

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

2007 030649

AFFIDAVIT OF SURVIVORSHIP

ANN M. MIERZWA, being first duly sworn upon her oath, says:

3
1. That on the 23rd day of December, 2006, the joint owners of the following described real estate were Ann M. Mierzwa, Victoria Kolbert, Dorothy Dominik and Jacqueline A. Ledwon.

2. That on the 23rd day of December, 2007, Affiant and Ann M. Mierzwa, Victoria Kolbert, Dorothy Dominik and Jacqueline A. Ledwon were the joint owners, but not tenants in common, with right of survivorship, of the following described real estate in Lake County, Indiana, and legally described as follows.

Lots 25 and 26, Block 12, Manufacturer's Addition to the City of Hammond, as shown in Plat Book 2, page 23, in Lake County, Indiana.

And commonly known as 6649 Montana Avenue, Hammond, IN 46323.

Key No. 35-21-25

3. That on said date, the Victoria Kolbert became deceased in Hammond, Lake County, Indiana, and that the said Ann M. Mierzwa, Dorothy Dominik and Jacqueline A. Ledwon became the joint owners of said real estate pursuant to operation of law.

4. That no estate was opened for the said Victoria Kolbert, and that no State or Federal Inheritance or Estate Tax is due or owing and that her ownership has been extinguished by her death as a joint owner with the right of survivorship.

DULY ENTERED FOR TAXATION SUBJECT TO
FINAL ACCEPTANCE FOR TRANSFER

005325

APR 23 2007

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

15-
LP
2396
2406

5. That the purpose of the giving of this Affidavit is to establish a survivorship between Ann M. Mierzwa, Dorothy Dominik and Jacqueline A. Ledwon.

FURTHER AFFIANT SAYETH NOT.

Ann M. Mierzwa
ANN M. MIERZWA

I affirm under the penalties for perjury that the foregoing representations are true.

Ann M. Mierzwa
ANN M. MIERZWA.

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Subscribed and sworn to before me this 30th day of March, 2007.

MY COMMISSION EXPIRES:
1-13-08

Document is NOT OFFICIAL!
This Document is the property of the Lake County Recorder.
Donna Denton
NOTARY PUBLIC, RESIDENT OF LAKE COUNTY, INDIANA

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.



Prepared by: C. Jerome Smith, Attorney at Law, 5253 Hohman Ave., Hammond, IN 46320 #372-45



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

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

Jan 3 2007 Date issued Hammond Health Commissioner

Local No. 814

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

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First, Middle, Last) VICTORIA M. KOLBERT				2 SEX FEMALE		3a TIME OF DEATH 2:40 AM		3b DATE OF DEATH (Month, Day, Yr) DECEMBER 23, 2006							
4 *SOCIAL SECURITY NUMBER 314-20-2435		5a AGE—Last Birthday (Years) 80		5b UNDER 1 YEAR Months Days		5c UNDER 1 DAY Hours Minutes		6 DATE OF BIRTH (Mo, Day, Yr) JUNE 8, 1926		7 BIRTHPLACE (City and State or Foreign Country) CHICAGO, ILLINOIS					
8a WAS DECEDENT A U.S. VETERAN? NO		8b YEAR LAST SERVED IN U.S. ARMED FORCES? N/A		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. MARGARET-SELECT						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) EDWARD J. KOLBERT			12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) CUSTOMER RELATIONS			12b KIND OF BUSINESS/INDUSTRY PAINT STORE							
13a RESIDENCE—STATE INDIANA		13b COUNTY LAKE		13c CITY, TOWN, OR LOCATION HAMMOND			13d STREET AND NUMBER 7545 KNICKERBOCKER PARKWAY								
13e ZIP CODE 46323		13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 13g ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		14 CITIZEN OF WHAT COUNTRY? USA		15 WAS 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) WHITE		17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 1					
18 FATHER'S NAME (First, Middle, Last) MICHAEL PIWOWARCZYK						19 MOTHER'S NAME (First, Middle, Maiden Surname) JADWIGA GRZESIAK									
20a INFORMANT'S NAME (Type/Print) EDWARD J. KOLBERT				20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 7545 KNICKERBOCKER PKWY, HAMMOND, IN. 46323				20c Relationship HUSBAND							
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <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) DECEMBER 30, 2006 ST. JOHN CEMETERY				21c LOCATION—City or Town, State HAMMOND, INDIANA							
22a EMBALMER'S NAME JOHN S. PRUZIN, JR.				22b EMBALMER'S LICENSE NO. 29600100		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes									
24a SIGNATURE OF FUNERAL DIRECTOR <i>John S. Pruzin, Jr.</i>				24b LICENSE NUMBER (of Licensee) 100723		25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME SOLAN PRUZIN FUNERAL HOME FH1020037 14 KENNEDY AVE., SCHERERVILLE, IN. 46375									
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) Ascending Aortic Aneurysm Rupture										weeks					
DUE TO (OR AS A CONSEQUENCE OF) Infected endoprosthesis										weeks					
DUE TO (OR AS A CONSEQUENCE OF) Line associated Bacteremia										weeks					
DUE TO (OR AS A CONSEQUENCE OF)															
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I End Stage Renal disease hypertension										27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) na		28a WAS AN AUTOPSY PERFORMED? (Yes or no) no		28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) na	
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. 01057911A		29d DATE SIGNED (Month, Day, Year) DECEMBER 29, 2006			
29b SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>															
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Rafael Fletes Jr. M.D., 4120 Fir Street, East Chicago, Indiana 46321															
31 HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>										32 DATE FILED (Month, Day, Year) January 3, 2007					
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							
		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.											