HOMEMAKER		12b. KIND OF BUSINESS/INDUSTRY AT HOME	
13a. RESIDENCE—STATE INDIANA	13b. COUNTY LAKE	13c. CITY, TOWN, OR LOCATION HOBART	13d. STREET AND NUMBER 222 HARRISON		
13e. ZIP CODE 46342	13f. INSIDE CITY LIMITS <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? U.S.A.	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) <u>12</u> College (1-4 or 5 + 1) <u>2</u>		18. FATHER'S NAME (First, Middle, Last) ANTHONY WOJTOWICZ			
19. MOTHER'S NAME (First, Middle, Maiden Surname) BERNICE GURECKI		20a. INFORMANT'S NAME (Type/Print) EDMUND ZOLADZ			
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 222 HARRISON, HOBART, INDIANA 46342		20c. Relationship HUSBAND			
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input checked="" 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) AUGUST 24, 1995 NW INDIANA CREMATION SERVICE CALVARY CEMETERY		21c. LOCATION—City or Town, State CROWN POINT, INDIANA PORTAGE, INDIANA	
22a. EMBALMER'S NAME N/A		22b. EMBALMER'S LICENSE NO. N/A		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Jordan L. Jones</i>		24b. LICENSE NUMBER (of Licensee) 1010711		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME BURNS FUNERAL HOME FDH#83002380 701 E. 7TH STREET, HOBART, IN. 46342	
26. THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT. Applications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) SEP 12 1995, <i>Lymphoma</i> DUE TO (OR AS A CONSEQUENCE OF) Approximate Interval Between Onset and Death <u>24 hrs</u> Conditions, if any, which gave rise to the immediate cause, stating the underlying cause: <i>Allyson E. Killings, M.D.</i> LAKE COUNTY HEALTH COMMISSIONER					
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		
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>Allyson E. Killings, M.D.</i>			29c. MEDICAL LICENSE NO. 61036415	29d. DATE SIGNED (Month, Day, Year) 5/23/95	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) MARK O. CARTER, M. D., 295 S. WISCONSIN STREET, HOBART, INDIANA 46342					
31. HEALTH OFFICER'S SIGNATURE <i>Allyson E. Killings, M.D.</i>			32. DATE FILED (Month, Day, Year) <i>August 29, 1995</i>		
33. MANNER OF DEATH <input 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		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.			