



Chicago Title Insurance Company

SURVIVORSHIP AFFIDAVIT

On this 2/10/06 before me personally appeared Nettie Krochta
(insert date)

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

- Affiant resides at the address given below affiant's signature:
- Affiant is Nettie ~~owner~~ sister
state interest of affiant in the above premises as "owner", "son of owner", etc.

- Said premises were formerly owned as joint tenants or as tenants by the entireties by Steve Krochta and Nettie Krochta

- Said Steve Krochta
(fill in name of co-tenant who died)
died on June 21, 2005
leaving NO will;
(insert "a" or "no"; if will left, attach a copy)

- The legal description of the premises in question is:
see attached legal

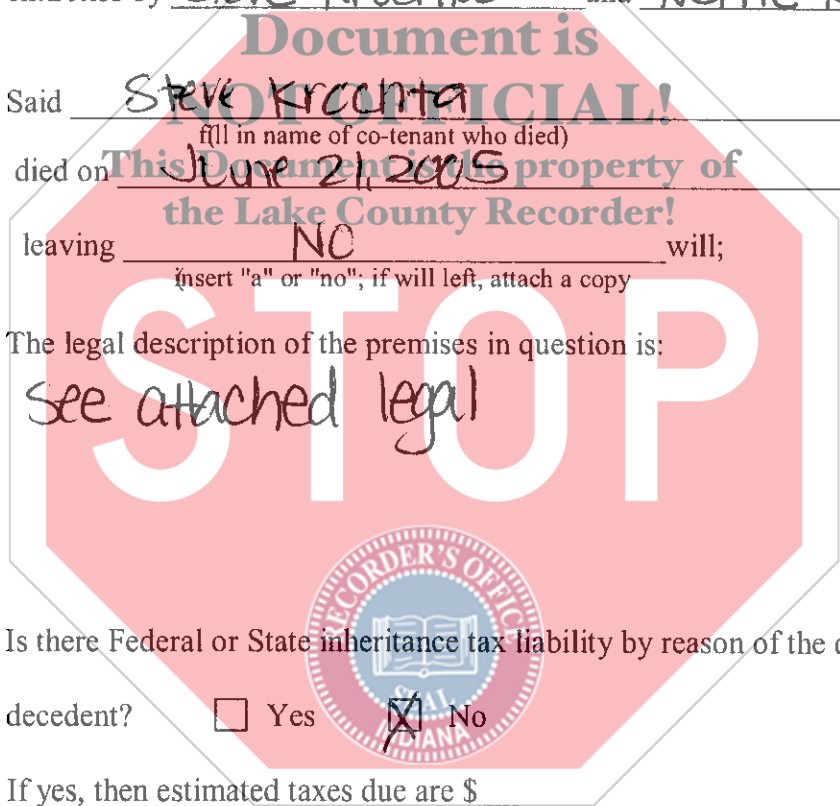
- Is there Federal or State inheritance tax liability by reason of the death of said decedent? Yes No
If yes, then estimated taxes due are \$ _____

The taxes due are paid or unpaid..

620060203 AAA
Chicago Title Insurance Company

006 015124

FILED FOR REC'D
LAKE COUNTY
RECORDER'S OFFICE



FILED

FEB 24 2006

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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003949

7. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced? NO

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

_____):

8. Affiant's relationship to the deceased was ~~WIFE~~ SISTER

XSignature: *Nettie Krochta*

Printed Name Nettie Krochta

Address: ~~650~~ 657 Northview Dr.

Valparaiso, IN 46385

Subscribed and sworn to before me by the affiant

This 2/10/06

(insert date)

Lisha Willis
Notary Public

Printed Name _____

My County of Residence is: _____

In the State of _____

My Commission Expires _____

"OFFICIAL SEAL"
Lisha Willis
Notary Public, State of Indiana
Resident of Porter County
My Commission Expires August 7, 2010

This instrument prepared by NETTIE KROCHTA



This document not valid unless stamped on reverse side and embossed with raised seal of Porter County

PORTER COUNTY
CERTIFICATE OF DEATH

PORTER COUNTY
HEALTH DEPARTMENT
155 Indiana Ave Suite 104
Valparaiso IN 46383

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

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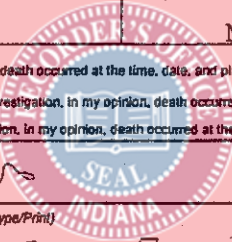
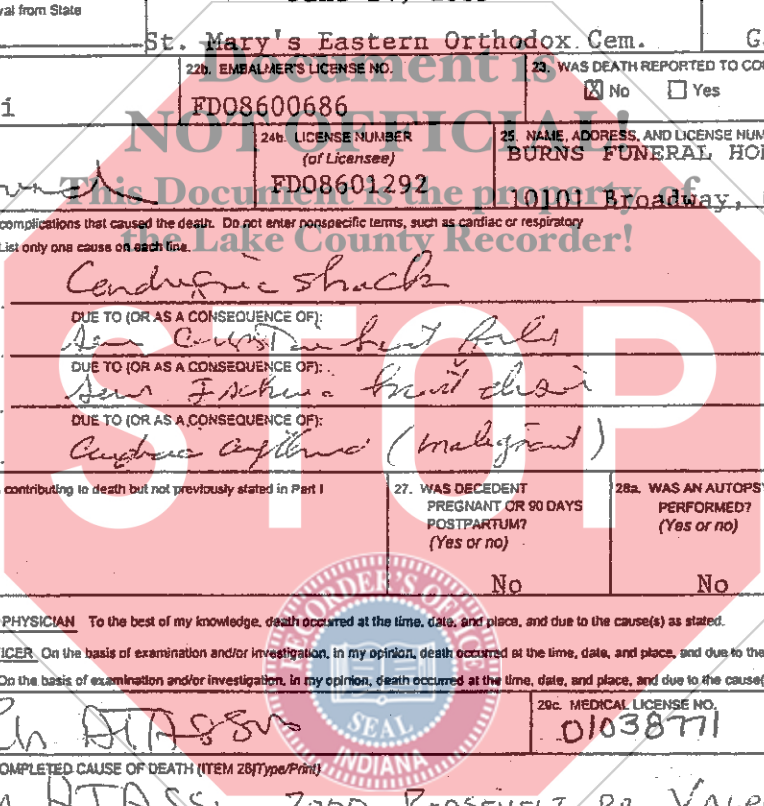
OSITION

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1. DECEASED - NAME (First, Middle, Last) STEVE KROCHTA		2. SEX Male	3a. TIME OF DEATH 11:00 AM	3b. DATE OF DEATH (Month, Day, Yr.) June 21, 2005
4. *SOCIAL SECURITY NUMBER 314-24-2875	5a. AGE - Last Birthday (Years) 80	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo., Day, Yr.) July 20, 1924
7. BIRTHPLACE (City and State or Foreign Country) Gary, IN	8a. WAS DECEDENT A U.S. VETERAN? No			
8b. YEAR LAST SERVED IN U.S. ARMED FORCES? N/A		PLACE OF DEATH (Check only one See instructions)		
9b. FACILITY NAME (If not institution, give street and number) Porter Memorial Hospital		9c. CITY, TOWN, OR LOCATION OF DEATH Valparaiso		9d. COUNTY OF DEATH Porter
10. MARITAL STATUS Married	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.) Steel Worker		12b. KIND OF BUSINESS/INDUSTRY U.S. Steel-Merchant Mill
13a. RESIDENCE - STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN OR LOCATION Gary		13d. STREET AND NUMBER 3746 Jefferson Street
13e. ZIP CODE 46408	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?) White
17. DECEDENT'S EDUCATION (Specify only highest grade completed)		17. DECEDENT'S EDUCATION (Specify only highest grade completed)		
Elementary/Secondary (0-12)		College (1-4 or 5+)		
18. FATHER'S NAME (First, Middle, Last) William Krochta		19. MOTHER'S NAME (First, Middle, Maiden Surname) Mary Voncecin		
20a. INFORMANT'S NAME (Type/Print) Mary Drozda		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 657 Northview Dr. Valparaiso, IN		20c. Relationship Sister
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) June 24, 2005 St. Mary's Eastern Orthodox Cem.		21c. LOCATION - City or Town, State Gary, Indiana
22a. EMBALMER'S NAME David W. Semplinski		22b. EMBALMER'S LICENSE NO. FD08600686		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
24a. SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>		24b. LICENSE NUMBER (of Licensee) FD08601292		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME BURNS FUNERAL HOME FHB3002445 Broadway, Crown Point, IN
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.				Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) Cerebrovascular stroke				
a. DUE TO (OR AS A CONSEQUENCE OF): Acute Coronary heart failure				
b. DUE TO (OR AS A CONSEQUENCE OF): Acute Ischemic heart disease				
c. DUE TO (OR AS A CONSEQUENCE OF): Cardiac arrhythmia (malignant)				
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.		29c. MEDICAL LICENSE NO. 01038711		29d. DATE SIGNED (Month, Day, Year) 7/7/05
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 28) (Type/Print) John H. TASSO, 2000 ROOSEVELT RD VALPARAISO IN 46383				
31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>				32. DATE FILED (Month, Day, Year) July 8, 2005
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 J		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.		



LEGAL DESCRIPTION

Parcel 1: The South Half of Lot 12, and the North Three-Quarters of Lot 13, in Block 2, in Jackson Park South Broadway Addition to Gary, in the City of Gary, as per plat thereof, recorded in Plat Book 6 page 50, in the Office of the Recorder of Lake County, Indiana.

Parcel 2: Lot 17, in Highland Park Third Addition, being a subdivision of Block 9 of C. J. Williams Addition to Glen Park, in the City of Gary, as per plat thereof, recorded in Plat Book 20 page 28, in the Office of the Recorder of Lake County, Indiana.

Parcel 3: Lot 12, in Block 3, in Georgetown Addition, in the City of Gary, as per plat thereof, recorded in Plat Book 30 page 17, in the Office of the Recorder of Lake County, Indiana.

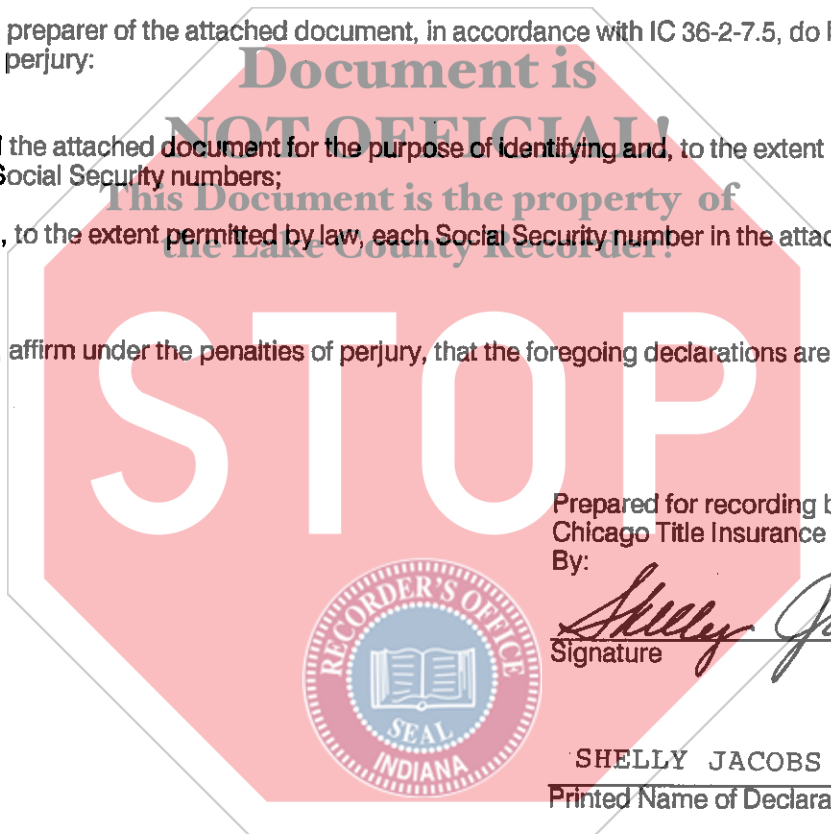


Declaration

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



Prepared for recording by
Chicago Title Insurance Company
By:

Shelly Jacobs
Signature

SHELLY JACOBS
Printed Name of Declarant