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TICOR TITLE INSURANCE

2006 011734

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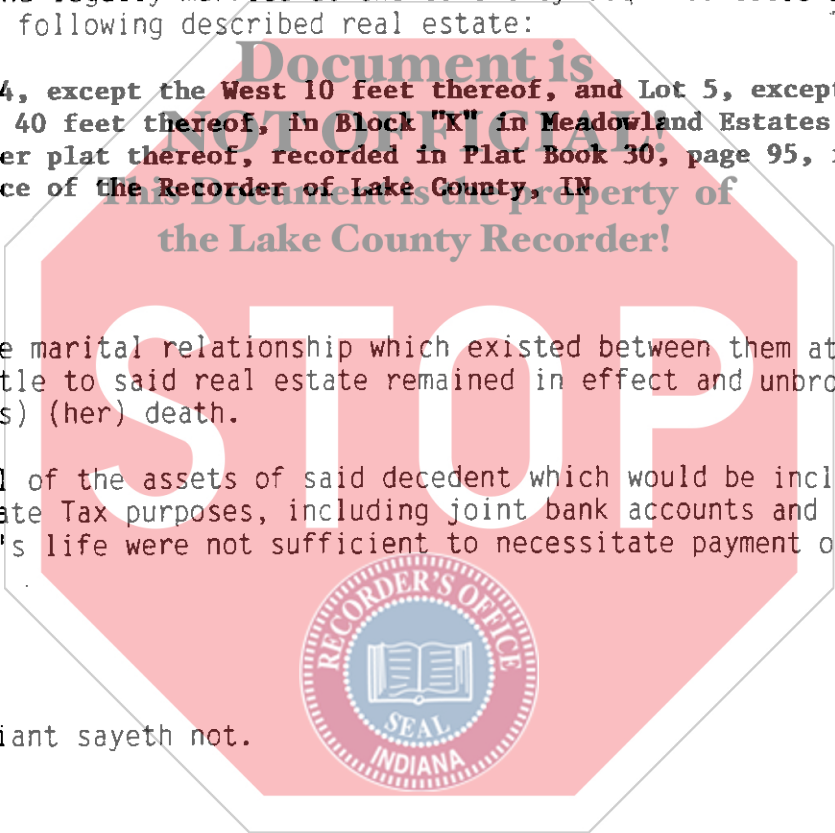
AFFIDAVIT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Beverly A. Veit, being first duly sworn upon oath, deposes and says:

1. That Frank T. Grynovich December 30, 19 95 at 1:15 a.m. died.
2. That Frank T. Grynovich and Helen Grynovich were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

Lot 4, except the West 10 feet thereof, and Lot 5, except the East 40 feet thereof, in Block "K" in Meadowland Estates Unit No.2 as per plat thereof, recorded in Plat Book 30, page 95, in the Office of the Recorder of Lake County, IN



3. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of (his) (her) death.
4. That all of the assets of said decedent which would be includable for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

Further affiant sayeth not.

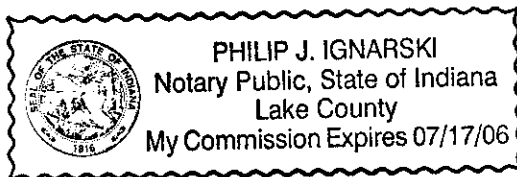
Beverly A. Veit
Beverly A. Veit

Subscribed and sworn to before me, a Notary Public, this 8th day of February, 1/9 2006.

Philip J. Ignarski
Philip J. Ignarski
Notary Public

My Commission expires:

County of Residence:



FILED

FEB 13 2006

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This Instrument prepared by BEVERLY A. VEIT

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

TICOR CP

920060603

003063

* 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

TICOR CP

CERTIFICATE OF DEATH

State No. 020060603

Local No. 2956-95

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

DATE

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED—NAME (First, Middle, Last) FRANK T. GRYNOVICH				2. SEX Male		3a. TIME OF DEATH 1:15 a.m.		3b. DATE OF DEATH (Month, Day, Year) December 30, 1995	
4. SOCIAL SECURITY NUMBER [REDACTED]		5a. AGE—Last Birthday (Years) 78		5b. UNDER 1 YEAR Months: Days:		5c. UNDER 1 DAY Hours: Minutes:		6. DATE OF BIRTH (Mo, Day, Yr) April 15, 1917	
7. BIRTHPLACE (City and State or Foreign Country) Gary, Indiana		8a. WAS DECEDENT A U.S. VETERAN? no							
8b. YEAR LAST SERVED IN U.S. ARMED FORCES? ---		9a. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input checked="" type="checkbox"/> Residence <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify)							
9b. FACILITY NAME (If not institution, give street and number) 308 West 53rd Place				9c. CITY, TOWN, OR LOCATION OF DEATH Merrillville			9d. COUNTY OF DEATH Lake		
10. MARITAL STATUS (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Helen B. Hocza		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Steel Inspector			12b. KIND OF BUSINESS/INDUSTRY US Steel		
13a. RESIDENCE—STATE Indiana		13b. COUNTY Lake		13c. CITY, TOWN, OR LOCATION Merrillville			13d. STREET AND NUMBER 308 W. 53rd Place		
13e. ZIP CODE 46410		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? USA		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) 12 College (1-4 or 5+) ---		18. FATHER'S NAME (First, Middle, Last) John Grynovich							
19. MOTHER'S NAME (First, Middle, Maiden Surname) Bessie Wharob								20a. INFORMANT'S NAME (Type/Print) Helen B. Grynovich	
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 308 W. 53rd Pl., Merrillville, IN 46410				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) January 2, 1995 Calumet Park Cemetery				21c. LOCATION—City or Town, State Merrillville, Indiana		22a. EMBALMER'S NAME Charles W. Wells			
22b. EMBALMER'S LICENSE NO. 1042372				23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		24a. SIGNATURE OF FUNERAL DIRECTOR <i>Thomas D. Pruzin</i>			
24b. LICENSE NUMBER (of Licensee) 1009893				25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME PRUZIN BROS. FUNERAL SERVICE #83002453 6360 Broadway, Merrillville, Indiana 46410					
26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory failure. Enter the date and time on each line. THIS CERTIFIES THE ABOVE IS TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT. a. Coronary heart failure DUE TO (OR AS A CONSEQUENCE OF): b. Coronary artery disease DUE TO (OR AS A CONSEQUENCE OF): c. Nontraumatic aortic dissection DUE TO (OR AS A CONSEQUENCE OF): JAN 02 1996									
PART II. Other significant conditions contributing to death but not previously stated in Part I. LAKE COUNTY HEALTH COMMISSIONER									
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) ---			
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>Joseph Kim</i>						29c. MEDICAL LICENSE NO. 01026861		29d. DATE SIGNED (Month, Day, Year) January 2, 1996	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 28) (Type/Print) Jong H. Kim M.D., 6111 Harrison St., Merrillville, Indiana 46410									
31. HEALTH OFFICER'S SIGNATURE <i>Joseph H. Kim, M.D.</i>								32. DATE FILED (Month, Day, Year) January 2, 1996	
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be Determined			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)				
34g. DATE PRONOUNCED DEAD (Month, Day, Year)				34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.					

Declaration

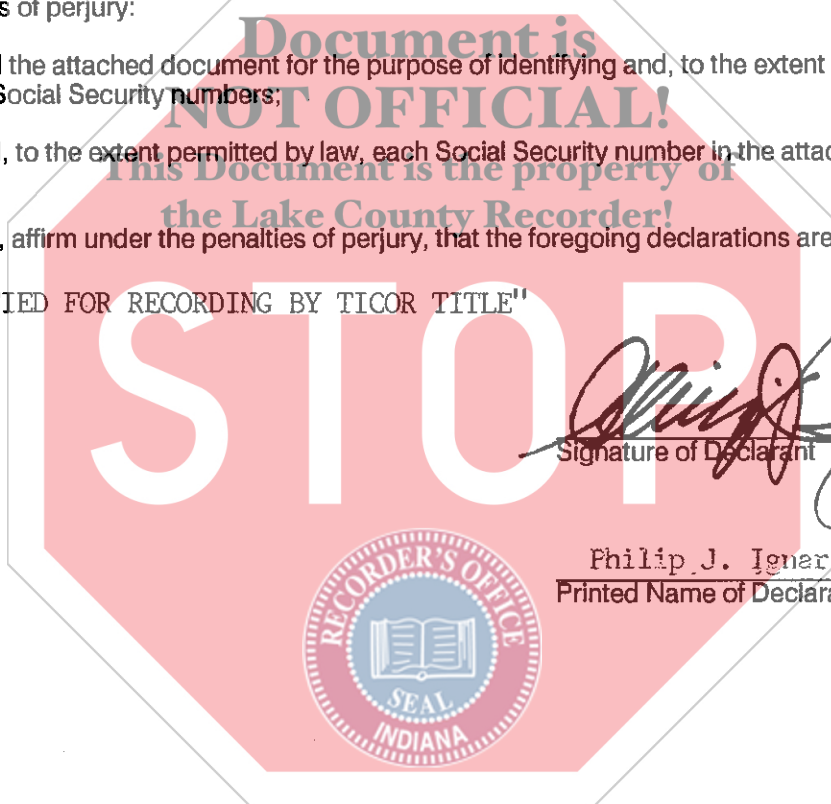
This form is to be signed by the preparer of a document and recorded with each document in accordance with IC 36-2-7.5-5(a).

I, the undersigned preparer of the attached document, in accordance with IC 36-2-7.5, do hereby affirm under the penalties of perjury:

1. I have reviewed the attached document for the purpose of identifying and, to the extent permitted by law, redacting all Social Security numbers;
2. I have redacted, to the extent permitted by law, each Social Security number in the attached document.

I, the undersigned, affirm under the penalties of perjury, that the foregoing declarations are true.

"VERIFIED FOR RECORDING BY TICOR TITLE"



Philip J. Ignarski
Signature of Declarant

Philip J. Ignarski
Printed Name of Declarant