3

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2008 AUG 26 AM 8:57

MICHAEL A. BROWN
RECORDER

COMMERCIAL LAND TITLE INSURANCE CO.

2008 060256

IL

STATE OF ~~INDIANA~~)
)SS:
COUNTY OF Cook)

DECEASED JOINT TENANT AFFIDAVIT

DATE: 3-25-08

COMMITMENT NO: I8-80410

RUTH E. MOTYKA, being first duly sworn, for the purpose of inducing COMMERCIAL LAND TITLE INSURANCE CO., to issue its title insurance policy covering the land described in the above captioned commitment, deposes and says:

1. That she resides at: 2624 BUCHANAN STREET, CROWN POINT INDIANA 46307 That she was A JOINT TENANT with DANIEL J. MOTYKA who died on MARCH 26, 2006, as evidenced by the attached certified copy of the death certificate.

2. That said decedent was one of the owners of the land described in the above captioned commitment.

3. That said decedent died:
   3-26-06 Leaving no Last Will and Testament.
   _____ Leaving a Last Will and Testament, a copy of which is attached.

4. That the total value of said decedent's estate for State of Illinois Inheritance Tax/Estate Tax and Federal Estate Tax purpose does not exceed $_____

Ruth E Motyka
RUTH E MOTYKA

Subscribed and Sworn to
before me this 25 day
of March, 2008.

Commercial Land Title Insurance Co.
134 N. LaSalle, Suite 2000
Chicago, IL 60602

H. Dean Hamra
NOTARY H. Dean Hamra

OFFICIAL SEAL
H DEAN HAMRA
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:06/20/11

Grantee Address:
12624 Buchanan Street
Crown Point, IN 46307

LC
SN

3 ct 002991
15.00
VH
PB
11.

1 of 4
I8-80410

* ATTENTION ESTATE: Disclosure of the SS# we ne[ed] to pursue your responsibilities is volunt[ary] and there will be no penalty for refusal.

Local No. 848-06

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.....

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

TYPE/PRINT IN PERMANENT BLACK INK

1. DECEASED - NAME (First, Middle, Last)			2. SEX	3a. TIME OF DEATH	3b. DATE OF DEATH (Month, Day, Yr.)
DANIEL	JOSEPH	MOTYKA	Male	4:51 AM	March 29, 2006

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)
	73			November17,1932	CHICAGO Illinois

8a. WAS DECEDENT A U.S. VETERAN?	8b. YEAR LAST SERVED IN U.S. ARMED FORCES?	PLACE OF DEATH (Check only one See instructions)
No	N/A	HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA — OTHER ☐ Nursing Home ☐ Other (Specify) ☒ Residence

DECEDENT

9b. FACILITY NAME (If not institution, give street and number)	9c. CITY, TOWN, OR LOCATION OF DEATH	9d. COUNTY OF DEATH
12624 BUCHANAN STREET	CROWN POINT	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	RUTH E. IDDINGS	FAM.PRACTICE & EMER.MEDICAL PHYSICIAN	MEDICAL

13a. RESIDENCE - STATE	13b. COUNTY	13c. CITY, TOWN OR LOCATION	13d. STREET AND NUMBER
Indiana	LAKE	CROWN POINT	12624 BUCHANAN STREET

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+)
46307	☐ No ☒ Yes	☒ No ☐ Yes	USA	☒ No ☐ Yes	White	12	5+

PARENTS

18. FATHER'S NAME (First, Middle, Last)	19. MOTHER'S NAME (First, Middle, Maiden Surname)
JOSEPH L. MOTYKA	FRANCES NYTKO

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
RUTH E. MOTYKA	12624 BUCHANAN STREET, CROWN POINT, IN	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
☒ Burial ☐ Cremation ☐ Entombment ☐ Removal from State ☐ Donation ☐ Other (Specify)	April 3, 2006 Calumet Park Cemetery	Merrillville, Indiana

22a. EMBALMER'S NAME	22b. EMBALMER'S LICENSE NO.	23. WAS DEATH REPORTED TO CORONER?
TERRENCE P. BURNS	1013890	☒ No ☐ Yes

24a. SIGNATURE OF FUNERAL DIRECTOR	24b. LICENSE NUMBER (of Licensee)	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME
James F. Burns	FD01009461	BURNS FUNERAL HOME FH83002445 10101 Broadway, Crown Point, Indiana

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.

IMMEDIATE CAUSE (Final disease or condition resulting in death)		Approximate Interval Between Onset and Death
a.	Congestive Heart Failure / Pulmonary Edema	2 week
b. DUE TO (OR AS A CONSEQUENCE OF):	CARDIOMYOPATHY	10 year
Conditions, if any, which gave rise to the immediate cause stating the underlying cause last		
c. DUE TO (OR AS A CONSEQUENCE OF):	END STAGE Renal Failure	1 year
d.		

PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I: Poly Neuropathy

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)
No	No	No

CERTIFIER

29a. CERTIFIER (Check only one)

- ☒ 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)
[signature]	01057614	4/5/06

HEALTH OFFICER

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)	31. HEALTH OFFICER'S SIGNATURE	32. DATE FILED (Month, Day, Year)
VENKAT VAVILALA 8668 BROADWAY, MERRILLVILLE, IN 46410	Susan W Burt D.O.	April 5, 200

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 ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be Determined				

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.
March 29, 2006	

SDH05-004 State Form 10110 (R4/3-93) Deathcer/PD 1

LAWYERS TITLE INSURANCE CORPORATION

Commitment Number: I8-80410

SCHEDULE C
PROPERTY DESCRIPTION

The land referred to in this Commitment is described as follows:

LOT 25 IN HOLIDAY CREEK UNIT NO. 4, AS SHOWN IN PLAT BOOK 40, PAGE 83, IN LAKE COUNTY, INDIANA

PIN # 03-07-0259-0010

CKA: 12624 BUCHANAN STREET, CROWN POINT INDIANA 46307