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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2008 061603

2008 SEP -2 AM 8:56

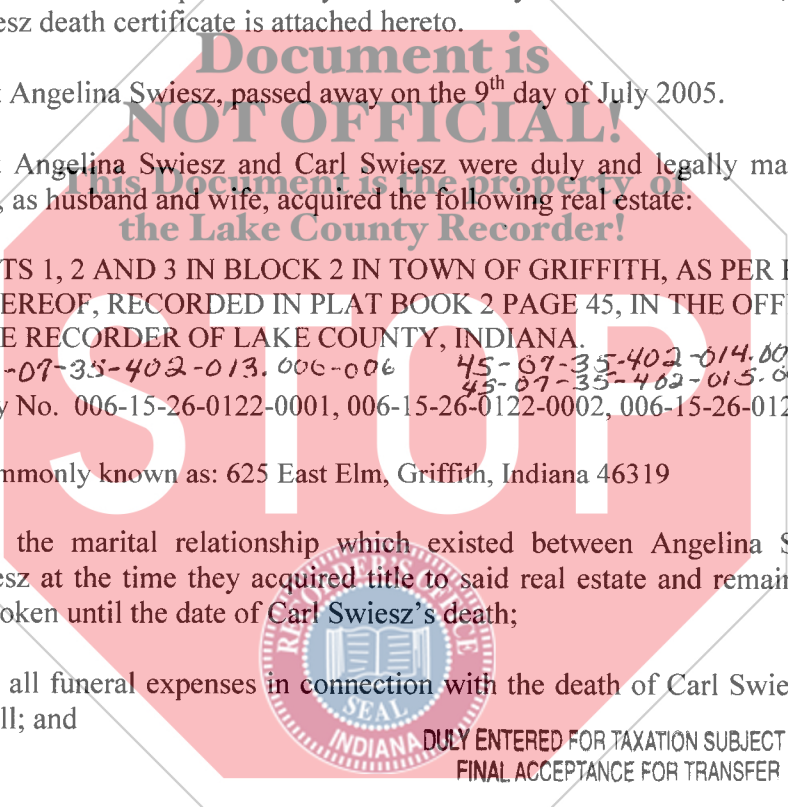
MICHAEL A. BEOWN
RECORDER

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

SURVIVORSHIP AFFIDAVIT

Theresa Alfaro and Sally Latia, this 19 day of August, 2008,
being first duly sworn upon oath, state as follows:

1. That each of the undersigned is a Co-Personal Representative of the Estate of Angelina Swiesz, deceased, as well as a sister of Angelina Swiesz and Carl Swiesz, deceased;
2. That Carl Swiesz passed away on the 6th day of December 1998; A copy of Carl Swiesz death certificate is attached hereto.
3. That Angelina Swiesz, passed away on the 9th day of July 2005.
4. That Angelina Swiesz and Carl Swiesz were duly and legally married at the time they, as husband and wife, acquired the following real estate:
 LOTS 1, 2 AND 3 IN BLOCK 2 IN TOWN OF GRIFFITH, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 2 PAGE 45, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.
 45-07-35-402-013.000-006 45-07-35-402-014.000-006
 45-07-35-402-015.000-006
 Key No. 006-15-26-0122-0001, 006-15-26-0122-0002, 006-15-26-0122-0003
 Commonly known as: 625 East Elm, Griffith, Indiana 46319
5. That the marital relationship which existed between Angelina Swiesz and Carl Swiesz at the time they acquired title to said real estate and remained in effect and unbroken until the date of Carl Swiesz's death;
6. That all funeral expenses in connection with the death of Carl Swiesz has been paid in full; and



DULY ENTERED FOR TAXATION SUBJECT TO
FINAL ACCEPTANCE FOR TRANSFER

AUG 28 2008

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15TI
PB

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

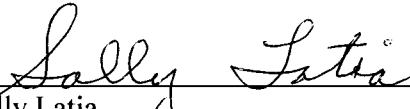
BURNET TITLE

TICOR TITLE - HIGHLAND 080062431

7. That neither the estate of Angelina Swiesz or Carl Swiesz necessitated the filling of a Federal Estate Tax Return.

FURTHER AFFIANT SAYETH NOT.


Theresa Alfaro



Sally Latia

STATE OF INDIANA)
) SS:
COUNT OF LAKE)

19 Subscribed and sworn to before me, a Notary Public, in and for said County and State, this day of August, 2008.

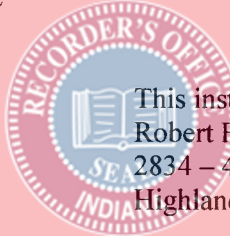
My commission expires: _____
Notary Public 

Resident of Lake

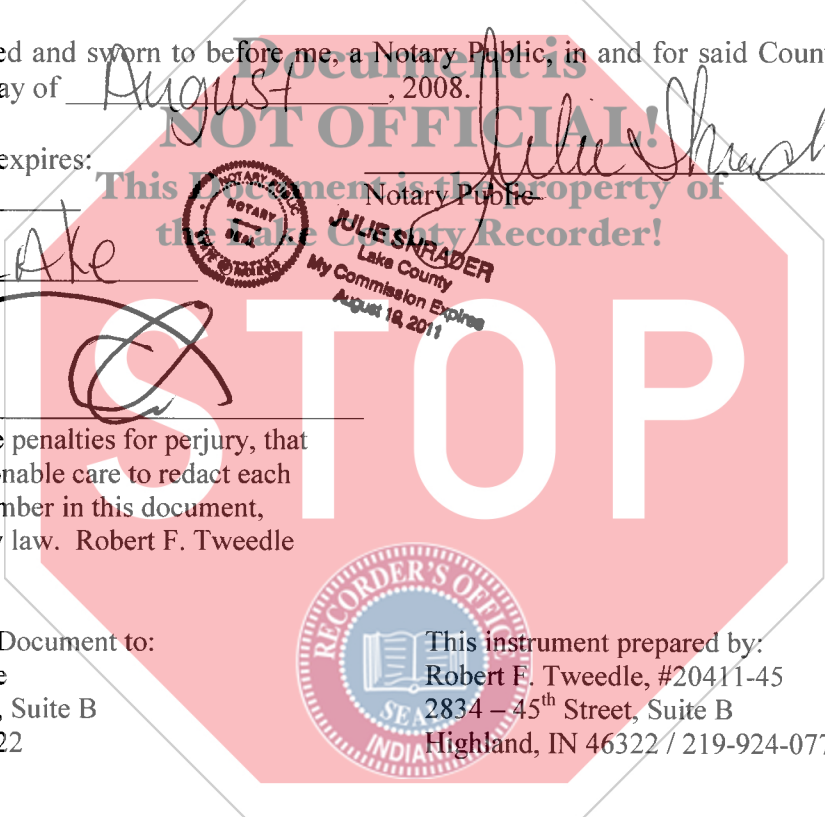

JULIE SHRADER
Lake County
My Commission Expires
August 18, 2011

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. Robert F. Tweedle

Return Recorded Document to:
Robert F. Tweedle
2834 - 45th Street, Suite B
Highland, IN 46322


RECORDER'S OFFICE
SEAL
INDIANA

This instrument prepared by:
Robert F. Tweedle, #20411-45
2834 - 45th Street, Suite B
Highland, IN 46322 / 219-924-0770



* 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. 2685-98

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

257875
TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED—NAME (First, Middle, Last) Carl P. Swiesz		2. SEX Male	3a. TIME OF DEATH 11:05 P M	3b. DATE OF DEATH (Month, Day, Yr) December 6, 1998
4. *SOCIAL SECURITY NUMBER	5a. AGE—Last Birthday (Years) 81	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr) August 30, 1917
7. BIRTHPLACE (City and State or Foreign Country) Chicago, Illinois	8a. WAS DECEDENT A U.S. VETERAN? Yes			
8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1946		9a. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) Residence		
9b. FACILITY NAME (If not institution, give street and number) 625 East Elm		9c. CITY, TOWN, OR LOCATION OF DEATH Griffith	9d. COUNTY OF DEATH Lake	
10. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Angelina Alfaro	12a. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Supervisor	12b. KIND OF BUSINESS/INDUSTRY Furniture Store	
13a. RESIDENCE—STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION Griffith	13d. STREET AND NUMBER 625 East Elm	
13a. ZIP CODE 46319	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? U.S.A.	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) White
17. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 11 College (1-4 or 5 +)		18. FATHER'S NAME (First, Middle, Last) Andrew Swiesz		
19. MOTHER'S NAME (First, Middle, Maiden Surname) Laura Samborski		20a. INFORMANT'S NAME (Type/Print) Angelina Swiesz		
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 625 E. Elm Griffith, Indiana 46319		20c. Relationship Spouse		
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) December 9, 1998 Catholic Cemeteries		21c. LOCATION—City or Town, State Hammond, Indiana
22a. EMBALMER'S NAME Leonard G. Gregorczyk		22b. EMBALMER'S LICENSE NO. FDO8800305		23. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
24a. SIGNATURE OF FUNERAL DIRECTOR <i>CA. Krueger</i>		24b. LICENSE NUMBER (of licensee) FDO1014511	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Kuiper Funeral Home 9039 Kleinman Road Highland, Indiana 46322 FH83007500	
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. DEATH ON FILE WITH THE STATE HEALTH DEPARTMENT IMMEDIATE CAUSE (Final DEPT. disease or condition resulting in death) Congestive Heart Failure DUE TO (OR AS A CONSEQUENCE OF): CORONARY HEART DISEASE DEC 08 1998 HYPERTENSION DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): PART II. Other significant conditions. Conditions contributing to death but not previously stated in Part I				
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) No		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) No	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) Not Applicable	
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>James Cautokwa MD</i>		29c. MEDICAL LICENSE NO. 010437161	29d. DATE SIGNED (Month, Day, Year) 12-7-98	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) DR JAMES CAUTOKWA 837 Kennedy Highland, IN 46322				
31. HEALTH OFFICER'S SIGNATURE <i>Alexander St. Thomas MD</i>				32. DATE FILED (Month, Day, Year) December 8, 1998
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.		