

2008 045758

STATE OF INDIANA LAKE COUNTY FILED FOR RECOFD

2009 JUH 24 AH 9: 40

MICHAEL A. BROWN RECORDER

AFFIDAVIT OF TRUSTEE

Commitment No. RT804034

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

STATE OF INDIANA)
COUNTY OF LAKE)
WE/I, Sandra Koza, Steven Szczygiel, do hereby state under oath that the following information is true and correct: * Successor Trustees That I am the designated Trusted 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 ocument is
Dated: May 2008 Signed: Sandra Kaza, Successor Trustee Steven szczygiel-Successor Trustee, Leonard Szczygiel JrSuccessor Trustee
Subscribed and sworn to before me this 16th day of May 2008
Notary Brenda Sohovich
MRENDA SOHOVICH Porter County My Commiscion Expires December 26, 2014 JUN 2 3 2008 PEGGY 110
affirm, under the penalties for perjury, that I have taken reasonable care to reduct each PEGGV 119

010141

PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR



INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local N 1. Decedent's Legal Name (Fir		<u>80-2</u>	*******	I So Maide Lord N	lama (M.Famala)		State No)		•••••	
					en Last Name (If Female) 2. Sex			3. Time Of Deal		Of Death (Month/Day/Year)	
HENRIETTA 5. Social Security Number	SZCZY 6a. Age Yrs	6b. Under 1		Aonth 6d. Under 1 Day	I EGOCK I		M FEMALE Birth (Month/Day/Year)	3:11 AN 8. Birthplace (C		SH 13, 2008 Foreign Country)	
346-26-1097 9. Ever In U.S. Armed Forces	74	Months Death Occurred in A	Days	Hours JUNE 27, 1933 CHICAGO, ILLINOIS							
Yes No Unknown	_		ncy Department Outpatier	nt 🔲 Dead On Arrival	10a. If Death Occurred Somewhere Other Than A Hospital: ☐ Hospice Facility ★ Decedent's Home ☐ Nursing Home/Long- Term Care Facility ☐ Other (Specify)						
11. Facility Name (If Not Institu	ution, Give Stree	And Number)			<u> </u>						
4224 JOHNSON	AVENII	F.									
12. City Or Town, State, And 2					13. C	ounty Of Death		14. Marital S	Status At Time O	Death	
HAMMOND, INDIANA 46327 15. Surviving Spouse's Name				AF- WWE V	LAKI				☐ Never Man	Married, But Separated ☐ Divorced ☐ Unknown	
NONE				N/A				1	Of Business/Industry HOME		
18. Residence - State	18. Residence – State 18a. County					Or Town					
INDIANA			LAKE		Н	AMMOND					
18c. Street And Number					t		18d. Apt. No.	18e.	Zip Code	18f. Inside City Limits?	
4224 JOHNSON	AVENU	E	20 Deceded Of I	Ular and Cold de			N/A	. 4	6327	X□ Yes □ No	
19. Decedent's Education			20. Decedent Of I	Hispanic Origin NO		21. Decedent's Race	9				
Please select educati 22. Father's Name (First, Midd		8 YEARS	Please selec	t Hispanic origin, it		Please select i			da Molhare M	aiden Last Name	
	•	СИТ					IEGOCKI				
STANLEY SNIEGOCKI 24. Informant's Name 24a. Helationship to Decedent							T.E.GUCKI mber, City, State, Zip Code		ASILEW	SKI	
LEONARD SZC	ZYGIEL		SON		4224 J	OHNSON A	VENUE, HAM	MOND, I	NDIANA	46327	
25a. Method Of Disposition.		25b. F	Place Of Disposition (Nar	25. Plane Of Cemetery, Crematory	ace Of Disposi	tion 25c Location	n - City Town And State				
☐ Donation ☐ Entombment	☐ Burial XX Cre ☐ Removal Fron	n State MAR	CH 17, 20	80							
Other (Specify): 26. Was Coroner Contacted?	27.	Name And Comple	MUNITY CR ete Address Of Funeral F	EMATION SE	RATCE	SCHER	ERVILLE, I	INDIANA	27a Fun	eral Home License Number:	
X Yes □ No	AN	THONV S.	DZIADOUT	CZUFUNERAL	HOME					002835	
27b. Signature Of Indiana Fune							1 030 150	ense Number (Of L			
Kuth	Ant	ting	tne	Lake Cou	inty K	ecorae	01	011911			
			С	ause Of Death (See	Instruction	s And Example	s)				
Such As Cardiac Arrest, Hespiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On Interval									Approximate Interval: Onset		
Immediate Cause (Final Di		'	In Death	n Panc	reali	c con	cer			To Death	
Sequentially List Condition	s If Anv I ear	ling To The Cau		В.		A sA 1O) of euc	Consequence Of):				
Line A. Enter The Underly The Events Resulting In De	ing Cause (Di		That Initiated	С		Due To (Or As A	Consequence Of):	THE AROVE IS	A TRUE AN	D COMPLETE	
	outry Luci			Due To (Or As A COSSOURCE THE CERTIFIES THE CERTIFIES AND CORP. OF THE CERTIFIES AND CORP.				RINGATE OF	OVE IS A TRUE AND COMPLETE THE OF HEALTH ON FILE WITH THE THE DEPARTMENT		
Part II. Enter Other Significant C	Conditions Contri	buting To Death Bu		D. nderlying Cause Given In Pa	art I	29. Was An A	ANE COUNTY	V HEALTH OF	No		
				THE	R'C	30. Were Auto	ops Findings Available To	Compleie The Ca	Use Of Death?	☐ Yes ☒ No	
St. Did Tobacco Use Contribute	To Death?	32 H F		KI ORLL			33. Manner O	Demir-1	<u></u>		
Yes Probably No Unkn		□ Not F	Pregnant, But Pregnant 43 Day	Pregnant At Time Of Death ys To 1 Year Before Death	Unknown If Pregnant	Within The Past Year	Suicide D C	omicide 🏻 Accident i	Pending Investig	ation	
34. Date Of Injury (Month/Day/Y	earj	35. Im	ne Of Injury	36. Plac	ce Of Injury (E.G.,	Decedent's Home, Co	onstruction Site, Restauran	I, Wooded Area)	37.	Injury At Work?	
38. Location Of Injury - State		38a. Ci	ty Or Town	38b. Str	reet & Number	37		- 90c. Apt.	No. 38d.	Zip Code	
00.00				William .	MANA		<u>/</u>				
39 Describe How Injury Occurred	1							nsportation In			
41. Signature, Of Person Certify	ip()Cause Of De	ath d	$\widehat{\partial}$			42	Driver/Oper	rator 🗖 Passenger 🗖 ne)	Pedestrian D Othe	er (Specify)	
41000			XXCertitying Physician ☐ Coroner ☐ Health Officer								
43. Name, Address And Zip	Code Of Perso	n Certifying Caus	se Of Death:				C44. Lice	nse Number	45. Dat	le Certified	
E.H. GEISSLEF	D.O.	7134 (CALUMET AV	E., HAMMON	D, INDI	ANA 463	24 020	00568	A MAR	CH 13, 2008	
46. Additional Funeral Service P	rovider:						47. *Aka	is:	1		
48. Signature of Local Health Of	(icori	$\overline{}$	Kit	D.O.	49. For Regis	trar Only - Date Filed	(Month/Day/Year):				
•	Nusci	w u			Mo	nch 14	1,2000				
State Form 10110 (R7/9-07) ATTENT	ION ESTATE: The S	ocial Security # is being	requested by this state agency	y in order to pursue its statutory res	ponsibility. Disclosure	is voluntary and there will b	oe no penalty for refusal. THE RE	CORDS IN THIS SERI	S ARE CONFIDENT	FIAL PER IC 18-3 7-1-10	

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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.

Local No. 952

INDIANA STATE DEPARTMENT OF HEALTH

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

Grandler 9:00 permites

S Date Issued CERTIFICATE OF DEATH

Hammond Health Commissione THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10 DECEASED-NAME (First, Middle, Las 36 DATE OF DEATH (MA 3. TIME OF DEATH TYPE/PRINT net Day Yr I LEONARD F. SZCZYGIEL, 11:05 PM | NOVEMBER 29, 2000 MALE SR. IN 56 UNDER 1 YEAR Months Days 4. *SOCIAL SECURITY NUMBER Se AGE-Lest Birthday (Years) 5c UNDER 1 DAY 6 DATE OF BIRTH (Mo. Day, Yr) 7 BIRTHPLACE (City and State or Foreign Country) **PERMANENT** 311-32-9174 67 OCTOBER 31, 1933 EAST CHICAGO, INDIANA **BLACK INK** Be WAS DECEDENT A U.S VETERAN? 86 YEAR LAST SERVED IN US ARMED FORCES? 9e PLACE OF DEATH (Check only one. See instructions) HOSPITAL | Inpetio YES 1958 Residence ☐ ER/Outpetient ☐ DOA 9b. FACILITY NAME (If not instit 9c CITY, TOWN, OR LOCATION OF DEATH 9d COUNTY OF DEATH DECEDENT 4224 JOHNSON AVENUE HAMMOND LAKE 11. SURVIVING SPOUSE (If wife, give maiden na 10 MARITAL STATUS 126 KIND OF BUSINESS/INDUSTRY 12s DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life Do not use retired) HENRIETTA SNIEGOCKI MARRIED **FOREMAN** STEEL COMPANY 13e RESIDENCE-STATE 136 COUNTY 13c CITY TOWN OR LOCATION 13d STREET AND NUMBER INDIANA LAKE HAMMOND 4224 JOHNSON AVENUE 13e ZIP CODE 13f INSIDE CITY LIMITS | No 🕅 Yes 16 RACE—American Indian Black, White etc. 14 CITIZEN OF 17 DECEDENT'S EDUCATION WHAT COUNTRY (Specify only highest grade comp 13g ON A FARM? Mexican Puerto Rican etc.) (Specify) tary/Secondary (0-12) College (1-4 or 5 +) 46327 X No □ Yes USA WHITE 1 18 FATHER'S NAME (First Middle Last) 19 MOTHER'S NAME (First Middle, Maide **PARENTS** LEONARD SZCZYGIEL JEANETTE PILARCZYK INFORMANT'S NAME (Type/Print) 20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town State, Zip Code) **INFORMANT** 20c Relationship 4224 JOHNSON AVENUE, HAMMOND, HENRIETTA SZCZYGIEL IN 46327 WIFE 218 METHOD OF DISPOSITION | Emonts 21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or 21c LOCATION-City or Town State ☐ Buriel other place) DECEMBER 2, 2000 OAKLAND MEMORY LANES CREMATORY ☐ Donation Other (Specify) DOLTON, ILLINOIS 22ª EMBALMERS NAME DISPOSITION 226 EMBALMERS LICENSE NO 101011911 23 WAS DEATH REPORTED TO CORONER? KEITH D. ANTHONY □ No XXYes 248. SIGNATURE OF FUNERAL DIRECTOR 25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME
ANTHONY & DZIADOVICZ FH 83002835 TR D House 01011911 4404 CAMERON, HAMMOND, IN 46327 Enter the diseases, injuries, or co Interval Betwe Onset and Death carcinomalosis MMEDIATE CAUSE (Final DUE TO 10A AS A CONSEQUENCE OF DUE TO 10A AS A CONSEQUENCE OF CAUSE OF namous cell carcinoma Conditions, if any, which gave rise to the immediate cause, stating the underlying DUE TO (OR AS A CONSEQUENCE OF) PART It: Other significant conditions Conditions contributing to death but not previously stated in Part ! 27 WAS DECEDENT
PREGNANT OR 90 DAYS
POSTPARTUM?
(Yes or no)
NO 28e WAS AN AUTOPSY PERFORMED? (Yes or no) WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) 29a CERTIFIER CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date HEALTH OFFICER On the basis of examin CORONER On the basis of e Evan (O Leusle DO 29c MEDICAL LICENSE NO 29d DATE SIGNED (Month Day Year) CERTIFIER 11-30-2000 92000568 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 28) (Type/Print) 1200.) EVAN H. GEISSLER D.O. 7134 CALUMET AVENUE, HAMMOND, INDIANA 46324 HEALTH OFFICER'S SIGNATURE 1 anbler remu da 32 DATE FILED (Month Day Year) M,D **OFFICER** beember 3000 33 MANNER OF DEATH 340 DATE OF INJURY 34d DESCRIBE HOW INJURY OCCURRED (Month. Day, Year) INJURY (Yes or no) ☐ Naturat Pending Investigation Accident 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) Suicide Could not be Determined ☐ Homicide 4g DATE PRONOUNCED DEAD (Month, Day, Year)

34h MOTOR VEHICLE ACCIDENT? (Yes or no). If yes specify driver, pessenger, pedestrian, etc.