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2007 052598

2007 JUN 26 10:34:13

REC'D - CLERK OF COURSE

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

AFFIDAVIT OF SURVIVORSHIP

Jeffery J. Dywan, being sworn upon his oath, states that:

1. He is an adult and resides in Lake County, Indiana, and is the Nephew of the Decedent, Joseph M. Buda, Deceased.
2. Joseph M. Buda along with Virginia R. Buda, were owners in the following described real estate in Lake County, Indiana, to-wit:

Lot 1 in Buda's First Addition to the Town of Munster, as per plat thereof, recorded in Plat Book 46, page 63, in the Office of the Recorder of Lake County, Indiana. Commonly known as: 8540 Parkview, Munster IN 46321

3. Joseph M. Buda and Virginia R. Buda were Husband and Wife at the time they acquired title to the above-described real estate and so remained until the death of Virginia R. Buda on December 21, 2001, and they were never divorced.
4. Joseph M. Buda died on November 18, 2006, that all expenses and taxes incurred in connection therewith have been paid in full and that there are no unpaid bills left by reason of his death.
5. This Affidavit is made for the purpose of clearing title to the above parcel of real estate.



Jeffery J. Dywan
Jeffery J. Dywan, Personal Representative of
the Estate Of Joseph M. Buda, Deceased

FILED

JUN 26 2007

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

15
HJC

18-28-405-1

STATE OF INDIANA)
)
COUNTY OF LAKE)

SS:

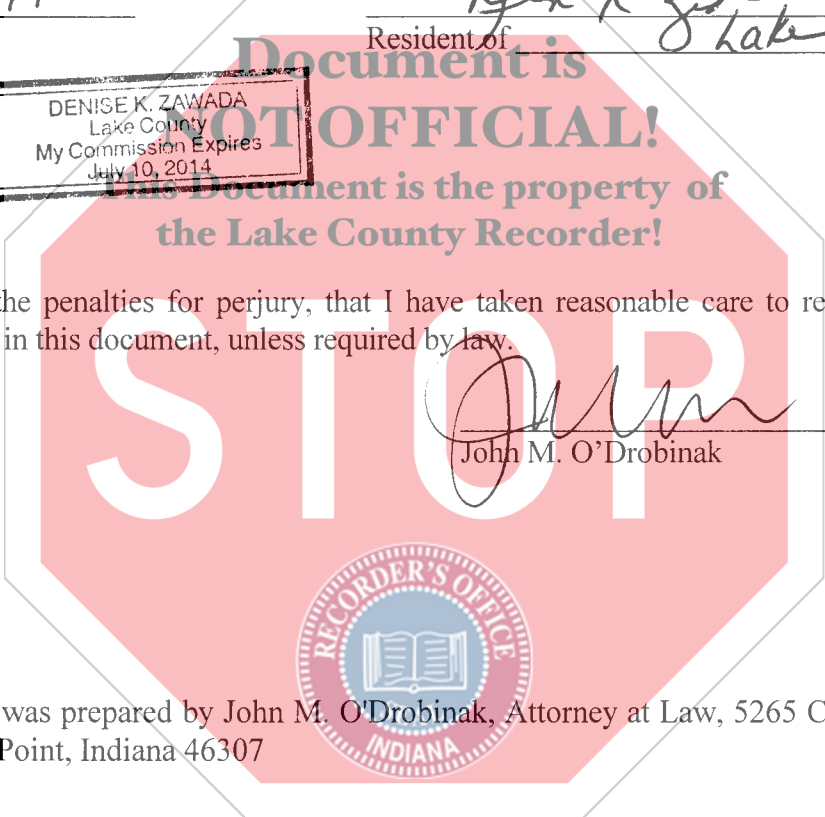
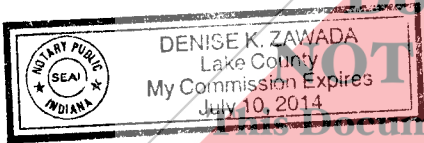
Before me, the undersigned, a Notary Public in and for said County and State, on June 19, 2007, personally appeared Jeffery J. Dywan, as Personal Representative of the Estate of Joseph M. Buda, deceased, and acknowledged the execution of the foregoing instrument to be his voluntary act and deed for the uses and purposes expressed therein.

Witness my hand and seal on this 19 day of June, 2007.

My Commission Expires:

07 10 14

Denise K. Zawada Notary Public
Lake County



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.

John M. O'Drobinak
John M. O'Drobinak

This instrument was prepared by John M. O'Drobinak, Attorney at Law, 5265 Commerce Drive, Suite A, Crown Point, Indiana 46307

ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to issue 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. 2791-06

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) Dr. Joseph M. Buda				2. SEX Male	3a. TIME OF DEATH 7:20A M	3b. DATE OF DEATH (Month, Day, Year) November 18, 2006
4. *SOCIAL SECURITY NUMBER 304-42-7329	5a. AGE—Last Birthday (Years) 90	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr) Jan. 1, 1916	7. BIRTHPLACE (City and State or Foreign Country) Chicago, IL	
8a. WAS DECEDENT A U.S. VETERAN? Yes	8b. YEAR LAST SERVED IN U.S. ARMED FORCES?	9a. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence				
9b. FACILITY NAME (If not institution, give street and number) Regency Place			9c. CITY, TOWN, OR LOCATION OF DEATH Dyer	9d. COUNTY OF DEATH Lake		
10. MARITAL STATUS (Specify) Widowed	11. SURVIVING SPOUSE (If wife, give maiden name) ---	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Dentist		12b. KIND OF BUSINESS/INDUSTRY Dentistry		
13a. RESIDENCE—STATE IN	13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION Munster		13d. STREET AND NUMBER 8540 Parkview Ave.		
13e. ZIP CODE 46321	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+) 5	
18. FATHER'S NAME (First, Middle, Last) Karl J. Buda			19. MOTHER'S NAME (First, Middle, Maiden Surname) Sophie Skocik			
20a. INFORMANT'S NAME (Type/Print) Jeffery Dywan		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, ZIP Code) 707 Schilling Dr. Dyer, IN 46311		20c. Relationship Nephew		
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <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) November 22, 2006 Elmwood Cemetery		21c. LOCATION—City or Town, State Hammond, IN		
22a. EMBALMER'S NAME: Apollo Moreno		22b. EMBALMER'S LICENSE NO. 20600073	23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Thomas J. Burns</i>		24b. LICENSE NUMBER (of Licensee) 1045184	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Burns-Kish Funeral Home #3004968 8415 Calumet Munster, IN 46321			
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. IMMEDIATE CAUSE (Final disease or condition resulting in death) Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last		a. <u>Coronary artery disease</u> DUE TO (OR AS A CONSEQUENCE OF): b. <u>Left upper extremity Ischemia</u> DUE TO (OR AS A CONSEQUENCE OF): c. _____ DUE TO (OR AS A CONSEQUENCE OF): d. _____				Approximate Interval Between Onset and Death 5 years 3 weeks
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I. <u>Malnutrition</u>		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)		
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>W. Atassi M.D.</i>		29c. MEDICAL LICENSE NO. 01058603A	29d. DATE SIGNED (Month, Day, Year) Nov. 21, 2006	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Dr. Atassi 7400 Columbia Hammond, IN 46323						
31. HEALTH OFFICER'S SIGNATURE <i>Susan D. Best D.O.</i>					32. DATE FILED (Month, Day, Year) November 22, 2006	
33. MANNER OF DEATH <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		34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or No)	34d. DESCRIBE HOW INJURY OCCURRED 2006	
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.				