2

TICOR TITLE INSURANCE

SURVIVORSHIP AFFIDAVIT

2007 073991

STATE OF: INDIANA)
) SS:
COUNTY OF: PORTER)

On this August 27,2007 Before me personally appeared Dorothy Krol

to me personally known, who being duly sworn on oath did say that:

1. Affiant resides at the address given below affiant's signature;

2. Affiant is owner
(state interest of affiant in the above premises as owner)

3. Said premises described as follows: Lot 13 in Block 2 in Sunnyside Addition in the City of East Chicago, as per plat thereof, recorded in Plat Book 15, page 1, in the Office of the Recorder of Lake County, Indiana.

2007 SEP 13 AM 9:12

4. Said premises were formerly owned as joint tenants or as tenants by entireties

by Stanley Krol and Dorothy Krol

5. Said Stanley Krol
(fill in name of co-tenant who died)

died on March 21, 1999

leaving no will;
(insert "a" or "no" if a will has been left; attach a copy)

6. The total value of the taxable estate of said deceased including joint tenancies, tenancies by the entireties, individual ownerships of both real and personal property, and insurance does not exceed the sum of $ 25,000.00 and to the best of affiant's knowledge there is no estate or inheritance tax liability by reason of the death of the said decendent;

7. Where this affidavit relates to a tenancy of the entireties, were the parties ever divorced? no

(If answer is YES, identify the dissolution proceedings.)

8. Affiant's relationship to the deceased was Spouse

Signature Dorothy Krol

Address: Dorothy Krol
2502 East 140th Place
East Chicago , IN 46312

FILED
SEP 11 2007
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

State of Indiana)
)
County of Porter)

Before me, the undersigned, a Notary Public in and for said County and State, this 27th day of August, 2007

personally appeared Dorothy Krol

#14

022482 TI CA

and acknowledged the execution of the foregoing Affidavit.

"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." Cheri Jolliff

Cheri M. Jolliff
Notary Public

Resident of Porter County

My Commission expires: 10/8/2010

CHERI M. JOLLIFF
PORTER COUNTY
MY COMMISSION EXPIRES
OCT. 8, 2010

Prepared by: Dorothy krol

927-4874PO

* **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

Local No. 97-60-77 State No. .....

260144

TYPE/PRINT IN PERMANENT BLACK INK

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-13-3

DECEDENT

1. DECEASED—NAME (First, Middle, Last)	2. SEX	3a. TIME OF DEATH	3b. DATE OF DEATH (Month, Day, Yr.)
STANLEY KROL	MALE	12:15 PM	MARCH 21, 1999

4. *SOCIAL SECURITY NUMBER	5a. AGE—Last Birthday (Years)	5b. UNDER 1 YEAR Months / Days	5c. UNDER 1 DAY Hours / Minutes	6. DATE OF BIRTH (Mo. Day. Yr.)	7. BIRTHPLACE (City and State or Foreign Country)
307 - 18 - 7746	79			JUNE 10, 1919	EAST CHICAGO, INDIANA

8a. WAS DECEDENT A U.S. VETERAN?	8b. YEAR LAST SERVED IN U.S. ARMED FORCES?	9a. PLACE OF DEATH (Check only one. See instructions)
No	n/a	HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA — OTHER ☒ Nursing Home ☐ Other (Specify) ☐ Residence

9b. FACILITY NAME (If not institution, give street and number)	9c. CITY, TOWN, OR LOCATION OF DEATH	9d. COUNTY OF DEATH
WILLIAM J. RILEY MEMORIAL HOSPICE RESIDENCE	MUNSTER	LAKE

10. MARITAL STATUS (Specify)	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)	12b. KIND OF BUSINESS/INDUSTRY
MARRIED	DOROTHY BLOOMQUIST	HEAVY EQUIPMENT OPERATOR	CITY OF EAST CHICAGO

13a. RESIDENCE—STATE	13b. COUNTY	13c. CITY, TOWN, OR LOCATION	13d. STREET AND NUMBER
INDIANA	LAKE	EAST CHICAGO	2502 E. 140th PLACE

13e. ZIP CODE	13f. INSIDE CITY LIMITS	13g. ON A FARM?	14. CITIZEN OF WHAT COUNTRY?	15. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16. RACE—American Indian, Black, White, etc. (Specify)	17. DECEDENT'S EDUCATION (Specify only highest grade completed)	
						Elementary/Secondary (0-12)	College (1-4 or 5 +)
46312	☐ No ☒ Yes	☒ No ☐ Yes	U.S.A.	☒ No ☐ Yes	WHITE	n / a	

PARENTS

18. FATHER'S NAME (First, Middle, Last)	19. MOTHER'S NAME (First, Middle, Maiden Surname)
ALBERT KROL	JOSEPHINE ADAMCZYK

INFORMANT

20a. INFORMANT'S NAME (Type/Print)	20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	20c. Relationship
DOROTHY KROL	2502 E. 140th PLACE, EAST CHICAGO, IN	WIFE

DISPOSITION

21a. METHOD OF DISPOSITION	21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	21c. LOCATION—City or Town, State
☐ Entombment ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)	MARCH 24, 1999 CHAPEL LAWN MEMORIAL GARDENS	SCHERERVILLE, INDIANA

22a. EMBALMER'S NAME	22b. EMBALMER'S LICENSE NO	23. WAS DEATH REPORTED TO CORONER?
Charles W. Wells	FD01024372	☒ No ☐ Yes

24a. SIGNATURE OF FUNERAL DIRECTOR	24b. LICENSE NUMBER (of Licensee)	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME
David J. Pastrick	FD08800012	Oleska-Pastrick Funeral Home FH155 3934 Elm Street East Chicago, IN 46312

CAUSE OF DEATH

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.

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Carcinoma of the lung	
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last	b. DUE TO (OR AS A CONSEQUENCE OF) Congestive Heart Failure	
	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)	28a. WAS AN AUTOPSY PERFORMED? (Yes or no)	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)
No	No	No

CERTIFIER

29a. CERTIFIER (Check only one)

☒ CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated.

☐ 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.

☐ 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	29c. MEDICAL LICENSE NO	29d. DATE SIGNED (Month, Day, Year)
[signature] M.D.	01027460	3/22/99

HEALTH OFFICER

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) 720 WEST CHICAGO AVE. EAST CHICAGO, IN 46312

31. HEALTH OFFICER'S SIGNATURE Alexander S. Tullius, M.D.

32. DATE FILED (Month, Day, Year) March 24, 1999

33. MANNER OF DEATH	34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)	34d. DESCRIBE HOW INJURY OCCURRED
☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide				

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.