

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2006 094555
AFFIDAVIT OF SURVIVORSHIP

2006 OCT 27 PM 3:02

Mary Pudlo, after being duly sworn upon her oath, now states as follows:

MICHAEL A. BROWN
RECORDER

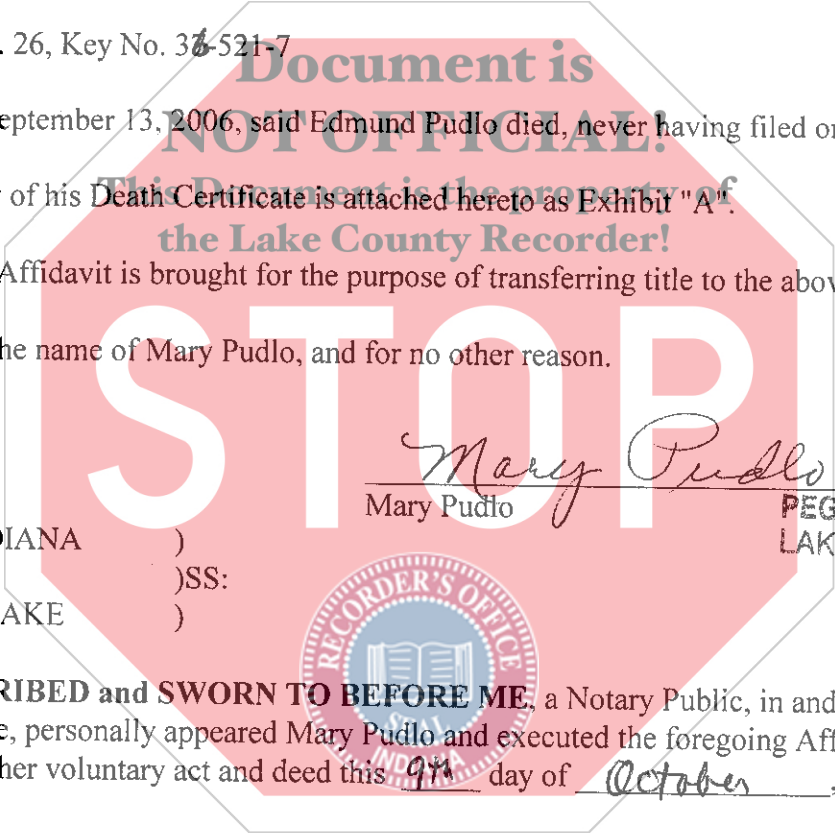
1. That she is the wife of Edmund Pudlo and that she knew him for over 50 years.
2. That she and Edmund Pudlo were married on October 4, 1947.
3. That on February 11, 1993, she and Edmund Pudlo acquired property as tenants by the entireties located at 7213 Lindberg Street, in the City of Hammond, Lake County, Indiana which is legally described as follows:

Lot 7, Woodmar Estates Addition to the City of Hammond, as shown in Plat Book 72, page 55, in Lake County, Indiana.

Unit No. 26, Key No. 36-521-7

4. On September 13, 2006, said Edmund Pudlo died, never having filed or been divorced. A certified copy of his Death Certificate is attached hereto as Exhibit "A".

5. This Affidavit is brought for the purpose of transferring title to the above-described real estate into the name of Mary Pudlo, and for no other reason.



FILED

OCT 27 2006

Mary Pudlo
Mary Pudlo

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

SUBSCRIBED and SWORN TO BEFORE ME, a Notary Public, in and for said County and State, personally appeared Mary Pudlo and executed the foregoing Affidavit of Survivorship as her voluntary act and deed this 9th day of October, 2006.

Edward H. Feldman
Notary Public, Edward H. Feldman

My Commission Expires: 1-7-2009
County of Residence: Lake

*This Affidavit was prepared by Edward H. Feldman, Attorney at Law
2833 Lincoln Street, Suite B, Highland, IN 46322 (219) 838-8200*

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LP
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* 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

City Of East Chicago
East Chicago, In 46312

Local No. 175

CERTIFICATE OF DEATH

State No.

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

TYPE/PRINT
IN
PERMANENT
BLACK INK

1. DECEASED—NAME (First, Middle, Last) EDMUND W. PUDLO		2. SEX Male		3a. TIME OF DEATH 6:15 PM		3b. DATE OF DEATH (Month, Day, Yr.) September 13, 2006	
4. *SOCIAL SECURITY NUMBER 360-05-0332		5a. AGE—Last Birthday (Years) 85		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes	
6. DATE OF BIRTH (Mo, Day, Yr.) November 16, 1920		7. BIRTHPLACE (City and State or Foreign Country) CHICAGO, ILLINOIS					
8a. WAS DECEDENT A U.S. VETERAN? YES		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1946		9a. PLACE OF DEATH (Check only one. See instructions) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence			
9b. FACILITY NAME (If not institution, give street and number) ST. CATHERINE HOSPITAL				9c. CITY, TOWN, OR LOCATION OF DEATH East Chicago		9d. COUNTY OF DEATH LAKE	
10. MARITAL STATUS (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) MARY STEPINSKI		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) MACHINIST		12b. KIND OF BUSINESS/INDUSTRY ALLIS CHALMERS	
13a. RESIDENCE—STATE INDIANA		13b. COUNTY LAKE		13c. CITY, TOWN, OR LOCATION HAMMOND		13d. STREET AND NUMBER 7213 Lindbergh Avenue	
13e. ZIP CODE 46323		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? (If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
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) ANDREW PUDLO				19. MOTHER'S NAME (First, Middle, Maiden Surname) BALBANA WOJTACZAK			
20a. INFORMANT'S NAME (Type/Print) MARY R. PUDLO				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 7213 Lindbergh Avenue, Hammond, IN 46323		20c. Relationship Wife	
21a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" 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) Sep 16, 2006 Kelly-Carroll Cremation Serv.		21c. LOCATION—City or Town, State Gary IN			
22a. EMBALMER'S NAME JOSE G. CORONA		22b. EMBALMER'S LICENSE NO. FDO8601373		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Jose G. Corona</i>		24b. LICENSE NUMBER (of Licensee) FDO8601373		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Bocken Funeral Home, Inc. FH83002801 7042 Kennedy Avenue, Hammond, IN 46323			
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. Brain meningioma DUE TO (OR AS A CONSEQUENCE OF)							
b. Stroke DUE TO (OR AS A CONSEQUENCE OF)							
c. Urinary tract infection DUE TO (OR AS A CONSEQUENCE OF)							
d.							
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) 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>M. Turkmani, M.D.</i>				29c. MEDICAL LICENSE NO. 01038928		29d. DATE SIGNED (Month, Day, Year) 9/14/06	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) M. TURKMANI, M.D. 6924 Indianapolis Blvd., Hammond, IN 46324							
31. HEALTH OFFICER'S SIGNATURE <i>Shub B. ...</i>						32. DATE FILED (Month, Day, Year) 9/15/06	
33. 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		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.			

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER



IVRA-20 (7/05)

SDH05-004 State Form 10110 (R5/1-99)

VOID IF ALTERED OR ERASED - NOT VALID UNLESS CERTIFIED BY HEALTH DEPARTMENT