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STATE OF INDIANA)
) SS:
COUNTY OF HANCOCK)

AFFIDAVIT OF SURVIVORSHIP

BERNARD CAMPBELL JR., SUCCESSOR TRUSTEE of the MICHAEL ROYKO and ROSE ROYKO REVOCABLE TRUST U/T/D November 6, 1996, being first duly sworn on his oath, says that MICHAEL ROYKO, who died on the 23rd day of February, 2004, is the surviving widower of ROSE ROYKO, who died testate on the 2nd day of March, 2002, and that MICHAEL ROYKO and his deceased wife, ROSE ROYKO, were the owners of and acquired title to the following described real estate located in Lake County, Indiana, to-wit:

Lot Nine (9), in the Subdivision of Block Four (4), in Georgia Heights Subdivision, in Lake County, Indiana, as the same appears of record in Plat Book 29, Page 25 in the Recorder's Office, Lake County, Indiana.

ALSO:

Commencing at a point at the Northwest corner of Lot 9 in the Subdivision of Block 4 in Georgia Heights Subdivision, Gary, as per plat there of recorded in Plat Book 29, Page 25, in the Office of the Recorder of Lake County, Indiana, and running thence in a Northeasterly direction 154.2 feet along the Southeasterly boundary of Lot 18 in said Subdivision, and thence South a distance of 114 feet to the Northeast corner of said Lot 9, and thence West a distance of 110 feet along the North boundary of said Lot 9 to the place of beginning.

Affiant further says that MICHAEL ROYKO and ROSE ROYKO lived together continuously as husband and wife from the date they acquired title to the above described real estate until the date of the death of his wife, ROSE ROYKO, and that MICHAEL ROYKO is the owner of the above described real estate as surviving tenant by the entireties.

FILED

MAR - 7 2005

**STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR**

*Bernard Campbell Jr Successor Trustee
by Bonnie Nestorovich POA*

BERNARD CAMPBELL, JR., Successor Trustee
Of the MICHAEL ROYKO and ROSE ROYKO
REVOCABLE TRUST U/T/D November 6, 1996
By Bonnie Nestorovich as Power of Attorney

Subscribed and sworn to before me this 20 day of February, 2005.

003032 14-
DG
CT

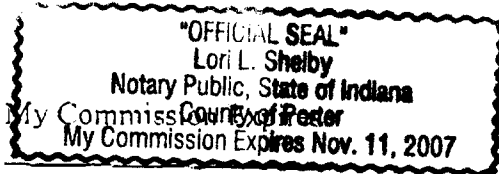
CLERK OF THE SUPERIOR COURT
LAKE COUNTY, INDIANA
FILED FOR RECORD

2005-015121

2005 015121

DICKMANN REASON
AND BOGOLIAN
ROGER D. REASON
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ROBERT O. BOGOLIAN
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GREENFIELD,
INDIANA 46140-2066
TEL. (317) 462-1401

620050872-3



Lori L. Shelby

Notary Public
Resident of LAKE County, IN

This instrument prepared by ROGER D. REASON, of the firm of DICKMANN, REASON & BOGIGIAN, Attorneys-at-Law, Greencfield, Indiana 46140.



DICKMANN REASON
AND BOGIGIAN
ROGER D. REASON
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This document not valid unless stamped on reverse side and embossed with raised seal of Porter County

PORTER COUNTY CERTIFICATE OF DEATH

PORTER COUNTY HEALTH DEPARTMENT 155 Indiana Ave Suite 104 Valparaiso IN 46383

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

138111 TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED—NAME (First, Middle, Last) ROSE ROYKO		2. SEX Female	3a. TIME OF DEATH 6:30am	3b. DATE OF DEATH (Month, Day, Yr) March 6, 2002
4. *SOCIAL SECURITY NUMBER 304 14 9459	5a. AGE—Last Birthday (Year) 81	5b. UNDER 1 YEAR Months: Days	5c. UNDER 1 DAY Hours: Minutes	6. DATE OF BIRTH (Mo, Day, Yr) May 2, 1920
7. BIRTHPLACE (City and State or Foreign Country) Canton Ohio	8a. WAS DECEDENT A U.S. VETERAN? no			
8b. YEAR LAST SERVED IN U.S. ARMED FORCES?		9a. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DDA OTHER: <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence		
9b. FACILITY NAME (If not institution, give street and number) Fountainview Nursing Home		9c. CITY, TOWN, OR LOCATION OF DEATH Portage In	9d. COUNTY OF DEATH Porter	
10. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Michael	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Sears		12b. KIND OF BUSINESS/INDUSTRY Credit Clerk
13a. RESIDENCE—STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION Merrillville	13d. STREET AND NUMBER 810 E. 56th Ave.	
13e. ZIP CODE 46410	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.)	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+):		18. FATHER'S NAME (First, Middle, Last) Angelo Zappavignia		
19. MOTHER'S NAME (First, Middle, Maiden Surname) Josephine Marando Piscione		20a. INFORMANT'S NAME (Type/Print) Mary Campbell		
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1001 E. 53rd Ave. Merrillville, IN 46410		20c. Relationship Daughter		
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) March 11, 2002 Calvary Cemetery		21c. LOCATION—City or Town, State Portage, IN
22a. EMBALMER'S NAME Anthony S. Rendina Jr		22b. EMBALMER'S LICENSE NO. FD01010402		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Anthony S. Rendina Jr</i>		24b. LICENSE NUMBER (of License) FD01010402		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Rendina Funeral Home FH83007819 5100 Cleveland St. Gary, IN 46408
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. Cardio Respiratory Failure				
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. DUE TO (OR AS A CONSEQUENCE OF) b. DUE TO (OR AS A CONSEQUENCE OF) c. DUE TO (OR AS A CONSEQUENCE OF) d. _____				
PART II: Other significant conditions - Conditions contributing to death but not previously stated in Part I Deep venous thrombosis DVT pulmonary embolism congestive heart failure				
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)	
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>[Signature]</i>		29c. MEDICAL LICENSE NO. 01027933	29d. DATE SIGNED (Month, Day, Year) 3-8-02	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Shreya Devai 1400 Broadway Gary, IN 46407				
31. HEALTH OFFICER'S SIGNATURE <i>Gary A. Babster MD</i>				32. DATE FILED (Month, Day, Year) March 13, 2002
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> 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, etc.				

