

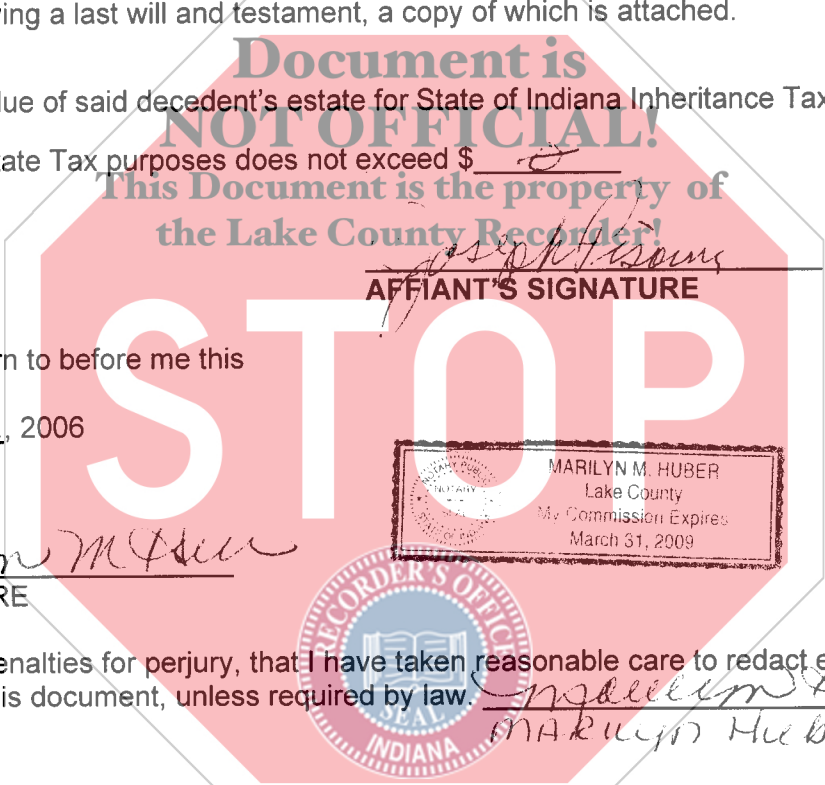
DECEASED JOINT TENANT AFFIDAVIT

State of Indiana)
County of Lake)

SS 2007 045993
Date: 2007 JUN 7 10:02
File:

Joseph Pisowicz, being first duly sworn, for the purpose of inducing Residential Title Services, Inc. to issue its title insurance policy covering the land described in the above captioned commitment, deposes and says;

1. That he/she resides at: 4028 S. Hohman Ave, Hammond, IN 46327
2. That he/she was acquainted with Victoria P. AKA Victoria Pisowicz who died on 8-16-2002 as evidence by the attached certified copy of the death certificate.
3. That said decedent was one of the owners of the land described in the above captioned commitment.
4. That said decedent died:
 leaving no will and last testament.
 leaving a last will and testament, a copy of which is attached.
5. That the total value of said decedent's estate for State of Indiana Inheritance Tax/Estate Tax and Federal Estate Tax purposes does not exceed \$ 0



Joseph Pisowicz
AFFIANT'S SIGNATURE

Subscribed and sworn to before me this 4 day of June, 2006

Marilyn M. Huber
NOTARY SIGNATURE

MARILYN M. HUBER
Lake County
My Commission Expires
March 31, 2009

"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."
Marilyn M. Huber
MARILYN HUBER

After Recording Return to: → Joseph Pisowicz
This Document was Prepared By: 13550 S. Ave O Chicago, IL 60633

FILED
JUN - 8 2007
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR
D.M.M.
1600
64100#
RTS

007652

* 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 CERTIFICATE IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.

CERTIFICATE OF DEATH

DATE ISSUED: 08/21/2007
REGISTERED HEALTH OFFICER: [Signature]

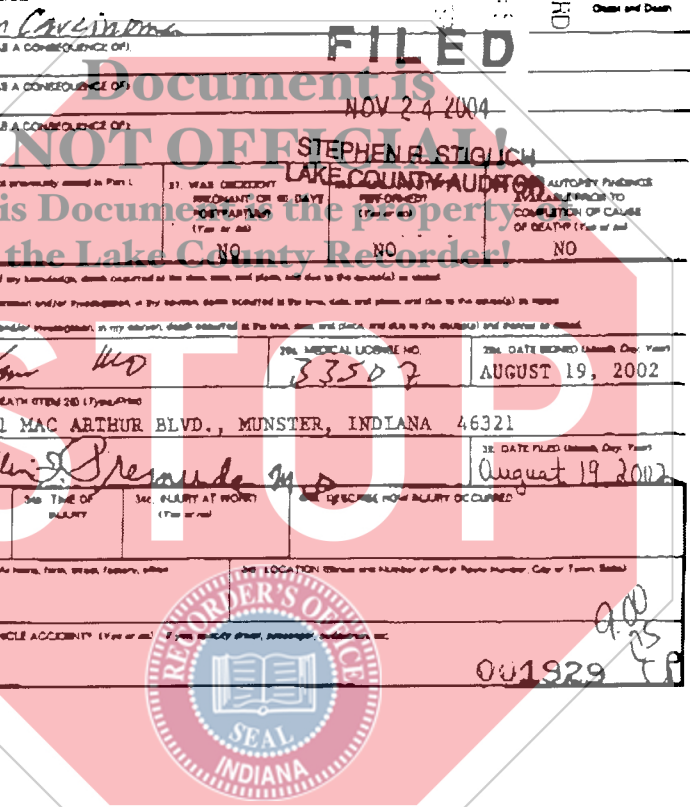
Local No: 643

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

TYPE/PRINT IN PERMANENT BLACK INK

1. DECEASED—NAME (Print, include last)		2. SEX	3. TIME OF DEATH	3a. DATE OF DEATH (Month, Day, Year)
VICTORIA P. PISOWICZ		FEMALE	4:06 P.M.	AUGUST 16, 2002
4. SOCIAL SECURITY NUMBER	5a. AGE—Last Birthday (Year)	5b. UNDER 1 YEAR (Months, Days)	5c. UNDER 1 DAY (Hours, Minutes)	6. DATE OF BIRTH (Month, Day, Year)
318-20-0529	74			DECEMBER 2, 1927
7. BIRTHPLACE (City and State or Foreign Country)		8. PLACE OF DEATH (Name, City, State, Zip, and Country)		
CHICAGO, ILLINOIS		HAMMOND		
9a. WAS DECEASED A U.S. VETERAN?	9b. YEAR LAST SERVED IN U.S. ARMED FORCES?	10. FACILITY NAME (If not institution, give street and number)		10a. CITY, TOWN, OR LOCATION OF DEATH
NO	N/A	ST. MARGARET MERCY HOSPITAL		HAMMOND
11. DECEASED'S USUAL OCCUPATION (Last kind of work done during year of reporting. Do not use retired)		12. LEAD OF OCCUPATION, INDUSTRY		
HOMEMAKER		OWN/RUME		
13a. RESIDENCE—STATE	13b. COUNTY	13c. CITY, TOWN, OR LOCATION	13d. STREET AND NUMBER	
INDIANA	LAKE	HAMMOND	4028 HOHMAN AVENUE	
13e. ZIP CODE	13f. INHERS CITY LIMITS (No Yes)	14. CITIZEN OF WHAT COUNTRY?	15. RACE—American Indian, Black, White, etc. (Specify)	17. DECEASED'S EDUCATION (Specify highest grade completed)
46327	Yes	USA	WHITE	10
18. FATHER'S NAME (First Middle Last)		19. MOTHER'S NAME (First Middle Address Surname)		
JOSEPH DABROWSKI		STELLA SAFKA		
20a. INFORMANT'S NAME (If spouse)		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)		20c. Relationship
JOSEPH A. PISOWICZ		4028 HOHMAN AVENUE, HAMMOND, IN. 46327		SPOUSE
21a. METHOD OF DISPOSITION		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place)		21c. LOCATION—City or Town, State
<input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		AUGUST 20, 2002 HOLY CROSS CEMETERY		CARMEL CITY, ILLINOIS
22a. OBITUARY NAME		22b. EMERALD LICENSE NO.	23. WAS DEATH REPORTED TO EMPLOYER?	
KEITH D. ANTHONY		01011911	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
24a. SIGNATURE OF FUNERAL DIRECTOR		24b. LICENSE NUMBER (of Licensee)	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME	
[Signature]		01011911	ANTHONY & DZIADOWICZ, FH 89002835 4404 CAMERON, HAMMOND, INDIANA 46327	
26. PART I: Enter the immediate cause of death, or condition which caused the death. Do not enter intermediate terms, such as disease or metastasis, unless it is the cause of death. Use only one code of death line.				
IMMEDIATE CAUSE (First disease or condition resulting in death)				
a. <u>Eden Cardiovascular</u>				
b. DUE TO (OR AS A CONSEQUENCE OF)				
c. DUE TO (OR AS A CONSEQUENCE OF)				
d. DUE TO (OR AS A CONSEQUENCE OF)				
PART II: Other significant conditions - Conditions contributing to death but not immediately listed in Part I				
27. WAS DECEASED PRENATAL OR INTRAPARTUM? (Year or day)				
NO				
28. WAS DECEASED POSTNATAL? (Year or day)				
NO				
29. CERTIFIER (Check one)				
<input checked="" type="checkbox"/> CERTIFIED 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 observation and/or investigation, or by review of death records at the time, date, and place, and due to the cause(s) as stated.				
<input type="checkbox"/> CORONER On the basis of investigation and/or postmortem, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated.				
30. SIGNATURE AND TITLE OF CERTIFIER		30a. MEDICAL LICENSE NO.	30b. DATE SIGNED (Month, Day, Year)	
[Signature]		33507	AUGUST 19, 2002	
31. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 26) (If spouse)				
HOWARD HISHOULAM M.D., 801 MAC ARTHUR BLVD., MUNSTER, INDIANA 46321				
32. HEALTH OFFICER'S SIGNATURE		33. DATE FILED (Month, Day, Year)		
[Signature]		August 19, 2002		
34. MANNER OF DEATH		34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)
<input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide				
35. PLACE OF INJURY—(If home, rural, street, factory, other building, etc. (Specify))		36. LOCATION (Street and Number or Rural Route Number, City or Town, State)		
37. DATE PROMULGATED DEAD (Month, Day, Year)		38. MOTOR VEHICLE ACCIDENT? (Yes or no) (If yes, specify driver, passenger, pedestrian, etc.)		

unit # 26
Key # 35-143-20
Norman's 2nd Add Lot 17
+ 510ft Lot 18 Block 2



FILED
NOV 24 2004

STEPHEN E. STIGLICH
LAKE COUNTY AUDITOR

001929

EXHIBIT "A"

LOTS SEVENTEEN (17) AND EIGHTEEN (18), BLOCK TWO (2), NORMAN'S SECOND ADDITION TO HAMMOND, AS SHOWN IN PLAT BOOK 15, PAGE 17, IN LAKE COUNTY, INDIANA.

PARCEL ID NUMBER: 26-35-0143-0020

COMMONLY KNOWN AS: 4028 SOUTH HOHMAN AVENUE
HAMMOND, IN 46327

