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2008 045912

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2008 JUN 24 AM 11:18

MICHAEL A. BROWN
RECORDER

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

A F F I D A V I T

EDNA DUDZIK, being first duly sworn upon her oath, states:

1. That she resides at 1725 Atchison Avenue, Whiting, Lake County, Indiana.

2. That she is the surviving widow of Thaddeus (Ted) Dudzik, who died a resident of Whiting, Lake County, Indiana on January 6, 2005.

3. That she is the surviving and exclusive owner of the following parcel of real property, which is located at 1725 Atchison Avenue, Whiting, Lake County, Indiana and legally described as:

Legal Description
Lot No. Twelve (12) and the South 15 feet of Lot No. Eleven (11), in Block 4, Central Park Addition to Whiting, Lake County, Indiana, as marked and laid down on he recorded plat of said Addition, as shown in the Recorder's Office of Lake County, Indiana, in Plat Book 5, Page 1

4. That Exhibit "A", attached hereto, is a true, correct and authentic copy of the death certificate of the aforesaid Thaddeus (Ted) Dudzik.

Document is
NOT OFFICIAL!
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the Lake County Recorder!
STOP
RECORDER'S OFFICE SEAL INDIANA

Edna Dudzik
EDNA DUDZIK

SUBSCRIBED and SWORN to before me, a Notary Public, this 28th day of April, 2008.

Commission Expires: February 10, 2015
Resident of Lake County, Indiana

KENNETH M. WILK, Notary

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.

KENNETH M. WILK

THIS INSTRUMENT PREPARED BY:
KENNETH M. WILK, Attorney at Law
3235 - 45th Street, Highland, Indiana 46322
219/924-2640

$13
CS
MC

FILED

JUN 24 2008

010523

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

The Social Security # is ... state agency in order to ... responsibility. Disclosure is ... will be no penalty for refusal.

ATTENTIO... being requir... pursue its ... voluntar...

10

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

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

Date Issued: Jan 10, 2004

Hammond Health Commissioner

-Ocal

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

PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED—NAME (First, Middle, Last)	2. SEX	3a. TIME OF DEATH	3b. DATE OF DEATH (Month, Day, Yr.)
THADDEUS (TED) DUDZIK	MALE	7:35A M	JANUARY 6, 2005

4. *SOCIAL SECURITY NUMBER	5a. AGE—Last Birthday (Years)	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr)	7. BIRTHPLACE (City and State or Foreign Country)
310-22-9763	79			SEPT. 14, 1925	WHITING, INDIANA

8a. WAS DECEDENT A U.S. VETERAN?	8b. YEAR LAST SERVED IN U.S. ARMED FORCES?	9a. PLACE OF DEATH (Check only one. See instructions.)
YES	1946	HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA — OTHER XX ☐ Nursing Home ☐ Other (Specify) ☐ Residence

9b. FACILITY NAME (If not institution, give street and number)	9c. CITY, TOWN, OR LOCATION OF DEATH	9d. COUNTY OF DEATH
HAMMOND-WHITING CARE CENTER	HAMMOND	LAKE

10. MARITAL STATUS (Specify)	11. SURVIVING SPOUSE (If wife, give maiden name)	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	12b. KIND OF BUSINESS/INDUSTRY
MARRIED	EDNA SZYMANSKI	TRAFFIC SAFETY CONSUL.	NATIONAL HWY. SAFETY

13a. RESIDENCE—STATE	13b. COUNTY	13c. CITY, TOWN, OR LOCATION	13d. STREET AND NUMBER
INDIANA	LAKE	WHITING	1725 ATCHISON AVENUE

13e. ZIP CODE	13f. INSIDE CITY LIMITS	13g. ON A FARM?	14. CITIZEN OF WHAT COUNTRY?	15. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16. RACE—American Indian, Black, White, etc. (Specify)	17. DECEDENT'S EDUCATION (Specify only highest grade completed)	
						Elementary/Secondary (0-12)	College (1-4 or 5+)
46394	XX No ☐ Yes	XX No ☐ Yes	U.S.A.	XX No ☐ Yes	WHITE		4

PARENTS

18. FATHER'S NAME (First, Middle, Last)	19. MOTHER'S NAME (First, Middle, Maiden Surname)
JOHN DUDZIK	ROSE GIBALA

INFORMANT

20a. INFORMANT'S NAME (Type/Print)	20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	20c. Relationship
MRS. EDNA DUDZIK	1725 ATCHISON, WHITING, IN 46394	WIFE

DISPOSITION

21a. METHOD OF DISPOSITION	21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	21c. LOCATION—City or Town, State
XX Burial ☐ Cremation ☐ Entombment ☐ Removal from State ☐ Donation ☐ Other (Specify)	JANUARY 10, 2005 HOLY CROSS CEMETERY	CALUMET CITY, ILL.

22a. EMBALMER'S NAME:	22b. EMBALMER'S LICENSE NO.	23. WAS DEATH REPORTED TO CORONER?
HENRY J. BLAKE	FDE01019406	XX No ☐ Yes

24a. SIGNATURE OF FUNERAL DIRECTOR	24b. LICENSE NUMBER (of Licensee)	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME
Martin A. Baran	FDE01019456	BARAN & SON, INC., FDH83007267 1235-119TH, WHITING, IN 46394

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CAUSE OF DEATH

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.

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Terminal Metastatic Cancer	2 months
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: CA Prostate, COPD, HTN

27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no)	28a. WAS AN AUTOPSY PERFORMED? (Yes or no)	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)
N/A	NO	N/A

CERTIFIER

29a. CERTIFIER (Check only one)

XX ☐ CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated.

☐ 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.

☐ 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	29c. MEDICAL LICENSE NO.	29d. DATE SIGNED (Month, Day, Year)
	01034865	JAN. 6, 2005

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)

MAHENDRA A. PATEL, M.D., 835-169TH STREET, HAMMOND, INDIANA 46324

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE	32. DATE FILED (Month, Day, Year)
	January 10, 2005

33. MANNER OF DEATH	34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)	34d. DESCRIBE HOW INJURY OCCURRED
☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide				

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.

SDH06-004 State Form 10110 (R5/1-99)