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STATE OF INDIANA )  
COUNTY OF LAKE

2007 SS 049019

STATE OF INDIANA  
LAKE COUNTY  
2007 JUN 15 AM 10:07  
RECORDED

**AFFIDAVIT OF SURVIVORSHIP**

DIANE M. KUJAWA, being duly sworn, states as follows:

1. I am over the age of eighteen (18) and suffer from no disability which would render my testimony incompetent.
2. I am the owner in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

LOT 6 IN SOUTHWOOD ESTATES 2<sup>ND</sup> ADDITION TO THE TOWN OF GRIFFITH, AS PER PLAT THEREOF, RECORDED JUNE 12, 1980 IN PLAT BOOK 52, PAGE 22, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

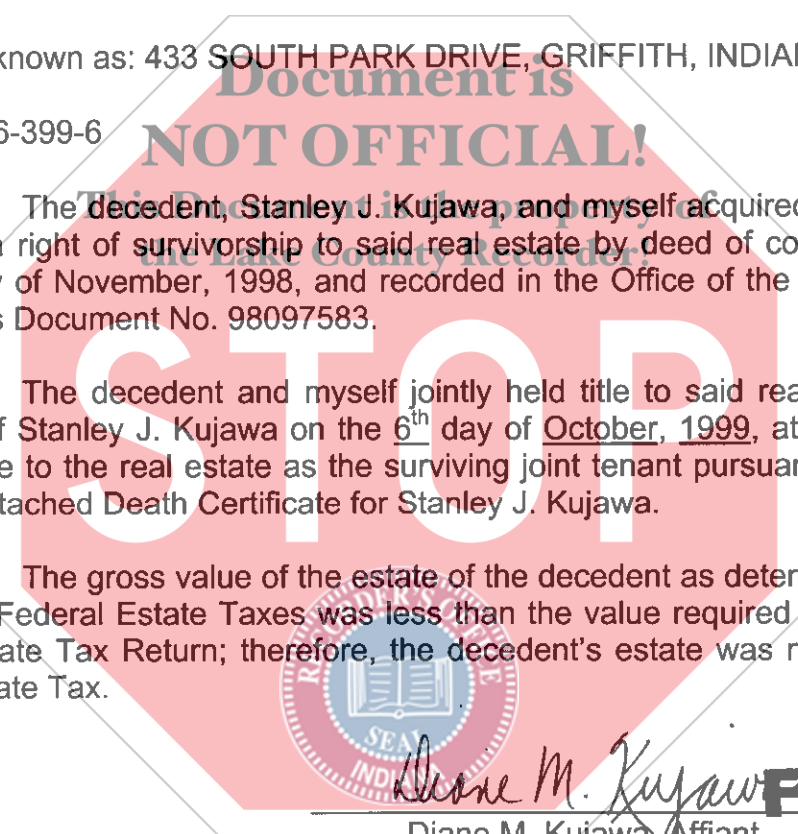
Commonly known as: 433 SOUTH PARK DRIVE, GRIFFITH, INDIANA

Tax Key #26-399-6

3. The decedent, Stanley J. Kujawa, and myself acquired title as joint tenants with right of survivorship to said real estate by deed of conveyance on the 30<sup>th</sup> day of November, 1998, and recorded in the Office of the Lake County Recorder as Document No. 98097583.

4. The decedent and myself jointly held title to said real estate until the death of Stanley J. Kujawa on the 6<sup>th</sup> day of October, 1999, at which time I acquired title to the real estate as the surviving joint tenant pursuant to property law. See attached Death Certificate for Stanley J. Kujawa.

5. The gross value of the estate of the decedent as determined for the purpose of Federal Estate Taxes was less than the value required for filing of a Federal Estate Tax Return; therefore, the decedent's estate was not subject to Federal Estate Tax.



*Diane M. Kujawa*  
Diane M. Kujawa, Affiant

**FILED**

JUN 15 2007

16:00  
D.D.M.  
3827#

12062

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

STATE OF INDIANA     )  
                                  ) SS:  
COUNTY OF LAKE     )

Before me the undersigned, a Notary Public for Lake County, State of Indiana, personally appeared Diane M. Kujawa, and, being first duly sworn by me upon oath, stated that the facts alleged in the foregoing instrument are true. Signed and sealed this 3<sup>rd</sup> day of May, 2007.

My Commission Expires: 02/13/2010



Signature: *Lesa A. Potacki*  
Lesa A. Potacki  
Resident of Lake County, IN

This instrument prepared by: Gary P. Bonk, Attorney; 900 Parker Place, Suite A, Schererville, Indiana 46375; (219) 864-7800

**Document is NOT PUBLIC!**  
**This Document is the property of the Lake County Recorder!**

"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: *Gary P. Bonk*



\* 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. 225-99

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

#268845  
TYPE/PRINT  
IN  
PERMANENT  
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First, Middle, Last) <b>STANLEY J. KUJAWA</b>		2 SEX <b>Male</b>	3a. TIME OF DEATH <b>7:48 P M</b>	3b. DATE OF DEATH (Month, Day, Yr) <b>October 6, 1999</b>
4. *SOCIAL SECURITY NUMBER <b>312-50-2954</b>	5a. AGE—Last Birthday (Years) <b>46</b>	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr) <b>Dec. 10, 1952</b>
7. BIRTHPLACE (City and State or Foreign Country) <b>East Chicago, 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 checked="" 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) <b>Community Hospital</b>		9c. CITY, TOWN, OR LOCATION OF DEATH <b>Munster</b>	9d. COUNTY OF DEATH <b>Lake</b>	
10. MARITAL STATUS (Specify) <b>Married</b>	11. SURVIVING SPOUSE (If wife, give maiden name) <b>Diane M. Macocha</b>	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Terminal Manager</b>		12b. KIND OF BUSINESS/INDUSTRY <b>Steel Hauler</b>
13a. RESIDENCE—STATE <b>Indiana</b>	13b. COUNTY <b>Lake</b>	13c. CITY, TOWN, OR LOCATION <b>Griffith</b>		13d. STREET AND NUMBER <b>433 South Park Drive</b>
13e. ZIP CODE <b>46319</b>	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	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) <b>White</b>
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>1</b> College (1-4 or 5+) <b>1</b>		18. FATHER'S NAME (First, Middle, Last) <b>John J. Kujawa</b>		
19. MOTHER'S NAME (First, Middle, Maiden Surname) <b>Loretta Raczkowski</b>		20a. INFORMANT'S NAME (Type/Print) <b>Diane M. Kujawa</b>		
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>433 South Park Drive, Griffith, IN 46319</b>		20c. Relationship <b>Wife</b>		
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) <b>October 9, 1999 Holy Cross Cemetery</b>		21c. LOCATION—City or Town, State <b>Calumet City, Illinois</b>
22a. EMBALMER'S NAME <b>Larry D. Anthony</b>		22b. EMBALMER'S LICENSE NO. <b>01001447</b>	23. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Larry D. Anthony</i>		24b. LICENSE NUMBER (of License) <b>01001447</b>	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>Anthony &amp; Dziadowicz F.H. #83002916 9445 Calumet Ave, Munster, IN 46321</b>	
26. PART I. Enter the disease, 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. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. <b>Vascular collapse</b> DUE TO (OR AS A CONSEQUENCE OF) b. <b>Due to arteriosclerotic heart and vascular disease</b> DUE TO (OR AS A CONSEQUENCE OF) c. _____ DUE TO (OR AS A CONSEQUENCE OF) d. _____ Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last				Approximate Interval Between Onset and Death <b>Unknown</b>
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>—</b>
29a. CERTIFIER (Check only one) <input 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 checked="" type="checkbox"/> DEPUTY 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.				
29b. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i> <b>DEPUTY CORONER</b>			29c. MEDICAL LICENSE NO. <b>N/A</b>	29d. DATE SIGNED (Month, Day, Year) <b>October 12, 1999</b>
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>Donna Melyon, Deputy Coroner, 2900 West 93rd Avenue, Crown Point, Indiana 46307</b>				
31. HEALTH OFFICER'S SIGNATURE <i>Alexander S. Williams M.D.</i>				32. DATE FILED (Month, Day, Year) <b>October 12, 1999</b>
33. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be Determined		34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)
34d. DESCRIBE HOW INJURY OCCURRED <b>VERIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT.</b>		34e. PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)		34f. LOCATION (Street, Number or Rural Route Number, City or Town, State)
34g. DATE PRONOUNCED DEAD (Month, Day, Year) <b>October 6, 1999</b>		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc. <b>OCT 12 1999</b> <i>Alexander S. Williams M.D.</i> <b>LAKE COUNTY HEALTH COMMISSIONER</b>		