(2)

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2006 OCT 30 PM 3:06

MICHAEL A. BROWN
RECORDER

2006 094919

3

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

AFFIDAVIT

BARBARA HAYES and JACOB RAKOCZY, being first duly sworn upon their oath, depose and say:

1. That JOSEPHINE E. RAKOCZY died on APRIL 27, 2006, a resident of Lake County, State of Indiana. A certified copy of her death certificate is attached hereto as "Exhibit A."

2. That at the time of her death, JOSEPHINE E. RAKOCZY was the Trustee of the JOSEPHINE E. RAKOCZY Declaration of Trust dated April 28, 1995.

3. That the JOSEPHINE E. RAKOCZY Declaration of Trust dated April 28, 1995, is the owner as to an undivided one-half (1/2) interest of the following described property:

   Lots 1, 2, 3,4, 5, 6, 7, 8, 9, 10, 11, 12, and Lots 19, 20, 21, 22, 23, 24, 25, and 26, and the vacated alley adjacent North of said Parcel, and also the vacated alley lying East of Lots 1 through 8, and West of Lots 20 through 26, in Block 3, Calumet Addition to the City of East Chicago, Indiana, as per Plat thereof, recorded in the office of the Recorder of Lake County, Indiana.

   Commonly known as 4600-4616 Euclid, and 4401-4415 Drummond Street, and 1302-1308 Chicago Avenue, East Chicago, Indiana.

4. That the undersigned are the named Successor Co-trustees of said JOSEPHINE E. RAKOCZY Declaration of Trust dated April 28, 1995.

5. That BARBARA HAYES and JACOB RAKOCZY became the Co-trustees of said Trust and accepted their appointment as Co-trustee at the time of the death of JOSEPHINE E. RAKOCZY.

Barbara Hayes
BARBARA HAYES

JACOB RAKOCZY

FILED
OCT 30 2006
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

15-
ZT
9
87631
022262

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 AFFIDAVIT SUBSCRIBED and SWORN to before me, by the Affiants, on this 27 **day of** September **, 2006.**

SUZETTE DAVIS-YOUNG
NOTARY PUBLIC - INDIANA
LAKE COUNTY
My Commission Expires June 13, 2007

, Notary Public
Resident of LAKE County.

THIS INSTRUMENT PREPARED BY: THOMAS L. KIRSCH, 5224-45, 131 Ridge Road, Munster, IN 46321, 219-836-1384

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. 1041-06

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.)
Josephine Rakoczy	Female	7:50am	April 27 2006

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)
306 10 9972	92			Nov 4 1913	East Chicago 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 Medical Center	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	Lowell	20000 Calumet 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+)
46356	☐ 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)
Anthony Huss	Frances Dziopak

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
Jacob Rakoczy	20000 Calumet Lowell In 46356	Son

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 ☐ Donation ☐ Other (Specify) ____ ☐ Entombment	May 1 2006 St John St Joseph Cemetery	Hammond In

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 In46312

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. ✓ Congestive Heart Failure	one year
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)
✓	✓ 0049249	✓ 05/01/06

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

E Fletes 297 W Franciscan Dr Crown Point In 46307

HEALTH OFFICER

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

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

DATE FILED (Month, Day, Year) May 1, 2006

33. MANNER OF DEATH	34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)	34d. DESCRIBE HOW INJURY OCCURRED
☐ Natural ☐ Pend. Inves. ☐ Accident ☐ Suicide ☐ Coul. Deter. ☐ Homicide				MAY 0 1 2006

EXHIBIT "A"

34e. PLACE OF INJURY (e.g., Decedent's home, construction site, restaurant, wooded area) (Specify) ice

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

34g. DATE PRONOUNCED D

If yes, specify driver, passenger, pedestrian, etc.

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