

3

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

STATE OF INDIANA)

) 2005 044606

2005 JUN - 1 AM 11:27

COUNTY OF LAKE)

) SS:

MICHAEL A. STOWN
RECORDER

0545110 pfx-A

AFFIDAVIT OF SURVIVORSHIP

Comes now Marianne F. Hodor being duly sworn upon her oath and states as follows:

1. That Marianne F. Hodor resides at 8114 Monroe Avenue, Munster, Indiana 46321 and is the surviving spouse of Michael J. Hodor, Jr..

3. That said Michael J. Hodor, Jr. and Marianne F. Hodor lived together as husband and wife until the time of the death of Michael J. Hodor, Jr. on March 6, 2005.

4. That Marianne F. Hodor and the decedent, Michael J. Hodor, Jr., owned certain real estate as tenants by the entireties in Lake County, Indiana, legally described as follows:

Lot #52, in Ridgeland Park Second Addition to the Town of Munster, as per plat thereof, recorded in Plat Book 32 page 39, in the Office of the Recorder of Lake County, Indiana.

Commonly known as: 8114 Monroe, Munster, IN 46324.

5. That the Affiant states that the decedent, Michael J. Hodor, Jr., died on the 6th day of March 2005, as confirmed by a copy of a death certificate issued by the Indiana State Board of Health which is attached hereto as part of this Affidavit.

6. That the marital relationship which existed between Michael J. Hodor, Jr. and Marianne F. Hodor continued unbroken from the time they so acquired title to said real estate until the death of Michael J. Hodor, Jr. on the 6th day of March 2006, at which time his surviving spouse,

FILED

JUN - 1 2005

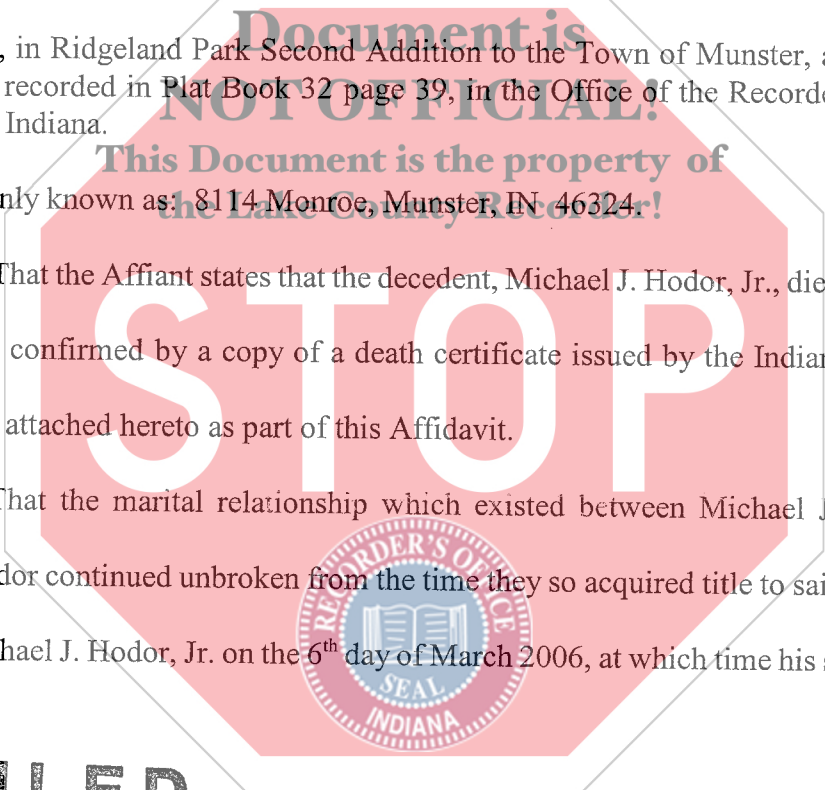
STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

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

00092

13-
LP

STG



Marianne F. Hodor acquired title to the above-described real estate as surviving tenant by the entireties.

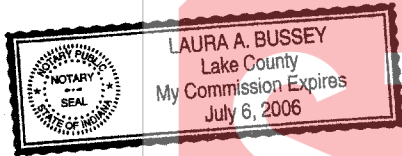
FURTHER AFFIANT SAYETH NOT.

Marianne F. Hodor
MARIANNE F. HODOR

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

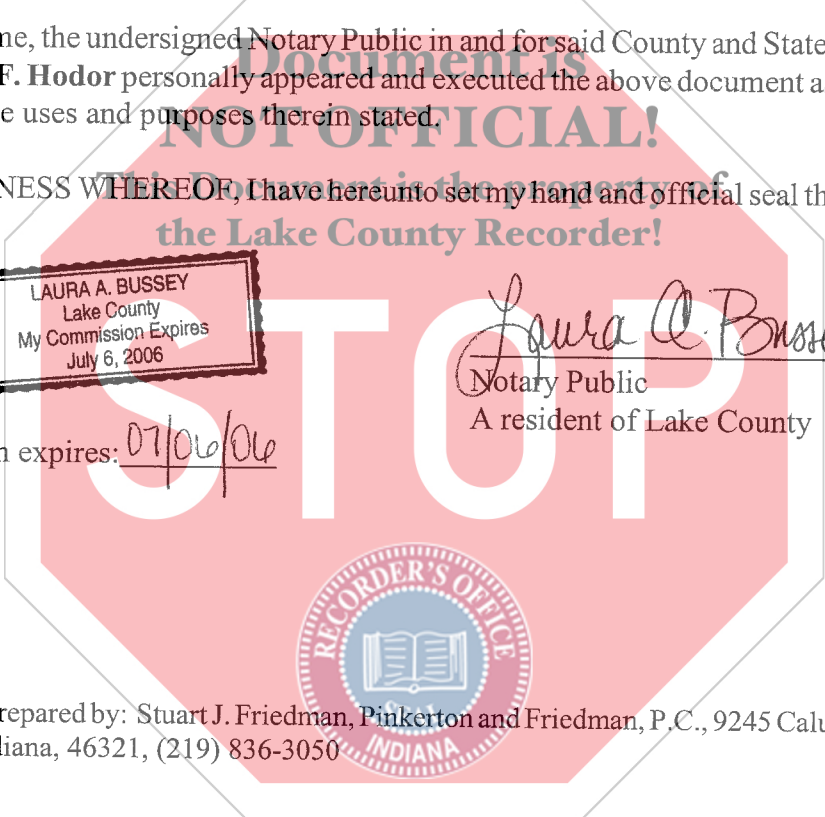
Before me, the undersigned Notary Public in and for said County and State, do hereby certify that **Marianne F. Hodor** personally appeared and executed the above document as her voluntary act and deed, for the uses and purposes therein stated.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal this 20th day of May 2005.



Laura A. Bussey
Notary Public
A resident of Lake County

My Commission expires: 07/06/06



This Instrument Prepared by: Stuart J. Friedman, Pinkerton and Friedman, P.C., 9245 Calumet Avenue, Suite 201, Munster, Indiana, 46321, (219) 836-3050

* 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

THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.

CERTIFICATE OF DEATH

Mar 7 2005 Date Issued
Hammond Health Commissioner

Local No. 147

#651713

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) MICHAEL JOSEPH HODOR, JR.		2. SEX Male	3a. TIME OF DEATH 1:00 A M	3b. DATE OF DEATH (Month, Day, Yr) March 6, 2005	
4. *SOCIAL SECURITY NUMBER 309-24-8056	5a. AGE—Last Birthday (Years) 74	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	5. DATE OF BIRTH (Mo, Day, Yr) January 3, 1931	
6a. WAS DECEDENT A U.S. VETERAN? Yes	6b. 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) Select Specialty Hospital		9c. CITY, TOWN, OR LOCATION OF DEATH Hammond	9d. COUNTY OF DEATH Lake		
10. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Marianne F. Dobosz	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Purchasing Supervisor	12b. KIND OF BUSINESS/INDUSTRY Oil Refinery		
13a. RESIDENCE—STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION Munster	13d. STREET AND NUMBER 8114 Monroe Avenue		
13e. ZIP CODE 46321	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) 1 College (14 or 5+) 1					
18. FATHER'S NAME (First, Middle, Last) Michael Joseph Hodor, Sr.		19. MOTHER'S NAME (First, Middle, Maiden Surname) Helen Kumiega			
20a. INFORMANT'S NAME (Type/Print) Marianne F. Hodor		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 8114 Monroe Avenue, Munster, IN 46321	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) March 8, 2005 St. John - St. Joseph Cemetery	21c. LOCATION—City or Town, State Hammond, Indiana		
22a. EMBALMER'S NAME Larry D. Anthony		22b. EMBALMER'S LICENSE NO. 01001447	23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Larry D. Anthony</i>		24b. LICENSE NUMBER (of Licensee) 01001447	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Anthony & Dziadowicz F.H. #83002916 9445 Calumet Ave, Munster, IN 46321		
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. Respiratory Arrest and failure DUE TO (OR AS A CONSEQUENCE OF): b. Bilateral pneumonia 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					
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I. Pleural Effusion					
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>[Signature]</i>			29c. MEDICAL LICENSE NO. 01043474	29d. DATE SIGNED (Month, Day, Year) March 7, 2005	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Kantilal Patel, M.D., 525-527 W. Chicago Avenue, East Chicago, Indiana 46312					
31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>			32. DATE FILED (Month, Day, Year) March 7, 2005		
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.			