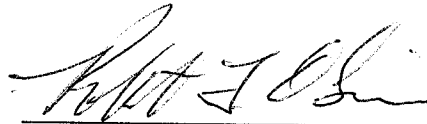


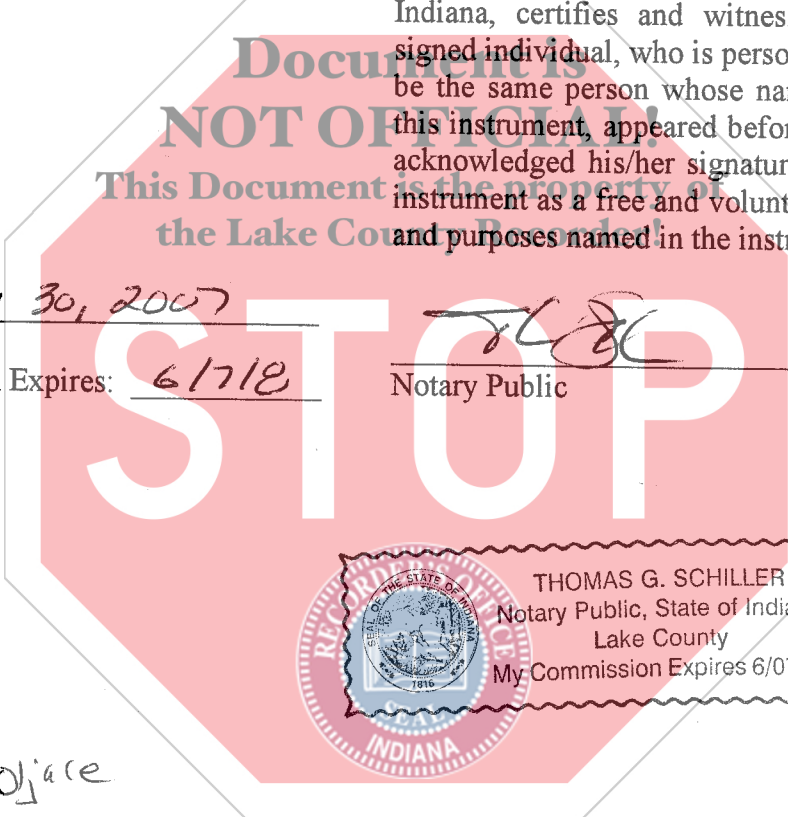
8. This Affidavit of Survivorship is made for the purpose of showing the death of Marilyn S. Oljace; the conveyance and transfer of title to the subject real estate to the surviving tenant, Richard W. Oljace; the subsequent death of Richard W. Oljace; conveyance and transfer of title to the estate of Richard W. Oljace, pursuant to his Last Will which is being administered in the Lake Circuit Court under cause number 45CO1-0705-EU-00068.



Robert T. Oljace, Affiant

STATE OF INDIANA,
COUNTY OF LAKE, SS:

The undersigned, a Notary Public in and for the above County and State, residing in Lake County, Indiana, certifies and witnesses that the above signed individual, who is personally know to me to be the same person whose name is subscribed to this instrument, appeared before me in person and acknowledged his/her signature and delivered the instrument as a free and voluntary act, for the uses and purposes named in the instrument.



Date: Nov 30, 2007

My Commission Expires: 6/7/08


Notary Public

THOMAS G. SCHILLER
Notary Public, State of Indiana
Lake County
My Commission Expires 6/07/08

Prepared:
Robert T. Oljace

"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." Janet McDonald

**TYPE OR PRINT
PLAINLY WITH
UNFADING INK
THIS IS A
PERMANENT
RECORD**

Below for State Office Use

Local No. **412-87**

**INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH**

State No.

DECEASED—NAME MARILYN S OLJACE		SEX Female		DATE OF DEATH (MONTH DAY YEAR) March 2, 1987	
RACE - U.S. White, Black, American Indian, etc. (Specify) White		DATE OF BIRTH (Mo. Day Yr.) Sept. 24, 1934		COUNTY OF DEATH Lake	
CITY, TOWN OR LOCATION OF DEATH Merrillville		HOSPITAL OR OTHER INSTITUTION (Name of institution, give street and number) Southlake Methodist Hospital		IF HCSP OR INST. indicate only (If Inst. Not Registered State No.) 7d Inpatient	
STATE OF BIRTH (Mo. or U.S.A. name country) Indiana		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10 Married		WAS OCCIDENTAL IN U.S. (Specify Yes or No) 12 No	
SOCIAL SECURITY NUMBER [REDACTED]		USUAL OCCUPATION (Give kind of work done during most of working life, specify if retired) 14a Housewife		KIND OF BUSINESS OR INDUSTRY 14b Self	
RESIDENCE—STATE Indiana		CITY, TOWN OR LOCATION Merrillville		INSIDE CITY LIMITS (Specify Yes or No) 15f Yes	
STREET AND NUMBER 7008 Colorado		IS RESIDENCE ON A FARM? 15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
IS DECEASED OF SPANISH DESCENT? - IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC.					
FATHER—NAME Michael Jarbines		MOTHER—MAIDEN NAME Mary		LAST Kopil	
INDECEASED—NAME (Type or Print) Richard Oljace Husband		MAILING ADDRESS 187008 Colorado Merrillville, Indiana 46410		STATE IN	
RELATIONSHIP Husband		CITY OR TOWN Merrillville, Indiana		ZIP 46410	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		CEMETERY OR CREMATORY—FUNERAL HOME Calumet Park Cemetery		LOCATION Merrillville, Indiana	
DATE (MONTH, DAY YEAR) March 5, 1987		FUNERAL HOME—NAME AND ADDRESS Stillnovich & Wiatrolnik 7535 Taft St. Merr., In. 46410		STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP	
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		DATE SIGNED (Mo. Day Yr.) 3/3/87		HOUR OF DEATH 21c	
SIGNATURE OF ATTENDING PHYSICIAN (Type or Print) Dr. Paragonker		DATE RECEIVED BY LOCAL HEALTH OFFICER 3-3-87		M 24	
MAILING ADDRESS - PHYSICIAN 7895 Broadway Merrillville, In.		DATE RECEIVED BY LOCAL HEALTH OFFICER 3-3-87			
IMMEDIATE CAUSE ACUTE CARDIORESPIRATORY FAILURE 2° TO PABO		INTERVAL BETWEEN ONSET AND DEATH			
OR AS A CONSEQUENCE OF Bronchopneumonia & Chronic Pulmonary Interstitial Fibrosis		INTERVAL BETWEEN ONSET AND DEATH			
DUE TO OR AS A CONSEQUENCE OF INTERSTITIAL FIBROSIS		INTERVAL BETWEEN ONSET AND DEATH			
OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a)		AUTOPSY? (Specify Yes or No)			

FUNERAL HOME No. 242

FUNERAL DIRECTOR'S LICENSE No. 968

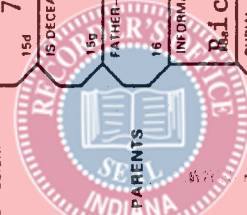
EMBALMERS NAME James Gholston MAP 02 1987 LICENSE No. 419

FUNERAL DIRECTOR'S SIGNATURE

Richard Oljace

A B C D E F G H I J K L 1 2 3 4 5 6 7 8 9 10 11 12

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE RECORD OF DEATH ON FILE WITH THE STATE BOARD OF HEALTH.



NOT OFFICIAL
This Document is the property of the Lake County Recorder