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TICOR TITLE INSURANCE

2007 036328

AFFIDAVIT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Elizabeth J. Cerajewski, being first duly sworn upon oath, deposes and says:

1. That John C. Cerajewski, 4-11, 19 2004 at _____

2. That John C. Cerajewski and Elizabeth J. Cerajewski were duly and legally married at the time they acquired title as husband and wife to the following described real estate: (8) 15-667-22

700 E. 92nd Ave
Merr. IN 40470

This Document is the property of the Lake County Recorder!

3. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of (his) (her) death.

4. That all of the assets of said decedent which would be includable for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

Further affiant sayeth not.

Elizabeth J. Cerajewski

Subscribed and sworn to before me, a Notary Public, this 23 day of April, 19 2007.

FILED

MAY - 1 2007

Cori
Notary Public

My Commission expires: 8/31/09
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR



County of Residence:
Lake

This Instrument prepared by Elizabeth J. Cerajewski

STATE OF INDIANA
LAKE COUNTY
FILED FOR REC'D
MICHELLE A. BROWN
REC'D
2007 MAY - 3 11:08

MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS
STATE FILE NUMBER
115427

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

CITY OF CHICAGO
DEPARTMENT OF PUBLIC HEALTH

REGISTRAR NO. **6.10**
DISTRICT NO.

DECEASED-NAME **JOHN** FISSJ
INDELE
LAST
CERAJEWSKI
SEX **2 MALE**
DATE OF BIRTH **9 APRIL 11, 2004**
GROSS DAY YEAR
1919

COUNTY OF DEATH **CHICAGO**
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER
THE UNIVERSITY OF CHICAGO HOSPITALS

AGE-LAST BIRTHDAY (Y/M/D)
23 04 11
DATE OF DEATH (M/D/Y)
23 04 11
HOURS MIN SEC
2:05 **A**
HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN OTHER, GIVE STREET NUMBER AND CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER)
THE UNIVERSITY OF CHICAGO HOSPITALS
INPATIENT

MARRIED, RE-MARRIED, WIDOWED, DIVORCED (SPECIFY)
6a. MARRIED
6b. MARRIED
NAME OF SURVIVING SPOUSE (GIVEN NAME, F. M. OR M. S.)
ELIZABETH NIROVYIC
6c. IMPATIENT

SOCIAL SECURITY NUMBER
10 316-09-3699
RESIDENCE (STREET NUMBER)
124 760 E. 92nd AVENUE
CITY, TOWN, TWP. OR ROAD DISTRICT NO.
124 760 E. 92nd AVENUE
STATE
INDIANA ZIP CODE
46410

FATHER-NAME FIRST MIDDLE LAST
JOHN F. CERAJEWSKI
MOTHER-NAME FIRST MIDDLE LAST
ELIZABETH GERNICK

18. PART I
Include Cause (Final) disease or condition resulting in death
PROBABLE CARDIAC ARREST
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (A) STATE THE UNDERLYING CAUSE LAST
(a) PROBABLE CARDIAC ARREST
(b) CORONARY ARTERY DISEASE
(c) DUE TO, OR AS A CONSEQUENCE OF

19. PART II
Enter the diagnosis, or complications that caused the cause. Do not enter the mode of death, such as heart failure. Use only one cause on each line.
PROBABLE CARDIAC ARREST

20a. DATE OF OPERATION, IF ANY
APRIL 11, 2004
20b. MAJOR FINDINGS OF OPERATION
PROBABLE CARDIAC ARREST

21. TO THE BEST OF MY KNOWLEDGE, DISEASE OR INJURY CAUSED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.
APRIL 11, 2004

22. SIGNATURE
NAME AND ADDRESS OF CERTIFIER
EDWARD GONG, MD
5841 SOUTH MARYLAND CHICAGO, ILLINOIS 60637

23. NAME OF ATTENDING PHYSICIAN'S OTHER THAN CERTIFIER
ARIEH SHALHAV, MD

24. BURIAL
CELESTERY OR CREMATORY-NAME
240 CALUMET PARK
LOCATION
HERILLVILLE INDIANA
CITY OR TOWN
INDIANA STATE
APRIL 16 2004 DATE
PLACEMENT DAY YEAR
25. FUNERAL HOME
DUNANT FUNERAL SERVICES INC.
STREET AND NUMBER OR R.F.D.
PO. BOX 1007 DES PLAINES INDIANA 60017
CITY OR TOWN
INDIANA STATE
26. LOCAL REGISTRAR'S SIGNATURE
APR 16 2004 DATE

OCT 1 9 2006

I, TERRY MASON M.D., LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS FOR THE CITY OF CHICAGO AND DEATHS OF THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO: THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN ORDINANCE OF SAID LAW AND ORDINANCES.



RECORDER'S OFFICE
SEAL
INDIANA
Terry Mason M.D.
LOCAL REGISTRAR

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

No: 920072102

LEGAL DESCRIPTION

The West 42.5 feet of Lot 5 by parallel lines of Lot 2 in Block 4 of Broadfield Townhomes Addition to the Town of Merrillville, as per plat thereof, recorded in Plat Book 77 page 97 and amended by Document No. 95016864 and further amended by Certificate of Correction recorded April 17, 1995 as Document No. 95020602, in the Office of the Recorder of Lake County, Indiana. Commonly known as 760 92nd East, Merrillville, Indiana 46410.

