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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2006 DEC 21 PM 3:55

MICHAEL A. BROWN
RECORDER

AFFIDAVIT OF SURVIVORSHIP

DOROTHY M. WOZNIAK (the "Affiant"), being first duly sworn, states as follows;

1. The Affiant is the surviving spouse of THADDEUS S. WOZNIAK, who died on the 8th day of December, 1995, and he has personal knowledge of the facts stated herein.

2. At the time of death of DOROTHY M. WOZNIAK, the Affiant and her husband, THADDEUS S. WOZNIAK, were the *fee simple* owner of their marital residence located at 239 Belmont Place, Munster, Lake County, Indiana, the legal description of which is:

> East 12 feet of Lot 19 and all of Lot 20, Block 4, in the Hollywood Manor Addition to the Town of Munster, as per plat thereof, recorded in the Office of the Recorder of Lake County, Indiana.

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3. A copy of the Certificate of Death of THADDEUS S. WOZNIAK is attached hereto.

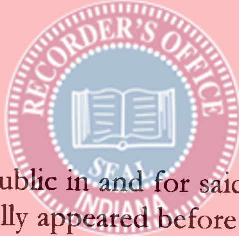
4. That the Affiant and THADDEUS S. WOZNIAK remained married from the time they acquired title to the above referenced real estate until his death on December 8, 1995.

5. This Survivorship Affidavit is recorded to evidence transfer of title of the decedent's *fee simple* interest in the above described real estate to the surviving spouse.

Parcel # 18-28-63-20

DOROTHY M. WOZNIAK

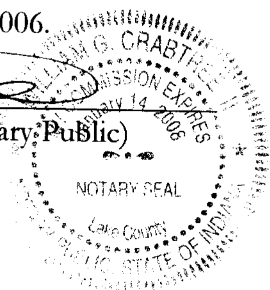
STATE OF INDIANA)
) SS:
COUNTY OF LAKE)



I, the undersigned, a Notary Public in and for said County, in the State aforesaid, do hereby certify that on this day personally appeared before me, DOROTHY M. WOZNIAK, personally known to me to be the same person whose name is subscribed to the foregoing Instrument and personally known to me, and acknowledged that she signed, sealed and delivered the said Instrument as her free and voluntary act, for the uses and purposes therein set forth.

Given under my hand and notarial seal this 21st day of December, 2006.

Signed:
William G. Crabtree II (Notary Public)



My Commission Expires: 01/14/08
My County of Residence: Lake

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.

WILLIAM G. CRABTREE II, Attorney

13 LP
CS

This instrument prepared by: WILLIAM G. CRABTREE II, Attorney I.D. Number 16014-45
William G. Crabtree II, P.C., 222 Indianapolis Blvd., Ste. 102, Schererville, Indiana 46375
Telephone: 219/864-3700 Facsimile: 219/864-3710

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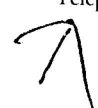
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR



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

Local No. 920

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

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

Feb 20, 1997 — Date Issued — Hammond Health Commissioner

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

Field	Entry
1. Decedent—Name (First, Middle, Last)	THADDEUS S. WOZNIAK
2. Sex	Male
3a. Time of Death	2:24 PM
3b. Date of Death (Month, Day, Yr)	December 8, 1995
4. *Social Security Number	
5a. Age—Last Birthday (Years)	68
5b. Under 1 Year (Months / Days)	
5c. Under 1 Day (Hours / Minutes)	
6. Date of Birth (Mo, Day, Yr)	December 1,1927
7. Birthplace (City and State or Foreign Country)	Hammond, Indiana
8a. Was Decedent a U.S. Veteran?	Yes
8b. Year Last Served in U.S. Armed Forces?	1948
9a. Place of Death (Check only one. See instructions)	HOSPITAL: [X] Inpatient [ ] ER/Outpatient [ ] DOA; OTHER: [ ] Nursing Home [ ] Other (Specify) [ ] Residence
9b. Facility Name (If not institution, give street and number)	St. Margaret Mercy Hospital
9c. City, Town, or Location of Death	Hammond
9d. County of Death	Lake
10. Marital Status (Specify)	Married
11. Surviving Spouse (If wife, give maiden name)	Dorothy Gonsiorowski
12a. Decedent's Usual Occupation (Give kind of work done during most of working life. Do not use retired)	Insurance Agent
12b. Kind of Business/Industry	Insurance
13a. Residence—State	Indiana
13b. County	Lake
13c. City, Town, or Location	Munster
13d. Street and Number	239 Belmont Place
13e. Zip Code	46321
13f. Inside City Limits	[ ] No [X] Yes
13g. On a Farm?	[X] No [ ] Yes
14. Citizen of What Country?	U.S.A.
15. Was Decedent of Hispanic Origin? (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	[X] No [ ] Yes
16. Race—American Indian, Black, White, etc. (Specify)	White
17. Decedent's Education (Specify only highest grade completed) Elementary/Secondary (0-12) / College (1-4 or 5+)	College: 4

PARENTS

Field	Entry
18. Father's Name (First, Middle, Last)	Peter Wozniak
19. Mother's Name (First, Middle, Maiden Surname)	Catherine Kruk

INFORMANT

Field	Entry
20a. Informant's Name (Type/Print)	Dorothy M. Wozniak
20b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)	239 Belmont Place, Munster, IN 46321
20c. Relationship	Wife

DISPOSITION

Field	Entry
21a. Method of Disposition	[X] Burial [ ] Cremation [ ] Removal from State [ ] Entombment [ ] Donation [ ] Other (Specify)
21b. Date and Place of Disposition (Name of cemetery, crematory, or other place)	December 12, 1995 Holy Cross Cemetery
21c. Location—City or Town, State	Calumet City, Illinois
22a. Embalmer's Name	Larry D. Anthony
22b. Embalmer's License No.	01001447
23. Was Death Reported to Coroner?	[X] No [ ] Yes
24a. Signature of Funeral Director	Larry D. Anthony (signature)
24b. License Number (of Licensee)	01001447
25. Name, Address, and License Number of Funeral Home	Anthony & Dziadowicz F.H. #83002916 9445 Calumet Ave.,Munster,IN 46321

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.

	Cause	Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) a.	myocardiac infarction	45 m/c
b. DUE TO (OR AS A CONSEQUENCE OF):		
c. DUE TO (OR AS A CONSEQUENCE OF):		
d. DUE TO (OR AS A CONSEQUENCE OF):		

Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last.

PART II. Other significant conditions — Conditions contributing to death but not previously stated in Part I: congestive heart failure; Left femoro - popliteo - tibial artery bypass

Field	Entry
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

CERTIFIER

29a. Certifier (Check only one)
- [X] 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.

Field	Entry
29b. Signature and Title of Certifier	(signature)
29c. Medical License No.	01026577
29d. Date Signed (Month, Day, Year)	December 12, 1995
30. Name and Address of Person Who Completed Cause of Death (Item 26) (Type/Print)	Kwang D. You, M.D., 931 Fran-Lin Parkway, Munster, Indiana 46321

HEALTH OFFICER

Field	Entry
31. Health Officer's Signature	Franklin T. Fernandez M.D. (signature)
32. Date Filed (Month, Day, Year)	December 12, 1995

Field	Entry
33. Manner of Death	[ ] Natural [ ] Pending Investigation [ ] Accident [ ] Suicide [ ] Could not be Determined [ ] 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.	

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