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JOINT TENANCY AFFIDAVIT

STATE OF 2005 021906
COUNTY OF _____) SS

MARY A. BANIK,
hereby referred to as the affiant, states under
oath that the affiant resides at
1207 - 121st Street

In the City of Whiting,
State of Indiana;
that the affiant was acquainted with
MICHAEL P. BANIK

the decedent; at the time of death, the
decedent was one of the owners of property,
by virtue of a properly recorded joint
tenancy deed, said property located in
Lake County, State of
Indiana, and legally
described as follows:

See Attached

Document is
NOT OFFICIAL!

This Document is the property of
the Lake County Recorder!

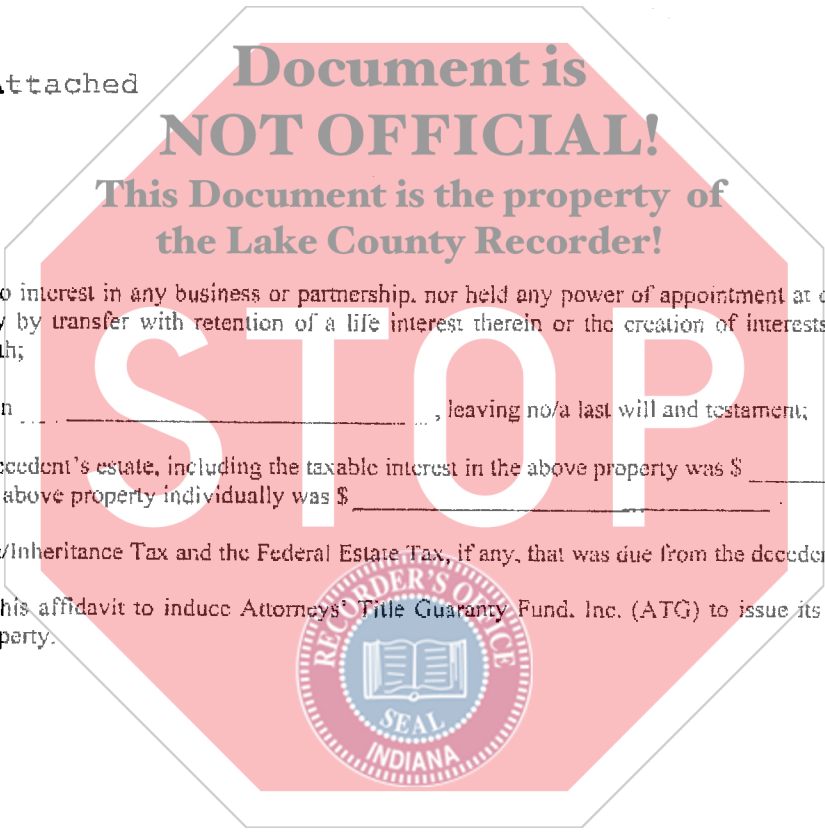
The decedent had no interest in any business or partnership, nor held any power of appointment at death, nor created any remainder interests in property by transfer with retention of a life interest therein or the creation of interests to take effect in possession or enjoyment after death;

The decedent died on _____, leaving no/a last will and testament;

The total value of decedent's estate, including the taxable interest in the above property was \$ _____, and that the value of the above property individually was \$ _____

The State and Estate/Inheritance Tax and the Federal Estate Tax, if any, that was due from the decedent's estate, has been paid in full;

The affiant makes this affidavit to induce Attorneys' Title Guaranty Fund, Inc. (ATG) to issue its policy of title insurance on the above described property.



FILED
2005 MAR
MICHAEL

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2005 MAR 22 PM 1:21
MICHAEL A. BROWN
RECORDER

Attorneys' Title Guaranty Fund, Inc.
33 N. Dearborn, 2nd Floor
Chicago, Illinois 60602-3100
(312) 372-8361

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1339876
ck.#1460

JOINT TENANCY AFFIDAVIT (continued)

The affiant hereby covenants and agrees, individually, and for the affiants, heirs, personal representatives or assignees, to forever fully indemnify, protect, defend and hold ATG harmless and to reimburse ATG for all loss, costs, damages, suits, attorney's fees and expenses of every kind and nature that ATG may suffer, expend or incur by reason of the issuance of said policy free and clear of the following objections:

- 1. Claims against the estate of MICHAEL P. BANIK, the decedent;
2. State Estate/Inheritance Tax and Federal Estate Tax that may be charged against the estate of said decedent;
3. Legacies, if any, created by the will of said decedent;
4. Rights of contribution.

Mary A Banik (Seal)
MAY 17 2009 (Seal)

Subscribed and sworn to before me this

14th day of October, 2004 (Month) (Year)

Marc A Zubeck (Notary Public)

My commission expires: May 17, 2009

County of Residence: Lake County

Note: If the decedent left a will, it will be necessary that the original or certified copy thereof be presented to ATG for inspection. A death certificate, together with evidence of payment of death taxes, if any, should accompany this affidavit.

NOT OFFICIAL!

This instrument prepared by W. LEE NEWELL, JR. Return to: W. LEE NEWELL, JR.
134 Pulaski Road 134 Pulaski Road
Calumet City, IL. 60409 Calumet City, IL. 60409

The East 15 feet of Lot 27 and the West 15 feet of Lot 28, in Block 2, as marked and laid down on the recorded Plat of Davidson's Fred Street Addition to Whiting, as the same appears of record in Plat Book 5, page 35, in the Recorder's Office of Lake County, Indiana.

PERMANENT INDEX NUMBER: 28-29-0067-0022

INDIANA STATE BOARD OF HEALTH

CERTIFICATE OF DEATH

Local No. 467-90

State No.

TYPE/PRINT IN PERMANENT BLACK INK

1. DECEASED—NAME (First, Middle, Last) MICHAEL BANIK		2. SEX MALE	3a. TIME OF DEATH 2:57P M	3b. DATE OF DEATH (Month, Day, Yr) FEBRUARY 20, 1990	
4. SOCIAL SECURITY NUMBER 313-01-5702		5a. AGE—Last Birthday (Years) 78	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	
6. DATE OF BIRTH (Mo, Day, Yr) Aug. 23, 1911		7. BIRTHPLACE (City and State or Foreign Country) Whiting, Indiana			
8a. WAS DECEDENT A U.S. VETERAN? No		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? ---		8c. 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) Methodist Hospital Southlake Campus			9c. CITY, TOWN, OR LOCATION OF DEATH Merrillville	9d. COUNTY OF DEATH Lake	
10. MARITAL STATUS (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Mary Solar		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Pipefitter	
12b. KIND OF BUSINESS/INDUSTRY Amoco Oil Company					
13a. RESIDENCE—STATE Indiana		13b. COUNTY Lake		13c. CITY, TOWN, OR LOCATION Whiting	
13d. STREET AND NUMBER 1207-121st Street					
13e. ZIP CODE 46394		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		13g. ON A FARM? <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) 8 College (1-4 or 5+) ---					
18. FATHER'S NAME (First, Middle, Last) Paul Banik			19. MOTHER'S NAME (First, Middle, Maiden Surname) Mary Kostrobanich		
20a. INFORMANT'S NAME (Type/Print) Mrs. Mary Banik		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1207-121st St., Whiting, IN 46394		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) February 23, 1990 St. John Cemetery		21c. LOCATION—City or Town, State Hammond, Indiana	
22a. EMBALMER'S NAME Martin J. Gabor		22b. EMBALMER'S LICENSE NO. FDE01040744		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Martin J. Gabor</i>		24b. LICENSE NUMBER (of Licensee) FDE01040744		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Baran & Son, Inc., FDH83007267 1235-119th, Whiting, IN 46394	
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. Aspiration DUE TO (OR AS A CONSEQUENCE OF):		APPROXIMATE Interval Between Onset and Death	
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last		b. Choke DUE TO (OR AS A CONSEQUENCE OF):			
		c. Old cerebral infarction DUE TO (OR AS A CONSEQUENCE OF):			
		d. HEALTH DEPT. FEB 21 1990			
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I. Feeding Gastrostomy Tube					
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no)		28a. WAS AN AUTOPSY PERFORMED? (Yes or 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>Rodolfo L. Jao, M.D.</i> RODOLFO L. JAO, M.D. 1400 S. LAKE PARK AVE. HOBART, IND. 46342			
29c. MEDICAL LICENSE NO. 36-288-5920		29d. DATE SIGNED (Month, Day, Year) Feb. 21, 1990			
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Rodolfo L. Jao, M.D., 1400 S. Lake Park Avenue, Hobart, Indiana 46342					
31. HEALTH OFFICER'S SIGNATURE <i>Paul Johnson</i>				32. DATE FILED (Month, Day, Year) FEB 21, 90	
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
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.			

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

CORONER USE ONLY