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STATE OF INDIANA
COUNTY OF Lake

} SS:

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

SURVIVORSHIP AFFIDAVIT (LIFE ESTATE)

2005 045370

2005 JUN -3 11:09:20

Kathryn L. Podowski

being first duly sworn upon his/her oath deposes and says:

That he/she is the owner in fee simple of the following described Real Estate located in Lake County, Indiana, to-wit:

Lot 43, except the North 10 feet thereof, and the North 22 feet of Lot 42, in Block 4 in Roxana Park 5th Addition, in the City of East Chicago, as per plat thereof, recorded in Plat Book 30 page 28, in the Office of the Recorder of Lake County, Indiana. 30-608-43(24)

and commonly known as 5527 Walsh Avenue, East Chicago, Indiana 46312

That by deed of conveyance dated 052705 and recorded June 3, 2005, in Deed Record _____, page _____, as Instrument No. _____, in the office of the Recorder of Lake County, Indiana, said real estate was conveyed to Edmund J. Podowski for his/her natural life, with remainder to this affiant; that the consideration paid for said real estate was furnished entirely by said Edmund J. Podowski, who acquired an estate for life only, in said real property:

That said Edmund J. Podowski died intestate, a resident of Lake County, Indiana on the May 22, 1989, at which time this affiant acquired the entire title in fee simple to said real property; that there has never been any administration of the estate of the said Edmund J. Podowski; that a petition to determine Indiana Inheritance Tax without administration was filed in behalf of said decedent; that said real property was listed in said petition as a taxable asset at its full value, and Indiana Inheritance Tax as determined by the taxing authorities was paid thereon.

That the gross value of the estate of said decedent, taking into consideration in the evaluation thereof, the value of all of his/her gifts in contemplation of death, including all gifts made by him/her within three (3) year next preceding his death, together with the value of all of his/her investments in joint property or property in which he retained any interest measured by his/her life, plus proceeds of all insurance upon his/her life, did not equal or exceed the sum of \$600,000.00, as a consequence of which his/her estate was not subject to Federal Estate Tax.

Kathryn L. Podowski
Affiant Kathryn L. Podowski

Subscribed and sworn to before me, a Notary Public in and for said County and State, this 27th day of May, 2005.

FILED

JUN - 2 2005

Notary Name
Corina Castel Ramos
Printed

My commission expires:
May 16, 2009
My county of residence:
Lake

STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

CORINA CASTEL RAMOS
Lake County
My Commission Expires
May 16, 2009

00186

This instrument was prepared by: Atty. Thomas Hoffman I.D. # 7731-45

925-3541
TICOR NO

FILED

INDIANA STATE BOARD OF HEALTH

Local No. 151

CERTIFICATE OF DEATH

State No. _____

TYPE/PRINT
IN
PERMANENT
BLACK INK

1. DECEASED—NAME FIRST MIDDLE LAST EDMUND J. PODOWSKI			2. SEX Male	3. DATE OF DEATH (Mo. Day, Yr) May 22, 1989	
4. SOCIAL SECURITY NUMBER 314-01-0874	5a. AGE—Last Birthday (Years) 69	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Month Day, Year) JUN 15, 1919	
8. YEAR LAST SERVED IN U.S. ARMED FORCES? Yes—WWII		9a. PLACE OF DEATH (Check only one See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)			
9b. FACILITY NAME (If not institution, give street and number) 5527 Walsh Avenue		9c. CITY, TOWN, OR LOCATION OF DEATH East Chicago		9d. COUNTY OF DEATH Lake	
10. MARITAL STATUS—Married Never Married, Widowed, Divorced (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Kathryn L. Mirenich	12a. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life Do not use retired) Retired - Steelworker		12b. KIND OF BUSINESS/INDUSTRY Inland Steel Compan	
13a. RESIDENCE—STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION East Chicago		13d. STREET AND NUMBER 5527 Walsh Avenue	
13e. INSIDE CITY LIMITS? (Yes or no) Yes	13f. FARM No	13g. ZIP CODE 46312	14. WAS DECEASED OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Specify:	15. RACE—American Indian, Black, White, etc. (Specify) White	
16. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 10			College (1-4 or 5) -		
17. FATHER'S NAME (First, Middle, Last) Lucjan Podowski			18. MOTHER'S NAME (First, Middle, Maiden Surname) Lottie (last name unknown)		
19a. INFORMANT'S NAME (Type, Print) Kathryn L. Podowski		19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5527 Walsh Ave., East Chicago, IN 46312		19c. Relationship Wife	
20a. 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)		20b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) May 25, 1989 Chapel Lawn Mem. Gdns. Schererville, Indian		20c. LOCATION—City or Town, State	
21a. SIGNATURE OF FUNERAL DIRECTOR <i>James T. Katz</i>		21b. LICENSE NUMBER (of Licensee) FD01018573	22. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME FIFE FUNERAL HOME, INC. #FH83001512 4201 Indianapolis Boulevard East Chicago, Indiana 46312		
23a. To the best of my knowledge, death occurred at the time, date, and place stated. Signature and Title Document is NOT OFFICIAL!		23b. LICENSE NUMBER	23c. DATE SIGNED (Month, Day, Year)		
24. TIME OF DEATH 4:15 a.m.		25. DATE PRONOUNCED DEAD (Month, Day, Year) May 22, 1989		26. WAS CASE REFERRED TO MEDICAL EXAMINER, CORONER? (Yes or no) No	
27. PART I Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death					
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. GAD, LAKESIDE, BILIRUBIN, DUCT WITH LIVER METASTASIS 4/21 DUE TO (OR AS A CONSEQUENCE OF)					
b. _____ DUE TO (OR AS A CONSEQUENCE OF)					
c. _____ DUE TO (OR AS A CONSEQUENCE OF)					
d. _____ DUE TO (OR AS A CONSEQUENCE OF)					
PART II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I					
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 (Physician certifying cause of death when another physician has pronounced death and completed item 23) To the best of my knowledge, death occurred due to the cause(s) and manner as stated. <input type="checkbox"/> PRONOUNCING AND CERTIFYING PHYSICIAN (Physician both pronouncing death and certifying cause of death) To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. <input type="checkbox"/> MEDICAL EXAMINER <input type="checkbox"/> CORONER <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) and manner as stated.					
29b. SIGNATURE AND TITLE OF CERTIFIER <i>Virgil E. Angel M.D.</i>		29c. LICENSE NUMBER 18298	29d. DATE SIGNED (Month, Day, Year) 5-22-1989		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Virgil E. Angel, M.D., 2933 Jewett Street, Highland, IN 46322					
31. HEALTH OFFICER'S SIGNATURE <i>E. J. Campagny M.D.</i>				32. DATE FILED (Month, Day, Year) 5-24-89	
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)		

DECEDENT

PARENTS

INFORMANT

DISPOSITION

PRONOUNCING
PHYSICIAN ONLY

ITEMS 24-26 MUST
BE COMPLETED BY
PERSON WHO
PRONOUNCES DEATH

SEE INSTRUCTIONS

CAUSE OF
DEATH

SEE INSTRUCTIONS

CERTIFIER

HEALTH
OFFICER

CORONER OR
MEDICAL
EXAMINER USE
ONLY