



Chicago Title Insurance Company

620053126

SURVIVORSHIP AFFIDAVIT

2005 046876

STATE OF Indiana

S. S.

COUNTY OF Lake

On this 5/26/05 before me personally appeared Diana Gersbacher

CHICAGO TITLE INSURANCE COMPANY

to me personally known, who being duly sworn on oath did say that:

- 1. Affiant resides at the address given below affiant's signature;
2. Affiant is owner (state interest of affiant in the above premises as "owner," "son of owner," etc);
3. Said premises were formerly owned as joint tenants or as tenants by the entireties by Olive Ann Paulski and Diana Gersbacher

4. Said Olive Ann Paulski (fill in name of co-tenant who died) died on June 8, 1993

leaving No will; (insert "a" or "no"; if will left, attach a copy)

- 5. The legal description of the premises in question is: Attached
6. To the best of affiant's knowledge there is no Federal or State estate or inheritance tax liability by reason of the death of said decedent:

7. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced? NSA

(If answer is "Yes," identify the divorce proceedings:)

8. Affiant's relationship to the deceased was Daughter

Signature: Diana D. Gersbacher

Address: 401 E. 60th Drive, Merrillville, IN 46410

Subscribed and sworn to before me by the affiant

this 5/26/05 (insert date)

Handwritten signature of Andrea A. Widlowski

Andrea A. Widlowski Notary Public

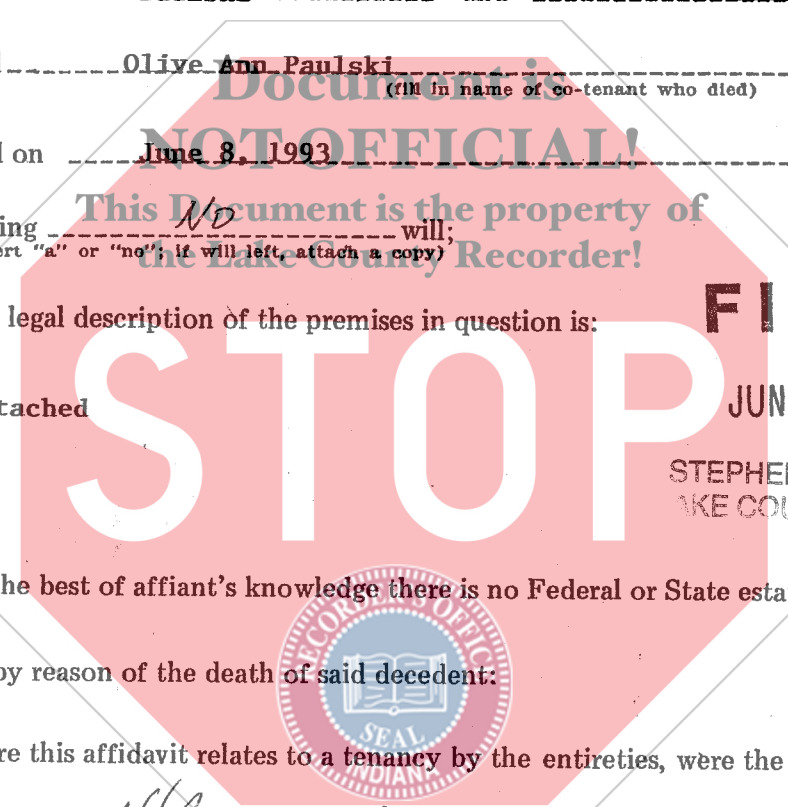
My Commission Expires 9/17/09



This instrument prepared by Diana Gersbacher

00610

Handwritten initials



STATE OF INDIANA LAKE COUNTY FILED FOR RECORD 2005 JUN 8 AM 9:55 MICHAEL A. GORDON RECORDER

FILED JUN - 7 2005 STEPHEN R. STIGLICH LAKE COUNTY AUDITOR

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Local No. 1521-93

State No.

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 10-1-19-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

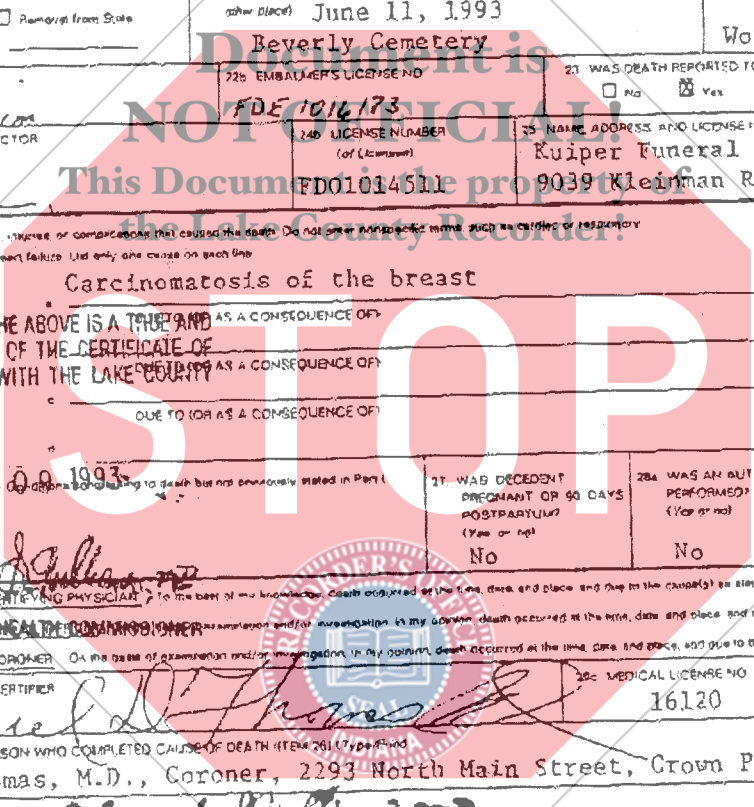
CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

CORONER USE ONLY

1 DECEASED NAME (First Middle Last) <b>Olive Ann Paulsky</b>		2 SEX <b>Female</b>	3 TIME OF DEATH <b>4:15 P M</b>	3a DATE OF DEATH (Month, Day, Yr) <b>June 8, 1993</b>
4 SOCIAL SECURITY NUMBER <b>338-16-7493</b>	5a AGE—Last Birthday (Years) <b>74</b>	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	8 DATE OF BIRTH (Mo Day Yr) <b>March 20, 1919</b>
6a WAS DECEDENT A U.S. VETERAN? <b>No</b>		6b YEAR LAST SERVED IN U.S. ARMED FORCES? <b>None</b>		7 BIRTHPLACE (City and State or Foreign Country) <b>Chicago, Illinois</b>
9a PLACE OF DEATH (Check only one. See instructions) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Intensive <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> HOME <input type="checkbox"/> D.O.A. <input type="checkbox"/> Residence				
10 FACILITY NAME (If not retention give street and number) <b>Methodist Hospital Southlake</b>			11 CITY/TOWN OR LOCATION OF DEATH <b>Merrillville</b>	12 COUNTY OF DEATH <b>Lake</b>
13a MARITAL STATUS <b>Widowed</b>	11 SURVIVING SPOUSE (If wife give maiden name) <b>None</b>	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Homemaker</b>		12b KIND OF BUSINESS/INDUSTRY <b>Own Home</b>
13a RESIDENCE—STATE <b>Indiana</b>	13b COUNTY <b>Lake</b>	13c CITY/TOWN OR LOCATION <b>Merrillville</b>	13d STREET AND NUMBER <b>401 East 60th Drive</b>	
14 ZIP CODE <b>46410</b>	15 INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	16 CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	17 WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes specify Cuban, Mexican, Puerto Rican, etc.)	18 RACE—American Indian, Black, White, etc. (Specify) <b>White</b>
17 DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>8</b> College (13-4 or 5+) <b>8</b>		19 MOTHER'S NAME (First Middle Last) <b>Katherine Flassig</b>		
14 FATHER'S NAME (First Middle Last) <b>Richard Bogda</b>		20a MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>401 E. 60th Dr., Merrillville, IN 46410</b>		20b Relationship <b>Daughter</b>
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) <b>June 11, 1993 Beverly Cemetery</b>		21c LOCATION—City or Town, State <b>Worth Township, IL</b>
22a EMBALMER'S NAME <b>EDGAR C. GLENN</b>		22b EMBALMER'S LICENSE NO. <b>FDE 1016173</b>	23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
24a SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>		24b LICENSE NUMBER (of Licenses) <b>FDO1014511</b>	25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME <b>Kuiper Funeral Home FH83007500 9039 Kleinman Rd., Highland, IN 46327</b>	
26 PART I: E. the disease, injury or complication that caused the death. Do not enter non-specific terms such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. <b>Carcinomatosis of the breast</b>				
IMMEDIATE CAUSE (How) <b>AS A CONSEQUENCE OF</b>				
MEDIUM-TERM CAUSE (How) <b>AS A CONSEQUENCE OF</b>				
LONG-TERM CAUSE (How) <b>AS A CONSEQUENCE OF</b>				
27 PART II: Other significant conditions contributing to death but not mentioned in Part I.				
28a CERTIFIER <input type="checkbox"/> CERTIFYING PHYSICIAN <input checked="" type="checkbox"/> CORONER		28b MEDICAL LICENSE NO. <b>16120</b>		
29 SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>		29c DATE SIGNED (Month, Day, Year) <b>June 9, 1993</b>		
30 NAME (AND ADDRESS) OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 26) (Type print) <b>Daniel D. Thomas, M.D., Coroner, 2293 North Main Street, Crown Point, Indiana 46307</b>				
31 HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>				31a DATE FILED (Month, Day, Year) <b>June 9, 1993</b>
32 MANNER OF DEATH <input checked="" 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		33a DATE OF INJURY (Month, Day, Year)	33b TIME OF INJURY	33c INJURY AT WORK? (Yes or no)
34a PLACE OF INJURY—At home, farm, street, factory, office, nursing home (Specify)		34b LOCATION (Street and Number or Rural Route Number, City or Town, State)		
35 DATE PRONOUNCED DEAD (Month, Day, Year) <b>June 8, 1993</b>		36 MOTOR VEHICLE ACCIDENT? (Yes or no. If yes, specify driver, passenger, pedestrian, etc.)		



No: 620053126

## LEGAL DESCRIPTION

Parcel 7-5 being a part of Phase "B" of Lot 1, in Old Airport Addition, as per plat thereof, recorded in Plat Book 38 page 99, in the Office of the Recorder of Lake County, Indiana, more particularly described as follows: Commencing at the Southwest corner of Lot 1; thence South 89 degrees 44 minutes 50 seconds East, along the South line of Lot 1, a distance of 134.67 feet; thence North 36 degrees 15 minutes 10 seconds East, a distance of 413.95 feet; thence South 53 degrees 44 minutes 50 seconds East, a distance of 23.6 feet to the place of beginning; thence continuing South 53 degrees 44 minutes 50 seconds East, 34.97 feet; thence South 36 degrees 15 minutes 10 seconds West, 45.0 feet; thence North 53 degrees 44 minutes 50 seconds West, 34.97 feet; thence North 36 degrees 15 minutes 10 seconds East, 45.0 feet to the place of beginning.

