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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2006 068326

2006 AUG -7 PM 1:53

MICHAEL A. BROWN
RECORDER

STATE OF INDIANA)
) **SS:**
COUNTY OF LAKE)

SURVIVORSHIP AFFIDAVIT

On the 12th day of July, 2006, before me personally appeared MAXINE URBANCZYK, to me personally known, who being duly sworn upon oath, did say that:

1. Affiant resides at 3333 W. 77th Place, Merrillville, Indiana 46410.

2. Affiant is the adult daughter of GENEVIEVE PASTOR, owner of a one-half (1/2) interest in the premises located at 4806 Homerlee Avenue, East Chicago, IN 46312, and more particularly described as follows:

Lot No. 2, in Block No. 23, as marked and laid down on the recorded plat of subdivision of that part of the West 3/7ths of the Southwest 1/4 of Section 29, lying South of Chicago Avenue, Township 37 North, Range 9 West of the 2nd P.M., in the City of East Chicago, Lake County, Indiana.
Key No.: 24-30-0135-0002

3. Said premises were formerly owned as tenants in common by GENEVIEVE PASTOR and WANDA E. MARLOWE.

4. Said GENEVIEVE PASTOR died on June 14, 2005, intestate, a certified copy of the death certificate is attached hereto as "EXHIBIT A". TILLIE KUTYS, who held a life estate, died on Sept. 24, 1976, as shown in her death certificate attached hereto as Exh. "B".

5. GENEVIEVE PASTOR was not married at the time of her death. Affiant is the only child born to GENEVIEVE PASTOR and is the sole beneficiary of her estate pursuant to the laws of intestate succession.

Maxine Urbanczyk
MAXINE URBANCZYK

12 Before me, the undersigned, a Notary Public in and for said County and State, this 12 day of July, 2006, personally appeared MAXINE URBANCZYK and

CK#87209 17.50 OM

acknowledged the execution of the foregoing affidavit. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

My commission expires:
6-13-07

Signature _____
Printed Suzette Davis
Resident of LAKE County.

My Commission Expires June 13, 2007

I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law. Thomas L. Kirsch.

THIS INSTRUMENT PREPARED BY: THOMAS L. KIRSCH, 131 Ridge Road, Munster, IN 46321; 219-836-1384; Attorney No. 5224-45

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.

Local No. 1703-05

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. .....

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED—NAME (First, Middle, Last)		2. SEX	3a. TIME OF DEATH	3b. DATE OF DEATH (Month, Day, Yr.)
Genevieve	Pastor	Female	8:30a M	Jun 14 2005

4. *SOCIAL SECURITY NUMBER	5a. AGE—Last Birthday (Years)	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr)	7. BIRTHPLACE (City and State or Foreign Country)
303 36 3899	80			May 5 1925	Gary In

8a. WAS DECEDENT A U.S. VETERAN?	8b. YEAR LAST SERVED IN U.S. ARMED FORCES?	9a. PLACE OF DEATH (Check only one. See instructions)
No	N/A	HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA — OTHER ■ Nursing Home ☐ Other (Specify) ☐ Residence

9b. FACILITY NAME (If not institution, give street and number)	9c. CITY, TOWN, OR LOCATION OF DEATH	9d. COUNTY OF DEATH
St Anthony Nursing Home	Crown Point	Lake

10. MARITAL STATUS (Specify)	11. SURVIVING SPOUSE (If wife, give maiden name)	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	12b. KIND OF BUSINESS/INDUSTRY
Widowed	N/A	Homemaker	Own Home

13a. RESIDENCE—STATE	13b. COUNTY	13c. CITY, TOWN, OR LOCATION	13d. STREET AND NUMBER
Indiana	Lake	East Chicago	4806 Homerlee Ave

13e. ZIP CODE	13f. INSIDE CITY LIMITS	13g. ON A FARM?	14. CITIZEN OF WHAT COUNTRY?	15. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16. RACE—American Indian, Black, White, etc. (Specify)	17. DECEDENT'S EDUCATION (Specify only highest grade completed)	
						Elementary/Secondary (0-12)	College (1-4 or 5 +)
46312	■ No ☐ Yes	■ No ☐ Yes	USA	■ No ☐ Yes	White	12	

PARENTS

18. FATHER'S NAME (First, Middle, Last)	19. MOTHER'S NAME (First, Middle, Maiden Surname)
Joseph Kutys	Tillie Hecht

INFORMANT

20a. INFORMANT'S NAME (Type/Print)	20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	20c. Relationship
Maxine Urbanczyk	3333 W 77th Pl Merrillville In	Daughter

DISPOSITION

21a. METHOD OF DISPOSITION	21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	21c. LOCATION—City or Town, State
■ Burial ☐ Cremation ☐ Removal from State ☐ Entombment ☐ Donation ☐ Other (Specify)	Jun 20 2005 Holy Cross Cemetery	Calumet City Il

22a. EMBALMER'S NAME	22b. EMBALMER'S LICENSE NO.	23. WAS DEATH REPORTED TO CORONER?
James W Gholston	1004194	■ No ☐ Yes

24a. SIGNATURE OF FUNERAL DIRECTOR	24b. LICENSE NUMBER (of Licensee)	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME
John B Lesniak	1005491	Lesniak FH83001601 4918 Magoun E Chicago In 46312

CAUSE OF DEATH

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)	a. Acute Pulmonary Edema	
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)	28a. WAS AN AUTOPSY PERFORMED? (Yes or no)	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)
No	No	No

CERTIFIER

29a. CERTIFIER (Check only one)

- ☐ CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated.
- ☐ 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.
- ☐ 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	29c. MEDICAL LICENSE NO.	29d. DATE SIGNED (Month, Day, Year)
B Lucena MD	01035902	6/15/05

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)

B. Lucena MD 1121 S Indiana Crown Point In 46307

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE — Susan W Burt D.O.

32. DATE FILED (Month, Day, Year)
June 23, 2005

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT.

JUN 23 2005

33. MANNER OF DEATH	34a. DATE OF INJURY	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)	34d. DESCRIBE HOW INJURY OCCURRED
☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide				

34e. LOCATION (Street and Number or Rural Route Number, City or Town, State)

34g. DATE PRONOUNCED DEAD (

(specify driver, passenger, pedestrian, etc.)

EXHIBIT A

SDH06-004 State Form 10110 (R5/1-99)

TYPE OR PRINT PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

Below for State Office Use

A_____

B_____

C_____

D_____

E_____

F_____

G_____

H_____

I_____

J_____

3_____

4_____

5_____

6_____

7_____

8_____

Disposition Permit Issued / /

Provisional Certificate ☐ Yes ☐ No

THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.

June 12 2006
Date Issued

R R Krumm MD
Hammond Health Commissioner

EMBALMER'S NAME Michael Myslinny LICENSE No. 2141

FUNERAL DIRECTOR'S SIGNATURE Michael Myslinny LICENSE No. 599

FUNERAL HOME No. 298

Local No. 724

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No._____

PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS

DECEASED

1. DECEASED—NAME: FIRST TILLIE; MIDDLE; LAST KUTYS
2. SEX: FEMALE
3. DATE OF DEATH (MONTH, DAY, YEAR): SEPTEMBER 24, 1976
4. RACE: WHITE
5a. AGE—LAST BIRTHDAY (YEARS): 74
5b. UNDER 1 YEAR MOS. DAYS:
5c. UNDER 1 DAY HOURS MIN.:
6. DATE OF BIRTH (MONTH, DAY, YEAR): 9-7 1902
7a. COUNTY OF DEATH: LAKE
7b. CITY, TOWN, OR LOCATION OF DEATH: HAMMOND
7c. INSIDE CITY LIMITS (SPECIFY YES OR NO): YES
7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): ST MARGRETS HOSPITAL
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): ILLINOIS
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐
11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME):
12. SOCIAL SECURITY NUMBER: 304-70-7300
13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): HOUSE WIFE
13b. KIND OF BUSINESS OR INDUSTRY:

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

14a. RESIDENCE—STATE: INDIANA
14b. COUNTY: LAKE
14c. CITY, TOWN OR LOCATION: EASTCHICAGO
14d. INSIDE CITY LIMITS (SPECIFY YES OR NO): YES
14e. TOWNSHIP: NORTH
14f. STREET AND NUMBER: 4806 HOMERLEE
14g. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO
14h. IS RESIDENCE ON A FARM? YES ☐ NO ☒

PARENTS

15. FATHER—NAME FIRST MIDDLE LAST: ANTON HECHT
16. MOTHER—MAIDEN NAME FIRST MIDDLE LAST: UNKNOWN
17a. INFORMANT—NAME: Genevieve Pazdor
17b. RELATIONSHIP: Daughter
17c. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 4806 Homerlee Ave East Chicago Ind

CAUSE

PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]

18. IMMEDIATE CAUSE (a): Infarction, Myocardium — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 hrs
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST
DUE TO, OR AS A CONSEQUENCE OF (b): Arteriosclerotic Heart Disease — 4 yrs.
DUE TO, OR AS A CONSEQUENCE OF (c):

PART II. OTHER SIGNIFICANT CONDITIONS GIVEN IN PART I (A): CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE

AUTOPSY 19a. YES ☐ NO ☐

IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b. YES ☐ NO ☐

20. DATE & TIME OF DEATH MONTH DAY YEAR HOUR: Sept. 24, 1976 7:33 P.M.
21a. DATE SIGNED MONTH DAY YEAR: Sept. 24, 1976

M. D. OR D. O.

22a. PHYSICIAN'S NAME (TYPE OR PRINT) LAST IN ATTENDANCE: R.P. Smitley
22b. SIGNATURE OF PHYSICIAN: R P Smitley MD
PHY. CODE NO.:
23. MAILING ADDRESS—PHYSICIAN STREET OR R.F.D. NO CITY OR TOWN STATE ZIP: 110 Ridge Rd. Munster Ind 46321

DISPOSITION

24a. BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL
24b. CEMETERY, CREMATORY, FUNERAL HOME: HOLY CROSS
24c. LOCATION CITY OR TOWN STATE: CALUMET CITY ILL
24d. DATE (MONTH, DAY, YEAR): 9-27-76
25a. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): MYSLIWY FUNERAL HOME EASTCHICAGO IND 46312
25b. HEALTH OFFICER—SIGNATURE: Franklin J Gonzales M.D.
26b. DATE RECEIVED BY LOCAL HEALTH OFFICER: 9-27-76

SBH06-003