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STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

IN THE LAKE CIRCUIT COURT
CROWN POINT, INDIANA

620053179

IN THE MATTER OF THE)
UNSUPERVISED ESTATE OF)
JOSEPH MURCHEK, Deceased)

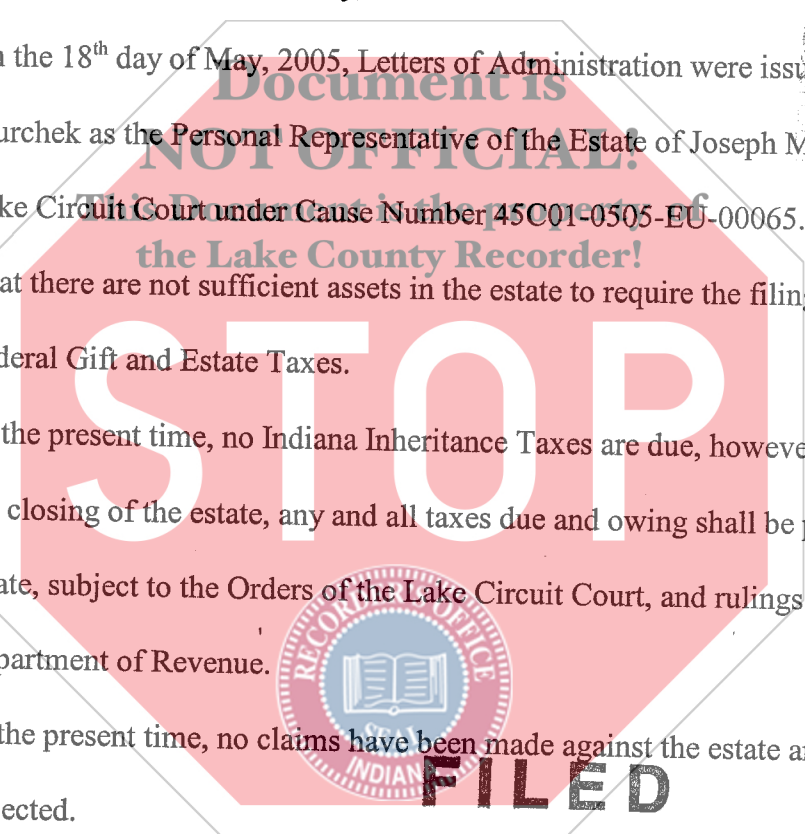
CAUSE NO.: 45C01-0505-EU-00065

2005 046854

AFFIDAVIT REGARDING PAYMENT OF ESTATE TAXES

Comes now Jack Murchek being first duly sworn upon his oath and says:

1. That he has personal knowledge of the facts stated herein;
2. Joseph Murchek died on or about December 6, 2004, and at the time of such death was a resident of Lake County, State of Indiana.
3. On the 18th day of May, 2005, Letters of Administration were issued to Jack Murchek as the Personal Representative of the Estate of Joseph Murchek by the Lake Circuit Court under Cause Number 45C01-0505-EU-00065.
4. That there are not sufficient assets in the estate to require the filing or payment of Federal Gift and Estate Taxes.
5. At the present time, no Indiana Inheritance Taxes are due, however, at the time of the closing of the estate, any and all taxes due and owing shall be paid by the estate, subject to the Orders of the Lake Circuit Court, and rulings by the Indiana Department of Revenue.
6. At the present time, no claims have been made against the estate and none are expected.



STATE OF INDIANA
 LAKE COUNTY
 FILED FOR RECORD
 2005 JUN 18 10 31 AM
 MICHAEL J. STIGLON
 RECORDER

Further Affiant sayeth not.

JUN - 7 2005

Affidavit of Jack Murchek re: Estate Taxes May 31, 2005

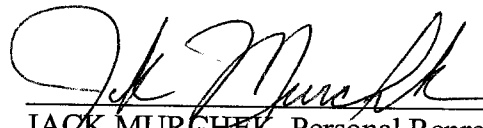
STEPHEN R. STIGLON
LAKE COUNTY RECORDER

Page 1 of 2

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Chicago Title Insurance Company


JACK MURCHEK, Personal Representative
Of the Estate of Joseph Murckek
A/K/A Jack J. Murchek

Before me, a Notary Public in and for said County and State, personally appeared Jack Murchek, who acknowledged the execution of the foregoing.

WITNESS my hand and Notarial seal, this 31st day of May, 2005.


LYNN MALKOWSKI SLEGEL, NOTARY PUBLIC
RESIDENT OF LAKE COUNTY, INDIANA

My Commission Expires: 6/17/07



(10) + 2 vet

*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

Local No. 299289
632599

CERTIFICATE OF DEATH

State No.

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1.0

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED-NAME (First, Middle, Last) Joseph Murchek		2. SEX Male	3a. TIME OF DEATH 1:09 P	3b. DATE OF DEATH (Month, Day, Yr.) December 06, 2004
4. *SOCIAL SECURITY NUMBER 306-01-8442	5a. AGE-Last Birthday (Years) 88	5b. UNDER 1 YEAR Months: Days:	5c. UNDER 1 DAY Hours: Minutes:	6. DATE OF BIRTH (Mo. Day, Yr) April 12, 1916
7. BIRTHPLACE (City and State or Foreign Country) Sharon, Pennsylvania		8a. WAS DECEDENT A U.S. VETERAN? Yes		
8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1946		8c. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Other (Specify) Hospice <input type="checkbox"/> Residence		
9a. FACILITY NAME (If not institution, give street and number) William J. Riley Hospice		9b. CITY, TOWN, OR LOCATION OF DEATH Munster	9c. COUNTY OF DEATH Lake	
10. MARITAL STATUS (Specify) Widowed	11. SURVIVING SPOUSE (If wife, give maiden name) N/A	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Gageman	12b. KIND OF BUSINESS/INDUSTRY Oil	
13a. RESIDENCE-STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION Crown Point	13d. STREET AND NUMBER 5089 W. 87th Lane	
13e. ZIP CODE 46307	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" 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) Caucasian
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+) N/A		18. FATHER'S NAME (First, Middle, Last) John Murchek		
19. MOTHER'S NAME (First, Middle, Maiden Surname) Mary Krajniak		20a. INFORMANT'S NAME (Type/Print) Naomia Wahlsmith		
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1732 Valley Court Schererville, Indiana 46375		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) December 09, 2004 Chapel Lawn Memorial Gardens		21c. LOCATION-City or Town, State Schererville, Indiana
22a. EMBALMER'S NAME Jose Corona		22b. EMBALMER'S LICENSE NO. FD08601373		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Thomas J. Brogan</i>		24b. LICENSE NUMBER (of Licensee) FD08600181		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Chapel Lawn Funeral Home, #FH19900051 8178 Cline Avenue, Schererville, Indiana, 46375
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. Cerebrovascular Accident DUE TO (OR AS A CONSEQUENCE OF):		Approximate Interval Between Onset and Death 1 week
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last		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 - 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>Theodore W. Brogan</i>		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 26) (Type/Print) Dr. T. Brogan 297 Franciscan Dr. Suite 203, Crown Point IN 46307		29c. MEDICAL LICENSE NO. 01048142		29d. DATE SIGNED (Month, Day, Year) 12/13/04
31. HEALTH OFFICER'S SIGNATURE <i>Susan J. Best, D.O.</i>		32. DATE FILED (Month, Day, Year) December 13, 2004		
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 THIS CERTIFICATE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH FILED WITH THE LAKE COUNTY HEALTH DEPT.		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) DEC 13 2004		34g. DATE PRONOUNCED DEAD (Month, Day, Year)		
34h. MOTOR VEHICLE ACCIDENT (Yes or no) If yes specify driver, passenger, pedestrian, etc.				

SDH06-004 State Form 10110-06 (R4/3-93) Deathcer/PD 1

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