

STATE OF INDIANA )

PROPERTY ADDRESS: 3855 Monroe Street

COUNTY OF LAKE )

) SS:

LAKE COUNTY Gary, IN 46408  
FILED FOR RECORD  
Tax Key No. 46-55-28 Unit No. 25

2007 APR 23 AM 9:32

MICHAEL A. BROWN  
RECORDER

2007-033409  
620071267007-033409  
**AFFIDAVIT OF SURVIVORSHIP**

RICHARD J. GREGORCZYK after being duly sworn upon her oath states as follows:

1) That A. Frank Gregorczyk and Virginia C. Gregorczyk, held the following real estate in Lake County, Indiana, jointly as husband and wife and more particularly described as:

The North 25.23 feet of Lot 28, and the South 19.77 feet of Lot 29, in Resubdivision of McGrath's First Addition to Jackson Park, in the City of Gary, as per plat thereof, recorded in Plat Book 14, Page 23, in the Office of the Recorder of Lake County, Indiana. Commonly known as 3855 Monroe Street, Gary, Indiana

2) That A. Frank Gregorczyk died ~~intestate~~/testate on the 6th day of March, 1984. A certified copy of A. Frank Gregorczyk's death certificate is attached hereto and made a part hereof.

3) That Virginia C. Gregorczyk died testate on the 5<sup>th</sup> day of May, 2006. A certified copy of Virginia C. Gregorczyk's death certificate is attached hereto and made a part hereof.

3) On June 20, 2006 an unsupervised estate was filed in the Lake Superior Court, Room No. Four, under cause no. 45D04-0606-EU-00042.

Dated this 23<sup>rd</sup> day of March, 2007.

STATE OF INDIANA )

Richard J. Gregorczyk, Affiant

) SS:

Personal Representative of the Estate of

COUNTY OF LAKE )

Virginia C. Gregorczyk

Before me, the undersigned, a Notary Public, in and for said County and State this 23<sup>rd</sup> day of March, 2007 personally appeared Richard J. Gregorczyk and acknowledged the execution of the foregoing Affidavit of Survivorship. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

My Commission Expires:

APR 20 2007

Resident of Porter County, Indiana

Debra L. Volk, Notary Public

PEGGY HOLDING KATONAH  
LAKE COUNTY AUDITOR  
INDIANA

**Affirmation**

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.

Steve H. Tokarski  
Steve H. Tokarski, Attorney at Law

This Instrument Prepared By: Steve H. Tokarski, Attorney at Law, 7803 West 75th Avenue, Suite 1, Schererville, IN 46375 (219)322-1271.

005256

CHICAGO TITLE INSURANCE COMPANY

4



18-  
LP  
CT

\* 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

## CERTIFICATE OF DEATH

State No. \_\_\_\_\_

Local No. 1118-06

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

TYPE/PRINT  
IN  
PERMANENT  
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF  
DEATH

CERTIFIER

HEALTH  
OFFICER

1. DECEASED-NAME (First, Middle, Last) <b>Virginia C. Gregorczyk</b>				2. SEX <b>Female</b>		3a. TIME OF DEATH <b>9:40 AM</b>		3b. DATE OF DEATH (Month, Day, Yr.) <b>May 5, 2006</b>							
4. SOCIAL SECURITY NUMBER <del>XXXXXXXXXX</del>		5a. AGE-Last Birthday (Years) <b>90</b>		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes		6. DATE OF BIRTH (Mo, Day, Yr.) <b>November 20, 1915</b>		7. BIRTHPLACE (City and State or Foreign Country) <b>Gary, Indiana</b>					
8a. WAS DECEDENT A U.S. VETERAN? <b>No</b>		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? <b>None</b>		9a. PLACE OF DEATH (Check only one. See Instructions.) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence											
9b. FACILITY NAME (If not institution, give street and number) <b>Town Center Nursing Home</b>						9c. CITY, TOWN, OR LOCATION OF DEATH <b>Merrillville</b>			9d. COUNTY OF DEATH <b>Lake</b>						
10. MARITAL STATUS (Specify) <b>Widowed</b>		11. SURVIVING SPOUSE (If wife, give maiden name) <b>None</b>		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Homemaker</b>				12b. KIND OF BUSINESS/INDUSTRY <b>Own Home</b>							
13a. RESIDENCE-STATE <b>Indiana</b>		13b. COUNTY <b>Lake</b>		13c. CITY, TOWN, OR LOCATION <b>Gary</b>			13d. STREET AND NUMBER <b>3855 Monroe Street</b>								
13a. ZIP CODE <b>46408</b>		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? <b>USA</b>		15. AS DECEDENT 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) <b>White</b>		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>10</b> College (1-4 or 5+)					
18. FATHER'S NAME (First, Middle, Last) <b>Antoni Cialkowski</b>						19. MOTHER'S NAME (First, Middle, Maiden Surname) <b>Wladyslawa (Charlotte) Ciatkowska</b>									
20a. INFORMANT'S NAME (Type/Print) <b>Richard Gregorczyk</b>				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>7116 Lindberg, Hammond, IN 46323</b>				20c. Relationship <b>Son</b>							
21a. METHOD OF DISPOSITION <input type="checkbox"/> Entombment <input checked="" type="checkbox"/> Burial <input 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) <b>May 11, 2006</b> <b>Calvary Cemetery</b>				21c. LOCATION-City or Town, State <b>Portage, Indiana</b>							
22a. EMBALMER'S NAME <b>Edgar C. Gleim</b>				22b. EMBALMER'S LICENSE NO. <b>FDO1016173</b>		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes									
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Leonid...</i>				24b. LICENSE NUMBER (of Licensee) <b>FDO8800305</b>		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>Kuiper Funeral Home</b> <b>9039 Kleinman Road</b> <b>Highland, IN 46322</b> <b>FH10300021</b>									
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. <b>FAILURE TO THRIVE</b>										Approximate Interval Between Onset and Death					
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) <b>No</b>		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) <b>No</b>		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <b>None</b>	
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.										29c. MEDICAL LICENSE NO. <b>02002106</b>		29d. DATE SIGNED (Month, Day, Year) <b>05/09/06</b>			
29b. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>										30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>Dr. R. Shah 202 E. 86th Place Merrillville, Indiana 46410</b>					
31. HEALTH OFFICER'S SIGNATURE <i>Susan W. But...</i>										THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT.		32. DATE FILED (Month, Day, Year) <b>May 9, 2006</b>			
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <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 <b>MAY 09 2006</b>							
34a. 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.											

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

Below for State Office Use

Local No. 81-0165

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

State No.

EMBALMER'S NAME James Gholston LICENSE No. 419  
FUNERAL DIRECTOR'S SIGNATURE Robert Wictrolik FUNERAL DIRECTOR'S LICENSE No. 968  
FUNERAL HOME No. 242

- A \_\_\_\_\_
- B \_\_\_\_\_
- C \_\_\_\_\_
- D \_\_\_\_\_
- E \_\_\_\_\_
- F \_\_\_\_\_
- G \_\_\_\_\_
- H \_\_\_\_\_
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- 10 \_\_\_\_\_
- 11 \_\_\_\_\_
- 12 \_\_\_\_\_

DECLASSIFIED - NAME		FIRST		MIDDLE		LAST		SEX		DATE OF DEATH (MONTH DAY YEAR)	
A. <u>Stanley A.</u>		Frank		Gregorczyk		Male		Male		March 6, 1984	
1 RACE - In 2 White (Black, American Indian, etc.)		3 AGE - (Last Birthday)		4 UNDER 1 YEAR		5 UNDER 1 DAY		6 DATE OF BIRTH (MM DAY Yr)		7a COUNTY OF DEATH	
White		70		MOS		DAYS		Dec. 12, 1913		Lake	
4 CITY, TOWN OR LOCATION OF DEATH		5b		6a		6b		7b		7c	
Gary		USA		Retired		3855 Monroe Street		HOSPITAL OR OTHER INSTITUTION		IF HOSP OR INST indicates PCA or Encl. Rec. Required (Specify)	
7b STATE OF BIRTH (In 2nd or U.S.A. Name and Country)		8		9		10		11		12	
Illinois		USA		Married		Virginia		POLAKOWSKI		Residence	
13 SOCIAL SECURITY NUMBER		14a		14b		14c		14d		15	
<del>XXXXXXXXXX</del>		Retired		GARY		Inland Steel		INDIANA		yes	
15a RESIDENCE - STATE		15b		15c		15d		15e		15f	
Indiana		Lake		GARY		IS RESIDENCE ON A FARM?		yes		INSIDE CITY LIMITS (Specify YES OR NO)	
15a STREET AND NUMBER		15b		15c		15d		15e		15f	
3855 Monroe Street		Lake		GARY		IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC.		NO		yes	
16 FATHER - NAME		17		18		19		20		21	
Stanley		Gregorczyk		Mary		Brylka		Burial		Portage, Indiana	
16a INFORMANT - NAME (Type or print)		16b		16c		16d		16e		16f	
Virginia Gregorczyk, wife		3855 Monroe Street		GARY		INDIANA		46408		46408	
18a BURIAL, CREMATION, REMOVAL, OTHER (Specify)		18b		18c		18d		18e		18f	
Burial		Calvary Cemetery		GARY		INDIANA		46408		46408	
19a DATE (MONTH DAY YEAR)		19b		19c		19d		19e		19f	
March 9, 1984		Stillnovich & Wictrolik, 4213 Broadway, GARY, Indiana		GARY		INDIANA		46408		46408	
20a To the best of my knowledge, death occurred at the time, date and place and that nothing caused it		20b		20c		20d		20e		20f	
<u>Dr. H. Lebioda</u>		<u>Dr. H. Lebioda</u>		<u>Dr. H. Lebioda</u>		<u>Dr. H. Lebioda</u>		<u>Dr. H. Lebioda</u>		<u>Dr. H. Lebioda</u>	
21a NAME OF ATTENDING PHYSICIAN (Type or Print)		21b		21c		21d		21e		21f	
Dr. H. Lebioda		3-10-84		1:26 AM		M					
21a MAILING ADDRESS - PHYSICIAN		21b		21c		21d		21e		21f	
4190 Broadway, Merrillville, Indiana		GARY		INDIANA		46408		46408		46408	
22a HEALTH OFFICER - SIGNATURE		22b		22c		22d		22e		22f	
<u>[Signature]</u>		GARY		INDIANA		46408		46408		46408	
23a IMMEDIATE CAUSE		23b		23c		23d		23e		23f	
<u>Cardiac arrest</u>		<u>Interval between onset and death</u>		<u>Interval between onset and death</u>		<u>Interval between onset and death</u>		<u>Interval between onset and death</u>		<u>Interval between onset and death</u>	
23a PART I (a)		23b		23c		23d		23e		23f	
Due to or as a consequence of		Due to or as a consequence of		Due to or as a consequence of		Due to or as a consequence of		Due to or as a consequence of		Due to or as a consequence of	
<u>Severe chronic obstructive pulmonary disease</u>		<u>12 years</u>		<u>12 years</u>		<u>12 years</u>		<u>12 years</u>		<u>12 years</u>	
23a PART II		23b		23c		23d		23e		23f	
OTHER SIGNIFICANT CONDITIONS		OTHER SIGNIFICANT CONDITIONS		OTHER SIGNIFICANT CONDITIONS		OTHER SIGNIFICANT CONDITIONS		OTHER SIGNIFICANT CONDITIONS		OTHER SIGNIFICANT CONDITIONS	
<u>None</u>		<u>None</u>		<u>None</u>		<u>None</u>		<u>None</u>		<u>None</u>	

[Signature]

## DECLARATION

I, the undersigned preparer of the attached document, in accordance with IC 36-2-7.5, do hereby affirm under penalties of perjury.

1. I have reviewed the attached document for the purpose of identifying and, to the extent permitted by law, redacting all Social Security numbers;
2. I have redacted, to the extent permitted by law, each Social Security number in the attached document.

I, the undersigned, affirm under the penalties of perjury, that the foregoing declarations are true.

