

2

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2005 050993

2005 JUN 21 AM 11:01

STATE OF INDIANA
COUNTY OF Lake

054501016

SURVIVORSHIP AFFIDAVIT

Joseph M. Bistrican

(hereinafter referred to as "Affiant"), being first duly sworn

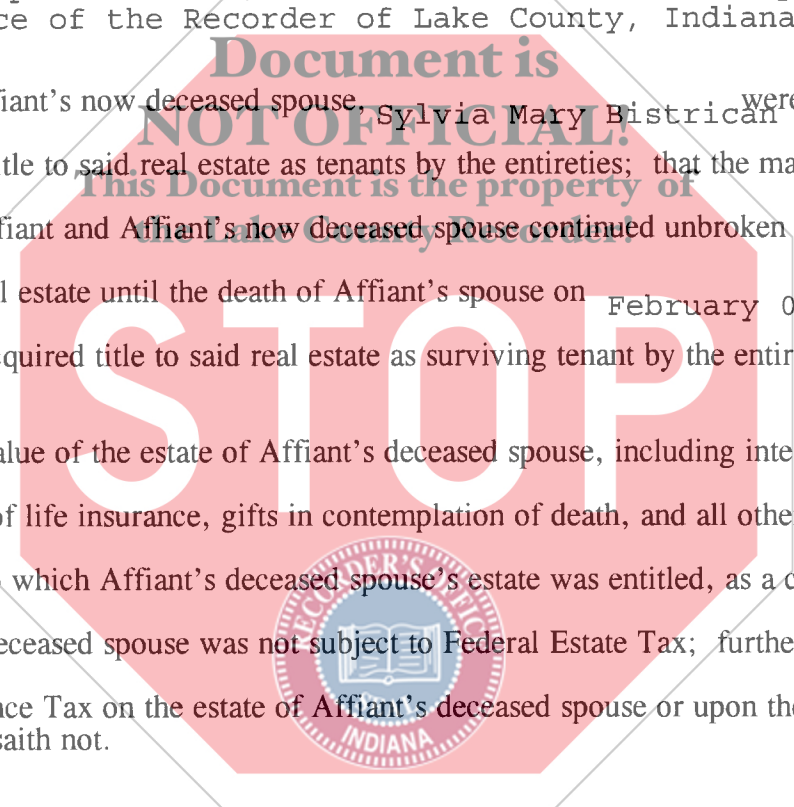
upon oath, deposes and says:

That Affiant is the owner in fee simple of the following described real estate, located in Lake County, State of Indiana, described as follows, to wit:

Lot 4, Block 5 in Rueth Estates 2nd Addition to the Town of Munster, as per plat thereof, recorded in Plat Book 42, page 24, in the Office of the Recorder of Lake County, Indiana.

and that Affiant and Affiant's now deceased spouse, Sylvia Mary Bistrican, were husband and wife at the time they acquired title to said real estate as tenants by the entirety; that the marital relationship which existed between said Affiant and Affiant's now deceased spouse continued unbroken from the time that they acquired title to said real estate until the death of Affiant's spouse on February 07, 2005 at which time Affiant acquired title to said real estate as surviving tenant by the entirety.

That the gross value of the estate of Affiant's deceased spouse, including interest in jointly held property, the proceeds of life insurance, gifts in contemplation of death, and all other assets, did not exceed the exemption to which Affiant's deceased spouse's estate was entitled, as a consequence of which the estate of Affiant's deceased spouse was not subject to Federal Estate Tax; further, that there is not unpaid Indiana Inheritance Tax on the estate of Affiant's deceased spouse or upon the said real estate. Further Affiant saith not.



Joseph M. Bistrican
Joseph M. Bistrican

Subscribed and sworn to before me, a Notary Public in and for said County and State, this 8th day of June, 2005.

Signature Linda S. Wood
Printed Linda S. Wood

My Commission Expires:
10-17-06

Residing in Lake County, Indiana.

THIS INSTRUMENT PREPARED BY: Jacob M. Yonkman, Attorney at Law 1432-45

File Number: 054501016

DULY ENTERED FOR TAXATION SUBJECT TO
FINAL ACCEPTANCE FOR TRANSFER

JUN 21 2005

STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

LINDA S. WOOD
NOTARY PUBLIC - LAKE COUNTY, INDIANA
MY COMMISSION EXPIRES OCTOBER 17, 2006
RESIDENT LAKE COUNTY INDIANA

01708

11/02
STS
RM

ATTENTION: The Social Security # is being requested by this state agency in order to insure its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

Local No. 365-05

#691518

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IO 16-1-18-3

TYPE/PRINT IN PERMANENT BLACK INK

PRECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED—NAME (First, Middle, Last) SYLVIA MARY BISTRICAN			2. SEX FEMALE	3a. TIME OF DEATH 2:52 P M	3b. DATE OF DEATH (Month, Day, Year) FEBRUARY 7, 2005
4. SOCIAL SECURITY NUMBER 314-26-9220		5a. AGE—Last Birthday (Years) 75	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo. Day, Yr) DEC. 11, 1929
7a. WAS DECEDENT A U.S. VETERAN? NO		7b. YEAR LAST SERVED IN U.S. ARMED FORCES? NONE		7. BIRTHPLACE (City and State or Foreign Country) EAST CHICAGO, INDIANA	
8a. FACILITY NAME (If not institution, give street and number) COMMUNITY HOSPITAL			8b. CITY, TOWN, OR LOCATION OF DEATH MUNSTER		8c. COUNTY OF DEATH LAKE
9a. MARITAL STATUS (Specify) MARRIED		9b. SURVIVING SPOUSE (If wife, give maiden name) JOSEPH M. BISTRICAN		9c. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) BAKER	
10a. RESIDENCE—STATE INDIANA		10b. COUNTY LAKE		10c. CITY, TOWN, OR LOCATION MUNSTER	
11a. ZIP CODE 46321		11b. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		11c. ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
12a. CITIZEN OF WHAT COUNTRY? USA		12b. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)		12c. RACE—American Indian, Black, White, etc. (Specify) WHITE	
13. FATHER'S NAME (First, Middle, Maiden Last) JOHN KOLISZ			13. MOTHER'S NAME (First, Middle, Maiden Surname) ANGELINE PEDZIWIATR		
14. INFORMANT'S NAME (Type/Print) JOSEPH M. BISTRICAN			14. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 543 CEDAR COURT, MUNSTER, IN 46321		14c. Relationship HUSBAND
15a. 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)		15b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) FEBRUARY 12, 2005 HOLY CROSS CEMETERY		15c. LOCATION—City or Town, State CALUMET CITY, ILLINOIS	
16a. EMBALMER'S NAME LARRY D. ANTHONY		16b. EMBALMER'S LICENSE NO. 01001447		16c. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
17a. SIGNATURE OF FUNERAL DIRECTOR <i>Larry D. Anthony</i>		17b. LICENSE NUMBER (of Licensee) 01001447		17c. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME ANTHONY & DZIADOWICZ F.H. #83002916 9445 CALUMET AVE, MUNSTER, IN 46321	
18. PART I. Enter the disease, 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.					
18a. IMMEDIATE CAUSE (Final disease or condition resulting in death)		18b. DUE TO (OR AS A CONSEQUENCE OF)		Approximate Interval Between Onset and Death	
18a. ACUTE MYOCARDIAL INFARCTION		18b. DUE TO (OR AS A CONSEQUENCE OF)		MINUTES	
18a. OVARIAN CANCER		18b. DUE TO (OR AS A CONSEQUENCE OF)		MONTHS	
18a. OSTEOARTHRITIS		18b. DUE TO (OR AS A CONSEQUENCE OF)			
19. PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.		20. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) NO		21. WAS AN AUTOPSY PERFORMED? (Yes or no) NO	
22. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) NO		23. 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.		24. SIGNATURE AND TITLE OF CERTIFIER <i>Susan W. Foreit, D.O.</i>	
25. MEDICAL LICENSE NO. 02001161		26. DATE SIGNED (Month, Day, Year) FEB. 8, 2005		27. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 26) (Type/Print) C.A. FOREIT, D.O. 3831 HOHMAN AVENUE, HAMMOND, INDIANA 46327	
28. HEALTH OFFICER'S SIGNATURE <i>Susan W. Foreit, D.O.</i>		29. DATE FILED (Month, Day, Year) February 9, 2005		30. 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	
31. DATE OF INJURY (Month, Day, Year)		31b. TIME OF INJURY		31c. INJURY AT WORK? (Yes or no)	
32. PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)		32. DESCRIBE HOW INJURY OCCURRED			
33. DATE PRONOUNCED DEAD (Month, Day, Year)		34. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.			

