

4

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2006 108026

2006 DEC -7 PM 3:30

MICHAEL A. BROWN
RECORDER

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

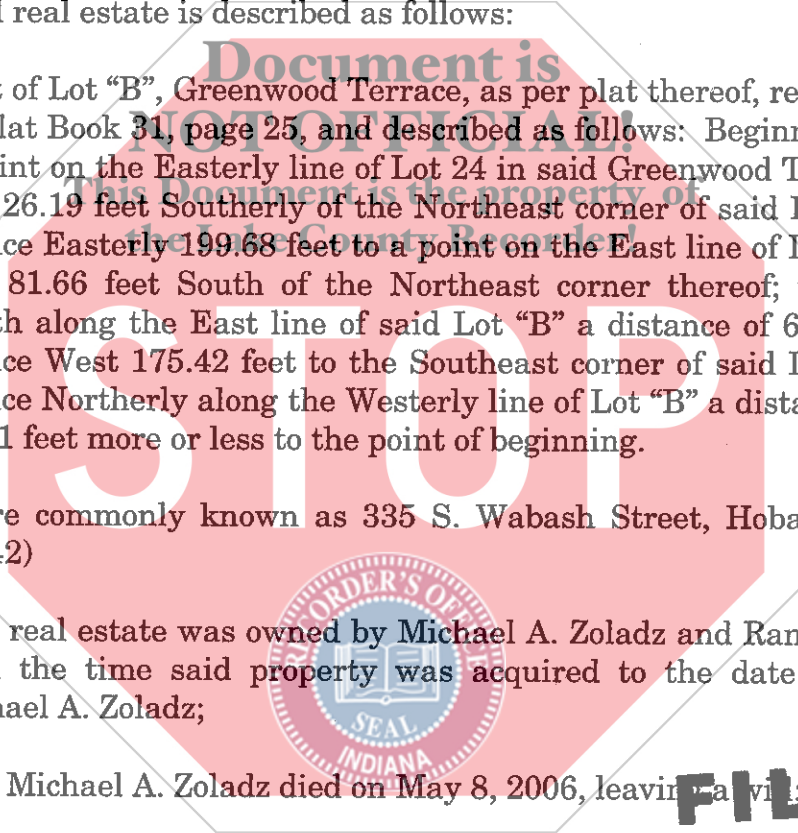
On this 1st day of June, 2006, before me personally appeared, RANDA F. ZOLADZ, to me personally known, who being duly sworn on oath did say that:

1. Affiant resides at the address given below the affiant's signature;
2. Affiant is the surviving owner of the real estate described below;
3. Said real estate is described as follows:

Part of Lot "B", Greenwood Terrace, as per plat thereof, recorded in Plat Book 31, page 25, and described as follows: Beginning at a point on the Easterly line of Lot 24 in said Greenwood Terrace and 26.19 feet Southerly of the Northeast corner of said Lot 24; thence Easterly 199.68 feet to a point on the East line of Lot "B" and 81.66 feet South of the Northeast corner thereof; thence South along the East line of said Lot "B" a distance of 60 feet; thence West 175.42 feet to the Southeast corner of said Lot 24; thence Northerly along the Westerly line of Lot "B" a distance of 79.81 feet more or less to the point of beginning.

(More commonly known as 335 S. Wabash Street, Hobart, IN 46342)

4. Said real estate was owned by Michael A. Zoladz and Randa F. Zoladz from the time said property was acquired to the date of death of Michael A. Zoladz;
5. Said Michael A. Zoladz died on May 8, 2006, leaving a will;



FILED

24864

DEC 07 2006

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

#17
 CK# 13575
 CAW
 CAW

6. Where this affidavit relates to a tenancy by the entireties, that the parties were never divorced;
7. Affiant's relationship to the deceased was spouse.

Affiant's Signature Randa F. Zoladz

Name Printed Randa F. Zoladz

Address 1601 West 3rd Street

Hobart, IN 46342

Subscribed and sworn to before me, a Notary Public, this 1st day of June, 2006.

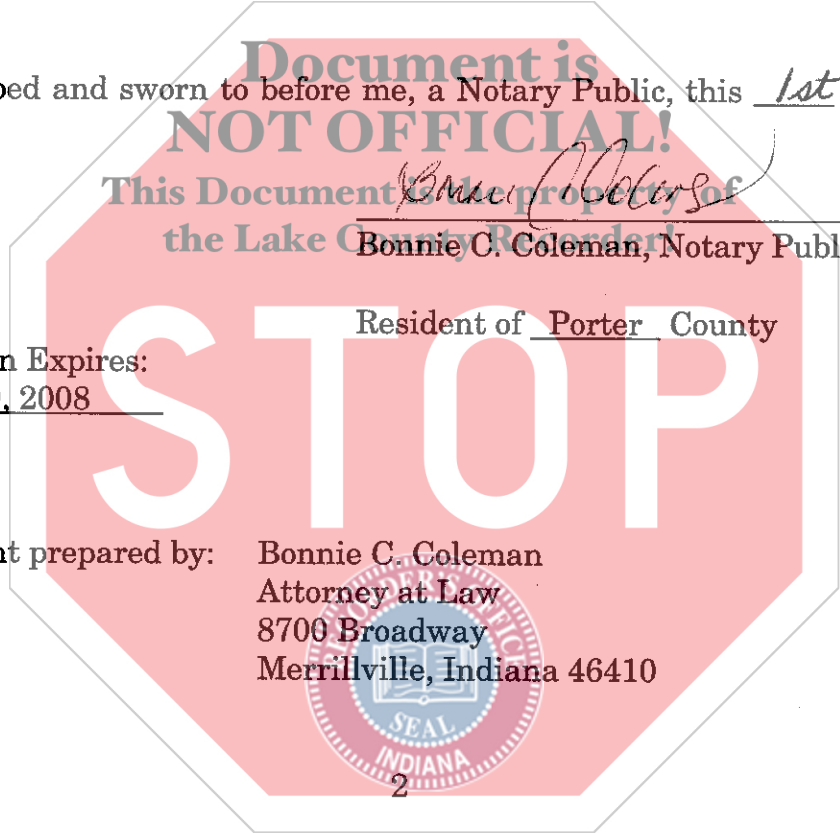
Document is NOT OFFICIAL!
This Document is the property of the Lake County Recorder
Bonnie C. Coleman
Bonnie C. Coleman, Notary Public

Resident of Porter County

My Commission Expires:
September 19, 2008

50193.1

This instrument prepared by: Bonnie C. Coleman
Attorney at Law
8700 Broadway
Merrillville, Indiana 46410



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.



Bonnie C. Coleman



ATTENTION ESTATE: Disclosure of the S# we need to pursue our responsibilities voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

State No.

Local No. 1132-06

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

TYPE/PRINT IN PERMANENT BLACK INK	1. DECEASED - NAME (First, Middle, Last) Michael A. Zoladz			2. SEX Male	3a. TIME OF DEATH 9:49 P.M.	3b. DATE OF DEATH (Month, Day, Yr.) May 8, 2006	
	4. *SOCIAL SECURITY NUMBER 315-52-6350	5a. AGE - Last Birthday (Years) 48	5b. UNDER 1 YEAR Months: _____ Days: _____	5c. UNDER 1 DAY Hours: _____ Minutes: _____	6. DATE OF BIRTH (Mo., Day, Yr.) February 26, 1958		7. BIRTHPLACE (City and State or Foreign Country) Gary Indiana
DECEASED	8a. WAS DECEASED A U.S. VETERAN? No	8b. YEAR LAST SERVED IN U.S. ARMED FORCES? ----	PLACE OF DEATH (Check only one See instructions)				
	9b. FACILITY NAME (If not institution, give street and number) 1601 W. 3rd Street		9c. CITY, TOWN, OR LOCATION OF DEATH Hobart		9d. COUNTY OF DEATH Lake		
PARENTS	10. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Randa Spicer	12a. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) High School Teacher		12b. KIND OF BUSINESS/INDUSTRY Hobart High School		
	13a. RESIDENCE - STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN OR LOCATION Hobart		13d. STREET AND NUMBER 1601 W. 3rd Street		
INFORMANT	13e. ZIP CODE 46342	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? USA	15. WAS DECEASED 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. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+) 5+	
	18. FATHER'S NAME (First, Middle, Last) Edmund Vincent Zoladz			19. MOTHER'S NAME (First, Middle, Maiden Surname) Evelyn Bernice Wojtowicz			
DISPOSITION	20a. INFORMANT'S NAME (Type/Print) Randa Zoladz		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1601 W. 3rd Street, Hobart, IN 46342		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) May 11, 2006 NW Indiana Cremation Service		21c. LOCATION - City or Town, State Crown Point, Indiana		
CAUSE OF DEATH	22a. EMBALMER'S NAME N/A		22b. EMBALMER'S LICENSE NO. N/A		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	24a. SIGNATURE OF FUNERAL DIRECTOR <i>James E. Burns</i>		24b. LICENSE NUMBER (of Licensee) FD01009461		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Burns Funeral Home FH83002380 701 E. 7th Street, Hobart, Indiana 46342-		
HEALTH OFFICER	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. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Increased Intra cranial pressure DUE TO (OR AS A CONSEQUENCE OF): b. Brain Tumor (malignant) DUE TO (OR AS A CONSEQUENCE OF): c. _____ DUE TO (OR AS A CONSEQUENCE OF): d. _____					Approximate Interval Between Onset and Death	
	PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I					27. WAS DECEASED PREGNANT OR 90 DAYS POSTPARTUM? (Y, N or U) No	28a. WAS AN AUTOPSY PERFORMED? (Yes or no) No
CERTIFIER	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>J. Dolatowski M.D. / Physician</i>			29c. MEDICAL LICENSE NO.		29d. DATE SIGNED (Month, Day, Year)	
HEALTH OFFICER	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 29)(Type/Print) John Dolatowski M.D. 1441 S. Lake Park Avenue, Hobart, IN 46342						
	31. HEALTH OFFICER'S SIGNATURE <i>Susan W. Best, D.O.</i>					32. DATE FILED (Month, Day, Year) May 11, 2006	
HEALTH OFFICER	33. MANNER OF DEATH <input checked="" 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 AND WHERE OCCURRED AND COMPLETE THIS CERTIFICATE BY PROVIDING A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT. MAY 11 2006	
	34g. DATE PRONOUNCED DEAD (Month, Day, Year) May 8, 2006		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. MOTOR VEHICLE ACCIDENT? (Yes or No) If yes, specify driver, passenger, pedestrian, etc.				