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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2008 045758

2008 JUN 24 AM 9:40

Commitment No. RT804034

MICHAEL A. BROWN
RECORDER

AFFIDAVIT OF TRUSTEE

STATE OF INDIANA)
)
COUNTY OF LAKE)

WE/I, Leonard Szczygiel Jr.
Sandra Koza, Steven Szczygiel, do hereby state under
oath that the following information is true and correct:

* Successor Trustees

That I am the designated ~~Trustee~~ of the trust indicated in the commitment named
above. That the trust has been in continuance existence since its inception. There are no
amendments, deletions or modifications to the trust agreement except as attached
herewith.

Further affiant sayeth naught.

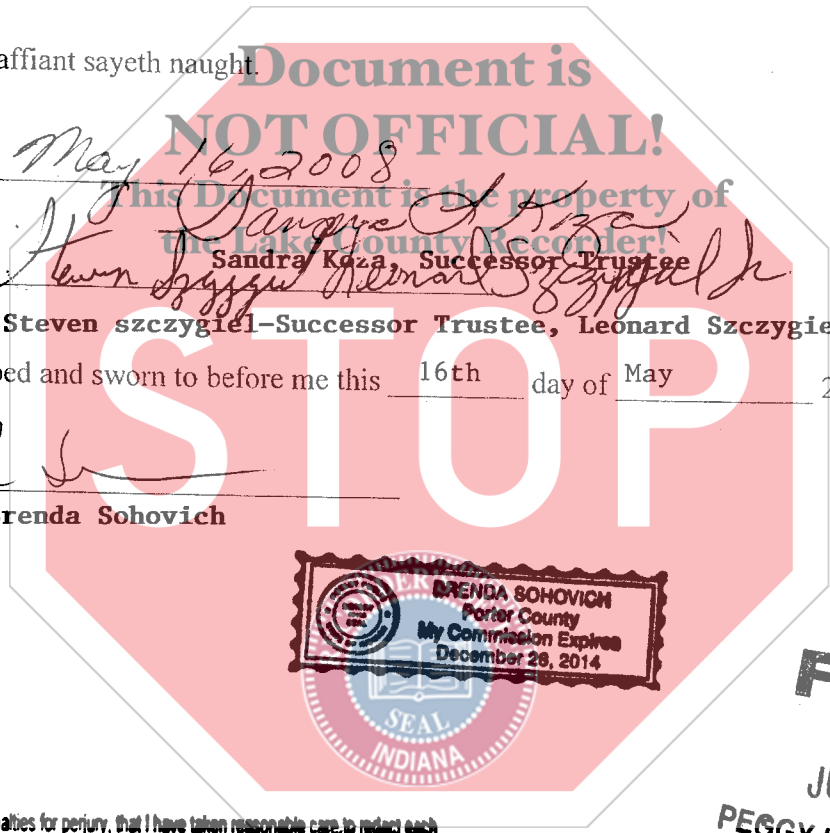
Dated: May 16, 2008

Signed: Sandra Koza, Successor Trustee
Steven Szczygiel, Leonard Szczygiel Jr.

Steven Szczygiel—Successor Trustee, Leonard Szczygiel Jr.—Successor Trustee

Subscribed and sworn to before me this 16th day of May 2008

Brenda Sohovich
Notary **Brenda Sohovich**



FILED

JUN 23 2008

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

15/CT/PB

I affirm, under the penalties for perjury, that I have taken reasonable care to reflect each
Social Security number in this document, unless required by law. [Signature]

010141

CHICAGO TITLE INSURANCE COMPANY

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**INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH**

Local No. 448-08

State No. _____

1. Decedent's Legal Name (First, Middle, Last) HENRIETTA SZCZYGIEL				1a. Maiden Last Name (If Female) SNIEGOCKI		2. Sex M FEMALE	3. Time Of Death 3:11 AM	4. Date Of Death (Month/Day/Year) MARCH 13, 2008				
5. Social Security Number 346-26-1097	6a. Age Yrs 74	6b. Under 1 Year Months	6c. Under 1 Month Days	6d. Under 1 Day Hours	6e. Under 1 Hour Minutes	7. Date Of Birth (Month/Day/Year) JUNE 27, 1933	8. Birthplace (City And State Or Foreign Country) CHICAGO, ILLINOIS					
9. Ever In U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>		10. If Death Occurred In A Hospital: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead On Arrival			10a. If Death Occurred Somewhere Other Than A Hospital: <input type="checkbox"/> Hospice Facility <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-Term Care Facility <input type="checkbox"/> Other (Specify)							
11. Facility Name (If Not Institution, Give Street And Number) 4224 JOHNSON AVENUE												
12. City Or Town, State, And Zip Code HAMMOND, INDIANA 46327				13. County Of Death LAKE		14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown						
15. Surviving Spouse's Name NONE			15a. (If Wife) Give Maiden Last Name N/A			16. Decedent's Usual Occupation HOMEMAKER		17. Kind Of Business/Industry OWN HOME				
18. Residence - State INDIANA			18a. County LAKE		18b. City Or Town HAMMOND		18c. Street And Number 4224 JOHNSON AVENUE		18d. Apt. No. N/A	18e. Zip Code 46327	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education Please select education level: 8 YEARS			20. Decedent Of Hispanic Origin NO			21. Decedent's Race WHITE						
22. Father's Name (First, Middle, Last) STANLEY SNIEGOCKI				23. Mother's Name (First, Middle, Last) EUGENIA SNIEGOCKI			23a. Mother's Maiden Last Name WASILEWSKI					
24. Informant's Name LEONARD SZCZYGIEL			24a. Relationship To Decedent SON		24b. Mailing Address (Street And Number, City, State, Zip Code) 4224 JOHNSON AVENUE, HAMMOND, INDIANA 46327							
25a. Method Of Disposition: <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify):		25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) MARCH 17, 2008 COMMUNITY CREMATION SERVICE			25c. Location - City, Town, And State SCHERERVILLE, INDIANA							
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility ANTHONY & DZIADOWICZ FUNERAL HOME			27a. Funeral Home License Number: 83002835			27b. License Number (Of Licensee) 01011911				
the Lake County Recorder!												
Cause Of Death (See Instructions And Examples)												
28. Part I. Enter The Chain Of Events—Diseases, Injuries, Or Complications—That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary.												
Immediate Cause (Final Disease Or Condition Resulting In Death) A. <u>Pancreatic cancer</u> Due To (Or As A Consequence Of):												
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. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I												
29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No										
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		32. If Female: <input checked="" type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year			33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined			37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
34. Date Of Injury (Month/Day/Year)		35. Time Of Injury		36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)			38a. City Or Town		38b. Street & Number		38c. Apt. No.	38d. Zip Code
38. Location Of Injury - State						39. Describe How Injury Occurred						
40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)												
41. Signature Of Person Certifying Cause Of Death <i>E.H. Geissler</i>						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer						
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: E.H. GEISLER D.O. 7134 CALUMET AVE., HAMMOND, INDIANA 46324						44. License Number 02000568A		45. Date Certified MARCH 13, 2008				
46. Additional Funeral Service Provider:						47. *Akas:						
48. Signature of Local Health Officer <i>Susan W. Best, D.O.</i>						49. For Registrar Only - Date Filed (Month/Day/Year) March 14, 2008						

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* 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

THIS CERTIFIES THE FOLLOWING IS A TRUE / COMPLETE COPY OF DEATH ON FILE WITH HAMMOND HEALTH DEPARTMENT.

Dec 1, 2000 Date Issued Franklin J. Premuda Hammond Health Commissioner

Local No. 952

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT IN PERMANENT BLACK INK

Form with fields for DECEASED NAME (LEONARD F. SZCZYGIEL, SR.), SEX (MALE), TIME OF DEATH (11:05 PM), DATE OF DEATH (NOVEMBER 29, 2000), SOCIAL SECURITY NUMBER (311-32-9174), AGE (67), DATE OF BIRTH (OCTOBER 31, 1933), BIRTHPLACE (EAST CHICAGO, INDIANA), FACILITY NAME (4224 JOHNSON AVENUE), CITY/TOWN (HAMMOND), COUNTY (LAKE), MARRIAGE STATUS (MARRIED), SURVIVING SPOUSE (HENRIETTA SNEGOCKI), DECEASED'S USUAL OCCUPATION (FOREMAN), KIND OF BUSINESS/INDUSTRY (STEEL COMPANY), RESIDENCE (INDIANA, LAKE, HAMMOND, 4224 JOHNSON AVENUE), ZIP CODE (46327), CITIZENSHIP (USA), RACE (WHITE), EDUCATION (1), FATHER'S NAME (LEONARD SZCZYGIEL), MOTHER'S NAME (JEANETTE PILARCZYK), INFORMANT (HENRIETTA SZCZYGIEL), MAILING ADDRESS (4224 JOHNSON AVENUE, HAMMOND, IN 46327), RELATIONSHIP (WIFE), METHOD OF DISPOSITION (Cremation), DATE AND PLACE OF DISPOSITION (DECEMBER 2, 2000, OAKLAND MEMORY LANES CREMATORY), LOCATION (DOLTON, ILLINOIS), EMBALMER'S NAME (KEITH D. ANTHONY), EMBALMER'S LICENSE NO. (01011911), SIGNATURE OF FUNERAL DIRECTOR (Keith D. Anthony), LICENSE NUMBER (01011911), NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME (ANTHONY & DZIADOVICZ FH 83002835, 4404 CAMERON, HAMMOND, IN 46327), IMMEDIATE CAUSE OF DEATH (carcinomatosis, metastatic squamous cell carcinoma), PART II Other significant conditions, CERTIFIER (Evan H. Geissler D.O.), MEDICAL LICENSE NO. (02000568), DATE SIGNED (11-30-2000), HEALTH OFFICER'S SIGNATURE (Franklin J. Premuda M.D.), DATE FILED (December 1, 2000), MANNER OF DEATH (Natural), DATE OF INJURY, TIME OF INJURY, INJURY AT WORK?, DESCRIBE HOW INJURY OCCURRED, PLACE OF INJURY, LOCATION, DATE PRONOUNCED DEAD, MOTOR VEHICLE ACCIDENT?

