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AFFIDAVIT

STATE OF INDIANA
LAKE COUNTY
RECORDER

STATE OF INDIANA))
) SS: 2007 052554
COUNTY OF LAKE)

2007 JUN 23 AM 9:07

MICHAEL A. BRONKH
RECORDER

Christine Kozub, being first duly sworn upon oath,
deposes and says:

1. That Affiant's father, Anthony K. Kozub, Jr. died on February 24, 2004 at Lake County, Indiana.
2. That Affiant's mother, Victoria Kozub is one and the same person as Victorie Kozub, and she died on October 19, 2006.
3. That the following real estate was owned by Anthony K. Kozub and Victoria Kozub in joint names as husband and wife:

Lot 7 in Meredith's First Subdivision, in the City of Hobart, as per plat thereof, recorded in Plat Book 18, page 5, in the Office of the Recorder of Lake County, Indiana, Parcel No. 6-27-18-81-8, commonly known as 952 Lake Street, Hobart, Indiana,

and 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 death.

5. That all funeral expenses in connection with the death of said decedent have been paid in full.
6. 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, or Indiana Inheritance taxes.

Further Affiant sayeth not.

Christine Kozub

Christine Kozub

Dated: June 13th 2007
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

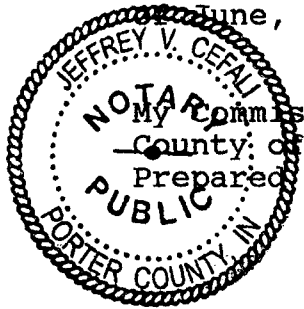
FILED

JUN 26 2007

Subscribed and sworn before me, a Notary Public, this 13th day of June, 2007.

Jeffrey V. Cefali

Notary Public



My Commission expires: 1-26-09
County of residence: Porter
Prepared by: Atty. Jeffrey Cefali, 17 Main, Hobart, IN 46342.

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* 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. 335-1

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) ANTHONY F. KOZUB, JR.		2 SEX Male	3a TIME OF DEATH 9:12 AM	3b DATE OF DEATH (Month, Day, Yr) February 24, 2004	
4 *SOCIAL SECURITY NUMBER 317-09-9706	5a AGE—Last Birthday (Years) 85	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr) January 14, 1919	
7 BIRTHPLACE (City and State or Foreign Country) Lackawanna NY	8a. WAS DECEDENT A U.S. VETERAN? YES				
8b. YEAR LAST SERVED IN U.S. ARMED FORCES? WWII		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) St. Mary Medical Center		9c. CITY, TOWN, OR LOCATION OF DEATH Hobart		9d. COUNTY OF DEATH Lake	
10 MARITAL STATUS (Specify) Married	11 SURVIVING SPOUSE (If wife, give maiden name) Victoria Herman	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Millwright		12b. KIND OF BUSINESS/INDUSTRY Steel	
13a. RESIDENCE—STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION Hobart		13d. STREET AND NUMBER 952 Lake Street	
13a. ZIP CODE 46342	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) 12 College (1-4 or 5 +)			18 FATHER'S NAME (First, Middle, Last) Anthony Kozub		
19 MOTHER'S NAME (First, Middle, Maiden Surname) Mary Kozub			20a. INFORMANT'S NAME (Type/Print) Victoria Kozub		
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 952 Lake Street, Hobart, IN 46342			20c. Relationship Wife		
21a. METHOD OF DISPOSITION <input type="checkbox"/> Entombment <input type="checkbox"/> Burial <input checked="" 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) Feb 28, 2004 Calvary Crematory		21c. LOCATION—City or Town, State Portage IN	
22a. EMBALMER'S NAME James J. Krause		22b. EMBALMER'S LICENSE NO. FD01006463		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24. SIGNATURE OF FUNERAL DIRECTOR <i>James J. Krause</i>		24b. LICENSE NUMBER (of Licensee) FD01006463		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Rees Funeral Home, Inc. FH83003069 600 W. Old Ridge Road, Hobart, IN 46342-0488	
26. PART I Enter the diseases, injuries, or conditions 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) a. sepsis DUE TO (OR AS A CONSEQUENCE OF)					
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 previously stated in Part I					
27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) No		28a WAS AN AUTOPSY PERFORMED? (Yes or no) No		28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) No	
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.					
29b. SIGNATURE AND TITLE OF CERTIFIER <i>David W. [Signature]</i>			29c. MEDICAL LICENSE NO. 01020846		
29d. DATE SIGNED (Month, Day, Year) 3/27/04					
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Donald M Phillips MD 1356 S. Lake Park Avenue, Hobart, IN 46342					
31. HEALTH OFFICER'S SIGNATURE <i>Susan J. Best</i>				32. DATE FILED (Month, Day, Year) March 1, 2004	
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"/> Could not be Determined <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
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.			