

2008 041556  
**AFFIDAVIT OF SURVIVORSHIP**

2008 JUN 03 11:12

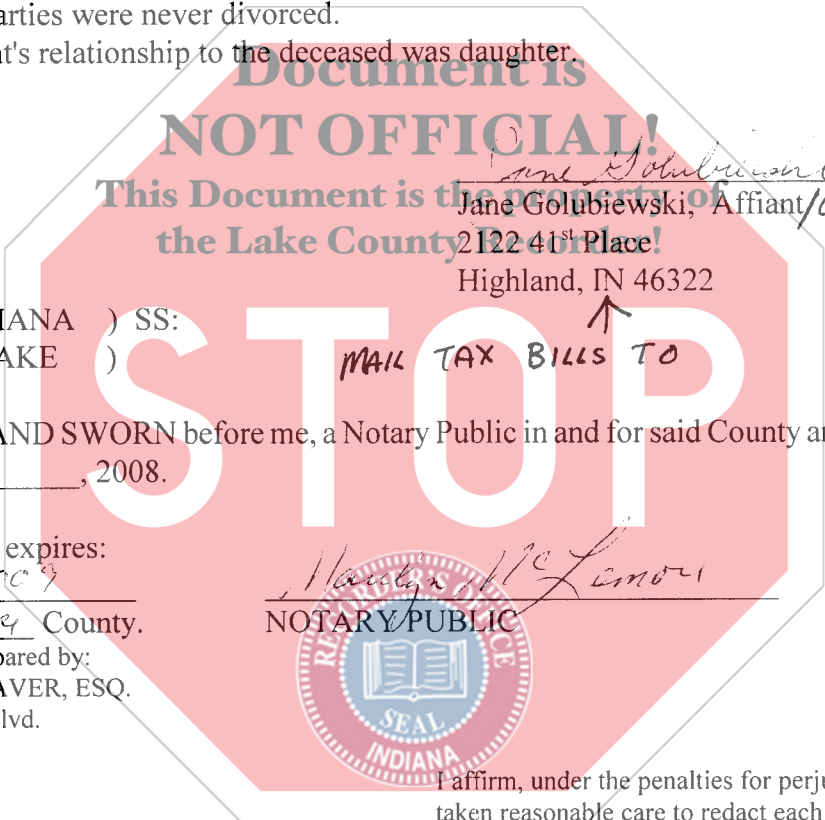
RECORDED

ON THIS 19 DAY OF April, 2008, personally appeared Jane Golubiewski, the affiant, who being duly sworn her upon oath, did say that:

1. Affiant resides at the address given below Affiant's signature;
2. The premises known as 2122 41<sup>st</sup> Place, Highland, Indiana, were formerly owned as tenants by the entireties by Edward Golubiewski and Mary E. Golubiewski.
4. Said Edward Golubiewski died intestate on the 30<sup>th</sup> day of April, 2000.
5. The legal description of the said premises in question is:

Lot Sixteen (16), Unit Three (3), Meadows 3<sup>rd</sup> Addition to the Town of Highland, Lake County, Indiana, as shown in Plat Book 44, page 77. **KEY #16-27-0421-0016**

6. To the best of affiant's knowledge, there is no Federal or State estate or inheritance tax liability by reason of the death of said decedent.
7. The parties were never divorced.
8. Affiant's relationship to the deceased was daughter.



Jane Golubiewski  
Jane Golubiewski, Affiant/GRANTEE  
2122 41<sup>st</sup> Place!  
Highland, IN 46322

STATE OF INDIANA ) SS:  
COUNTY OF LAKE )

SUBSCRIBED AND SWORN before me, a Notary Public in and for said County and State, this 19<sup>th</sup> day of April, 2008.

My Commission expires: 6/23/2009

Resident of Lake County.

This instrument prepared by:  
BARBARA M. SHAVER, ESQ.  
9013 Indianapolis Blvd.  
Highland, IN 46322  
219/838-9200

Barbara M. Shaver  
NOTARY PUBLIC



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.

Barbara M. Shaver

**FILED**

JUN - 3 2008

005999

PEGGY HOLINGA KATONA  
LAKE COUNTY RECORDER

*Handwritten notes:*  
add  
14.00  
3004FF

\* 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. 102500

#200537

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT  
IN  
PERMANENT  
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First, Middle, Last) <b>EDWARD GOLUBIEWSKI</b>		2 SEX <b>Male</b>	3a. TIME OF DEATH <b>1:10 P.M.</b>	3b. DATE OF DEATH (Month, Day, Yr) <b>April 30, 2000</b>	
4. *SOCIAL SECURITY NUMBER <b>314-05-0401</b>	5a. AGE—Last Birthday (Years) <b>81</b>	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr) <b>Sept. 17, 1918</b>	
7 BIRTHPLACE (City and State or Foreign Country) <b>Chicago, Illinois</b>	8a. WAS DECEDENT A U.S. VETERAN? <b>No</b>				
8b. YEAR LAST SERVED IN U.S. ARMED FORCES? <b>None</b>		9a. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER: <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence			
9b. FACILITY NAME (If not institution, give street and number) <b>2122 - 41st Place</b>		9c. CITY, TOWN OR LOCATION OF DEATH <b>Highland</b>	9d. COUNTY OF DEATH <b>Lake</b>		
10 MARITAL STATUS (Specify) <b>Married</b>	11 SURVIVING SPOUSE (If wife, give maiden name) <b>Mary E. Madras</b>	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Machinist</b>	12b. KIND OF BUSINESS/INDUSTRY <b>Steel</b>		
13a. RESIDENCE—STATE <b>Indiana</b>	13b. COUNTY <b>Lake</b>	13c. CITY, TOWN OR LOCATION <b>Highland</b>	13d. STREET AND NUMBER <b>2122 - 41st Place</b>		
13e. ZIP CODE <b>46322</b>	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	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) <b>White</b>	
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>12</b> College (1-4 or 5+) <b></b>		18 FATHER'S NAME (First, Middle, Last) <b>Waclaw Golubiewski</b>			
19 MOTHER'S NAME (First, Middle, Maiden Surname) <b>Helen Cebelinski</b>		20a. INFORMANT'S NAME (Type/Print) <b>Jane Golubiewski</b>			
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>9000 S. Las Vegas Blvd, Las Vegas, NV 89123</b>		20c. Relationship <b>Daughter</b>			
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <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) <b>May 4, 2000 Holy Cross Cemetery</b>		21c. LOCATION—City or Town, State <b>Calumet City, Illinois</b>	
22a. EMBALMER'S NAME <b>Larry D. Anthony</b>		22b. EMBALMER'S LICENSE NO. <b>01001447</b>	23. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Larry D. Anthony</i>		24b. LICENSE NUMBER (of Licensee) <b>01001447</b>	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>Anthony &amp; Dziadowicz F.H. #83002916 9445 Calumet Ave, Munster, IN 46321</b>		
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. <b>CONSCIOUS HEART FAILURE</b>					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. DUE TO (OR AS A CONSEQUENCE OF) _____			
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last		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 <b>DIABETES MELLITUS</b>					
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) <b>No</b>		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) <b>No</b>	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <b>No</b>		
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>Alexander S. Williams MD</i>		29c. MEDICAL LICENSE NO. <b>1027468</b>	29d. DATE SIGNED (Month, Day, Year) <b>May 1, 2000</b>		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>George T. Asteris, M.D., 2450 - 169th Street, Hammond, Indiana 46323</b>					
31. HEALTH OFFICER'S SIGNATURE <i>Alexander S. Williams MD</i>					
32. DATE FILED (Month, Day, Year) <b>May 5, 2000</b>					
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
		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.			