

4



# Chicago Title Insurance Company

SURVIVORSHIP AFFIDAVIT 620083660

On this 8/8/08 before me personally appeared \_\_\_\_\_  
(insert date) MARGARET A. OBYENSKI

2008 061903

to me personally known, who being duly sworn on oath did say that:

1. Affiant resides at the address given below affiant's signature:
2. Affiant is OWNER  
(state interest of affiant in the above premises as "owner", "son of owner", etc.)
3. Said premises were formerly owned as joint tenants or as tenants by the entireties by JOE V. OBYENSKI and MARGARET A. OBYENSKI

4. Said JOE V. OBYENSKI  
(fill in name of co-tenant who died)  
died on 9-14-1983  
leaving NO will;  
(insert "a" or "no"; if will left, attach a copy)

5. The legal description of the premises in question is:

6. Is there Federal or State inheritance tax liability by reason of the death of said decedent?  Yes  No

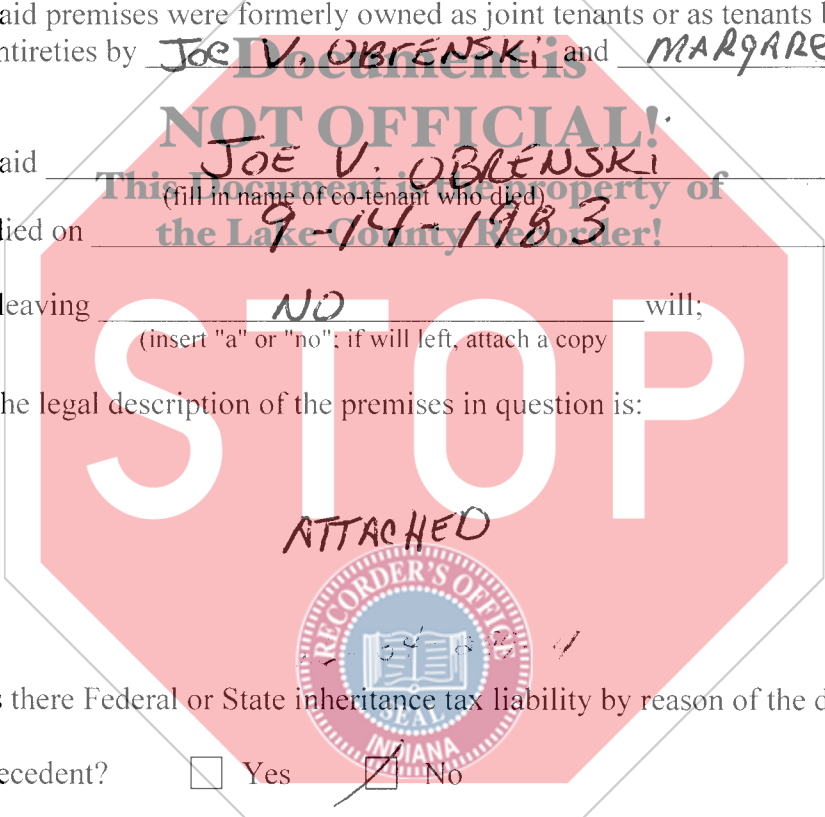
If yes, then estimated taxes due are \$ —

**FILED** The taxes due are  paid or  unpaid..

SEP - 2 2008

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

13492



Handwritten initials and marks on the right side of the page.

7. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced? NO

(If answer is "Yes" , identify the divorce proceedings:

— ):

8. Affiant's relationship to the deceased was SPOUSE

Signature: Margaret A. Obrenski

Printed Name MARGARET A. OBRENSKI

Address: \_\_\_\_\_

Subscribed and sworn to before me by the affiant

This 8/08/08  
(insert date)

Notary Public

Printed Name \_\_\_\_\_

My County of Residence is: \_\_\_\_\_

In the State of \_\_\_\_\_

My Commission Expires \_\_\_\_\_

This instrument prepared by MARGARET A. OBRENSKI

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. Kevin Zaremba

No: 620083660

## LEGAL DESCRIPTION

Lot 4, in Resubdivision of Block 3 of Lake Shore Subdivision No. 1, to the City of Hammond, as per plat thereof, recorded in Plat Book 27 page 100, in the Office of the Recorder of Lake County, Indiana.



TYPE OR PRINT  
PLAINLY WITH  
UNFADING INK  
THIS IS A  
PERMANENT  
RECORD

Below for State Office Use

- A \_\_\_\_\_
- B \_\_\_\_\_
- C \_\_\_\_\_
- D \_\_\_\_\_
- E \_\_\_\_\_
- F \_\_\_\_\_
- G \_\_\_\_\_
- H \_\_\_\_\_
- I \_\_\_\_\_
- J \_\_\_\_\_
- K \_\_\_\_\_
- L \_\_\_\_\_
- M \_\_\_\_\_
- N \_\_\_\_\_
- O \_\_\_\_\_
- P \_\_\_\_\_
- Q \_\_\_\_\_
- R \_\_\_\_\_
- S \_\_\_\_\_
- T \_\_\_\_\_
- U \_\_\_\_\_
- V \_\_\_\_\_
- W \_\_\_\_\_
- X \_\_\_\_\_
- Y \_\_\_\_\_
- Z \_\_\_\_\_

Disposition Permit Issued /
Provisional Certificate
Yes <input type="checkbox"/> No <input type="checkbox"/>

EMBALMER'S NAME \_\_\_\_\_ LICENSE No. 667  
 FUNERAL DIRECTOR'S SIGNATURE David D. Foyich FUNERAL DIRECTOR'S LICENSE No. 1523  
 FUNERAL HOME No. 727

Local No. 423

INDIANA STATE BOARD OF HEALTH  
CORONER'S CERTIFICATE OF DEATH

State No. \_\_\_\_\_  
September 14, 1983

1 DECEASED NAME <b>JOE V. OBRENSKI</b>		2 SEX <b>Male</b>		3 DATE OF DEATH (MONTH DAY YEAR) <b>September 14, 1983</b>	
4 RACE <b>White</b>		5 AGE (Last Birthday) <b>63</b>		6 DATE OF BIRTH (MM DAY YEAR) <b>4/19/1920</b>	
7a CITY, TOWN OR LOCATION OF DEATH <b>East Chicago</b>		7b HOSPITAL OR OTHER INSTITUTION (Name of hospital, post office and number) <b>142nd &amp; Railroad Avenues</b>		7c IF "HOSP" OR "INST" INCLUDES DOA OF _____	
8 STATE OF BIRTH IN U.S.A. <b>Indiana</b>		9 CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		10 MARRIED, NEVER MARRIED, MARRIED, DIVORCED (Date) <b>Married</b>	
11 SOCIAL SECURITY NUMBER <b>309-14- [REDACTED]</b>		12 USUAL OCCUPATION (Give name of work done during last year) <b>Retired operator</b>		13 SURVIVING SPOUSE (If with give maiden name) <b>Margaret Hmlurovic</b>	
14a RESIDENCE - STATE <b>Indiana</b>		14b CITY, TOWN OR LOCATION <b>Whiting</b>		14c KIND OF BUSINESS OR INDUSTRY <b>AMOCO OIL CO.</b>	
15a STREET AND NUMBER <b>2612 Birch Avenue</b>		15b IS RESIDENCE ON A FARM? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		15c INSIDE CITY LIMITS (SPLIT YES OR NO) <b>Yes</b>	
16 FATHER NAME <b>Walter Obrenski</b>		17 MOTHER NAME <b>Antonette Sulkowski</b>		18 MARRIAGE ADDRESS (Street, City, State) <b>2612 Birch Ave., Whiting, Indiana 46394</b>	
19a BIRTH DATE <b>Sept. 17, 1982</b>		19b BIRTH PLACE <b>Dorcia</b>		19c BIRTH STATE <b>Indiana</b>	
20a NAME AND ADDRESS OF CERTIFIER <b>Daniel D. Thomas, M.D., 2293 North Main St., Crown Point, IN. 46307</b>		20b DATE SIGNED <b>9-16-83</b>		20c HOUR OF DEATH <b>4:31 P.M.</b>	
21 HEALTH OFFICER SIGNATURE <u>[Signature]</u>		21a PROMOUNCED DEAD (MM DAY YEAR) <b>9-14-83</b>		21b AT _____	
22a AMERICAN INDIAN		22b DATE RECEIVED BY LOCAL HEALTH OFFICER <b>9-19-83</b>		22c INTERNAL BETWEEN DEATH AND DEATH	
23 PART I (a) Third degree burns of entire body; Right hemothorax; Multiple fracture of ribs; Skull fracture		23b INTERNAL BETWEEN DEATH AND DEATH		23c INTERNAL BETWEEN DEATH AND DEATH	
24 PART II (a) Due to auto accident		24a AUTOBIOGRAPHIC COMMENTS (Conditions contributing to death but not considered in cause given in Part I.)		24b AUTOBIOGRAPHIC COMMENTS (Conditions contributing to death but not considered in cause given in Part I.)	
25 ACC. SOURCE HOW, UNDET. OR FADING INVEST. STATE <b>Accident</b>		25a DATE OF INJURY (MM DAY YEAR) <b>9/14/83</b>		25b HOUR OF INJURY <b>M</b>	
26a PLACE OF INJURY (Give street, city, town or location) <b>Street</b>		26b DESCRIBE HOW INJURY OCCURRED <b>Auto accident</b>		26c LOCATION (Street, City, Town) <b>142nd &amp; Railroad Aves., E. Chicago, IN</b>	
27 CAUSE		27a		27b	

