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2007 DEC 20 AM 9:27

RECORDER

STATE OF INDIANA )  
COUNTY OF LAKE ) SS

**AFFIDAVIT OF HEIRSHIP**

62075395 UD

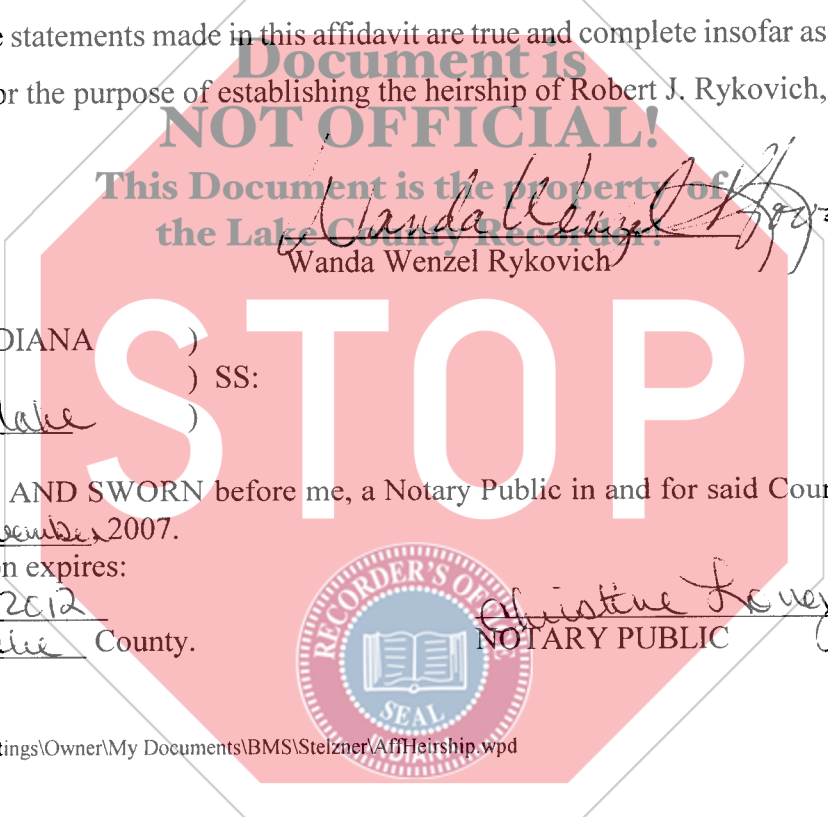
Comes now Wanda Wenzel Rykovich, being duly sworn upon her oath and states as follows:

That she is the wife of the decedent, Robert J. Rykovich, deceased, who died testate, a resident of Porter County, Indiana, on the 3<sup>rd</sup> day of March, 2001, the administration of said decedent's estate being of record in the Superior Court of Porter County, Indiana, Cause Number 64D02-0103-ES-1887.

That she is the only heir of said Robert J. Rykovich. Said decedent left no child or children, nor descendants of any predeceased child or children, and that she is a competent adult.

That the statements made in this affidavit are true and complete insofar as the affiant knows and are made for the purpose of establishing the heirship of Robert J. Rykovich, deceased.

Chico's Insurance Company



STATE OF INDIANA )  
COUNTY OF Lake ) SS:

SUBSCRIBED AND SWORN before me, a Notary Public in and for said County and State, this 27 day of November, 2007.

My Commission expires:

June 16 2012  
Resident of Lake County.



Christine Key  
NOTARY PUBLIC

C:\Documents and Settings\Owner\My Documents\BMS\Stelzner\AffHeirship.wpd

**FILED**

DEC 19 2007

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

13  
1/5/08

025245

**CITY OF CHICAGO  
DEPARTMENT OF PUBLIC HEALTH**

STATE OF ILLINOIS

STATE FILE NUMBER

**MEDICAL CERTIFICATE OF DEATH**

STATE OF ILLINOIS  
COUNTY OF COOK  
CITY OF CHICAGO  
**MAR 06 2001**

603560

REGISTRATION DISTRICT NO <b>16.10</b>	DECEASED-NAME FIRST MIDDLE LAST <b>ROBERT RYKOVICH</b>	SEX <b>2 MALE</b>	DATE OF DEATH (MONTH DAY YEAR) <b>3 MARCH 3, 2001</b>
REGISTERED NUMBER	AGE - LAST BIRTHDAY (YRS) MOS DAYS HOURS MIN <b>50 50</b>	DATE OF BIRTH (MONTH DAY YEAR) <b>5d JULY 28, 1950</b>	IF HOSP OR INST INDICATE D.O.A. OR INPATIENT (SPECIFY) <b>INPATIENT</b>
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER <b>CHICAGO</b>	HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER GIVE STREET AND NUMBER) <b>THE UNIVERSITY OF CHICAGO HOSPITALS</b>	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) <b>WANDA WENZEL</b>	WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO) <b>9. NO</b>
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) <b>GARY, INDIANA</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>MARRIED</b>	KIND OF BUSINESS OR INDUSTRY <b>INSURANCE CO.</b>	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary Secondary (1-12) College (13-16) (17-19) (20-24) (25-29) (30-34) (35-39) (40-44) (45-49) (50-54) (55-59) (60-64) (65-69) (70-74) (75-79) (80-84) (85-89) (90-94) (95-99)
SOCIAL SECURITY NUMBER <b>307-56-8326</b>	USUAL OCCUPATION <b>OWNER</b>	CITY, TOWN, TWP. OR ROAD DISTRICT NO <b>VALPARAISO</b>	COUNTY <b>PORTER</b>
ZIP CODE <b>INDIANA 131 46385</b>	RACE (WHITE, BLACK, AMERICAN INDIAN, etc) (SPECIFY) <b>WHITE</b>	INSIDE CITY (YES NO) <b>13c. NO</b>	
FATHER-NAME FIRST MIDDLE LAST <b>JULIUS RYKOVICH</b>	MOTHER-NAME FIRST MIDDLE LAST <b>MARY JANE DURKIN</b>	MAILING ADDRESS (STREET AND NO. CITY OR TOWN STATE ZIP) <b>865 THOMPSON RECORDS 5841 SOUTH MARYLAND CHICAGO, ILLINOIS 60637</b>	
INFORMANT'S NAME (TYPE OR PRINT) <b>ROSE IKARD</b>	IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>RENAL FAILURE</b>	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
CONDITIONS IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. <b>MULTIPLE MYELOMA</b>	CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF <b>RENAL FAILURE</b>		
	CAUSE (b) DUE TO, OR AS A CONSEQUENCE OF <b>SEPSIS</b>		
	CAUSE (c) DUE TO, OR AS A CONSEQUENCE OF <b>MULTIPLE MYELOMA</b>		
18. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest.	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		
19. MAJOR FINDINGS OF OPERATION <b>20b. MARCH 3, 2001</b>	WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES NO) <b>NO</b>	DATE SIGNED (MONTH DAY YEAR) <b>3-4-01</b>	HOUR OF DEATH <b>5:30 A M</b>
20. SIGNATURE <b>Angela Pearce</b>	ILLINOIS LICENSE NUMBER <b>125-040245</b>	NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED	
21. NAME AND ADDRESS OF CERTIFIER <b>ANGELA PEARCE, MD CHICAGO, ILLINOIS 60637</b>	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) <b>TODD ZIMMERMAN, MD</b>		
22. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER	CITY OR TOWN <b>CROWN POINT, INDIANA</b>	STATE <b>INDIANA</b>	DATE (MONTH DAY YEAR) <b>24d 3-6-01</b>
23. BUREAU OF CREMATION REMOVAL (SPECIFY) <b>CREMATION</b>	STREET AND NUMBER OR R.F.D. <b>3601 W. DIVERSEY CHICAGO, ILLINOIS 60647</b>	CITY OR TOWN <b>CHICAGO</b>	ZIP <b>60647</b>
24. FUNERAL HOME <b>MRAZEK &amp; RUSS FUNERAL SERVICE</b>	FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER <b>034-014579</b>	DATE FILED BY LOCAL REGISTRAR (MONTH DAY YEAR) <b>MAR 06 2001</b>	
25. LOCAL REGISTRAR'S SIGNATURE <b>John L. Wilhelm, M.D.</b>	THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.		

