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2008 SEP 4 TH 9:10
RECORDED

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

AFFIDAVIT OF SURVIVORSHIP

Comes now Chester J. Szostek, and upon being duly sworn does attest and say:

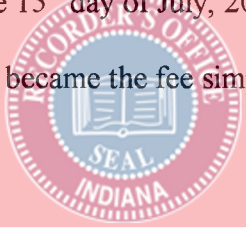
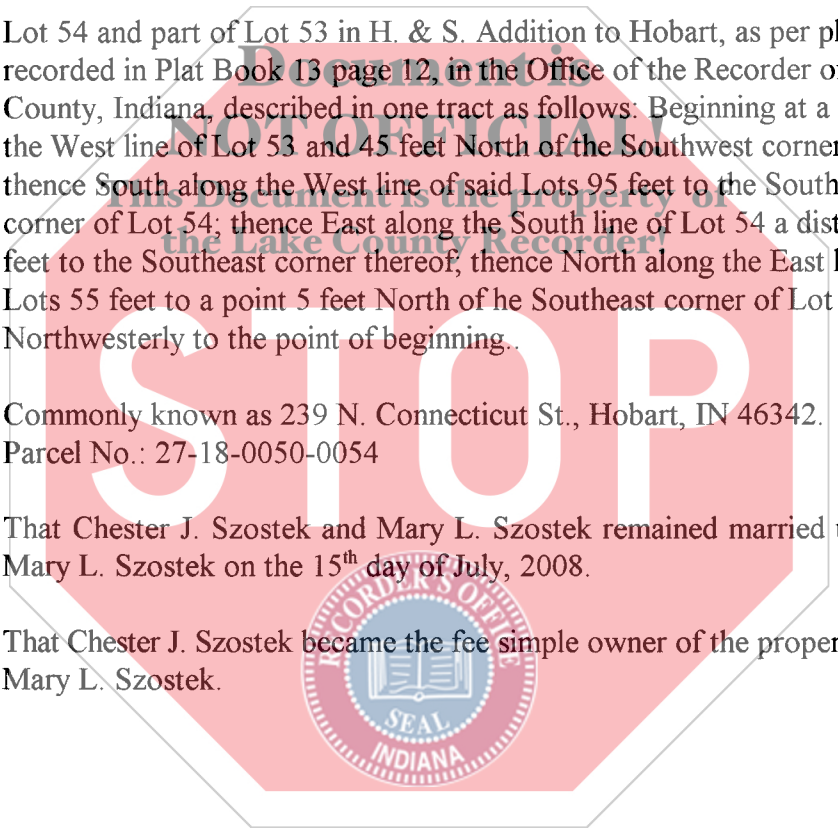
- 1. That the affiant is the spouse of Mary L. Szostek, deceased.
- 2. That Chester J. Szostek and Mary L. Szostek, acquired the following property as Husband and Wife during the term of their marriage.

Lot 54 and part of Lot 53 in H. & S. Addition to Hobart, as per plat thereof, recorded in Plat Book 13 page 12, in the Office of the Recorder of Lake County, Indiana, described in one tract as follows: Beginning at a point on the West line of Lot 53 and 45 feet North of the Southwest corner thereof; thence South along the West line of said Lots 95 feet to the Southwest corner of Lot 54; thence East along the South line of Lot 54 a distance of 160 feet to the Southeast corner thereof; thence North along the East line of said Lots 55 feet to a point 5 feet North of the Southeast corner of Lot 53; thence Northwesterly to the point of beginning.

GRANTED

Commonly known as 239 N. Connecticut St., Hobart, IN 46342.
Parcel No.: 27-18-0050-0054

- 3. That Chester J. Szostek and Mary L. Szostek remained married until the death of Mary L. Szostek on the 15th day of July, 2008.
- 4. That Chester J. Szostek became the fee simple owner of the property at the death of Mary L. Szostek.



FILED

SEP 04 2008

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

015577

\$15
c/c#
9799
(Signature)


I affirm under the penalties for perjury that the above and foregoing statements are true.


Chester J. Szostek

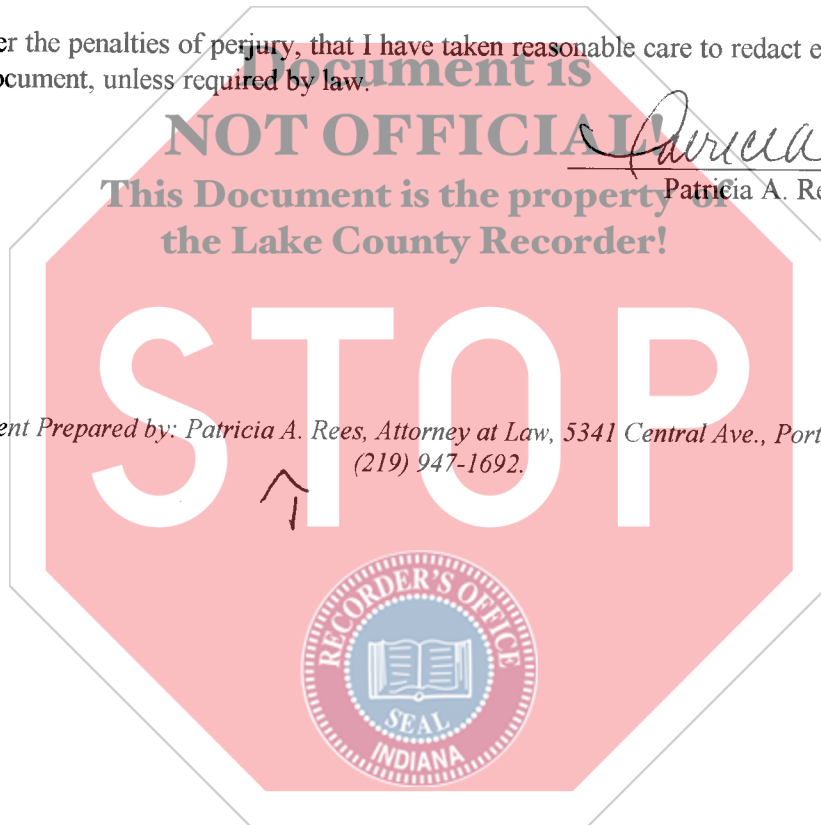
STATE OF INDIANA, COUNTY OF LAKE)SS:

Subscribed and sworn to before me this 3rd day of September, 2008.

My Commission
Expires: 3-25-2010


Patricia A. Rees, Notary Public
Resident of Lake County

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




Patricia A. Rees

*This Instrument Prepared by: Patricia A. Rees, Attorney at Law, 5341 Central Ave., Portage, IN 46368
(219) 947-1692.*

**INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH**



Local No.

State No.

1. Decedent's Legal Name (First, Middle, Last) Mary L. Szostek				1a. Maiden Last Name (If Female) Fall		2. Sex F	3. Time Of Death 7:00 a.m.	4. Date Of Death (Month/Day/Year) July 15, 2008	
5. Social Security Number 311-26-2686	6a. Age - Yrs 80	6b. Under 1 Year Months	6c. Under 1 Month Days	6d. Under 1 Day Hours	6e. Under 1 Hour Minutes	7. Date Of Birth (Month/Day/Year) April 18, 1928		8. Birthplace (City And State Or Foreign Country) Ashawnee, OK	
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>		10. If Death Occurred In A Hospital: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead On Arrival				10a. If Death Occurred Somewhere Other Than A Hospital: <input checked="" type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-Term Care Facility <input type="checkbox"/> Other (Specify)			
11. Facility Name (If Not Institution, Give Street And Number) VNA Horton Hospice									
12. City Or Town, State, And Zip Code Valparaiso, IN 46383					13. County Of Death Porter		14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		
15. Surviving Spouse's Name Chester Szostek			15a. (If Wife) Give Maiden Last Name ---		18. Decedent's Usual Occupation Homemaker		17. Kind Of Business/Industry Own Home		
18. Residence - State Indiana		18a. County Lake		18b. City Or Town Hobart					
18c. Street And Number 239 N. Connecticut						18d. Apt. No.	18e. Zip Code 46342	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education 12		20. Decedent Of Hispanic Origin No			21. Decedent's Race White				
22. Father's Name (First, Middle, Last) Charles Fall				23. Mother's Name (First, Middle, Last) Gladys Fall			23a. Mother's Maiden Last Name Lamphier		
24. Informant's Name Chester Szostek		24a. Relationship To Decedent Husband		24b. Mailing Address (Street And Number, City, State, Zip Code) 239 N. Connecticut, Hobart, IN 46342					
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify)		25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) Graceland Cemetery			25c. Location - City, Town, And State Valparaiso, IN				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Burns Funeral Home, 701 E. 7th St., Hobart, IN 46342					27a. Funeral Home License Number: FH 83002380		
27b. Signature Of Indiana Funeral Service Licensee: <i>James E. Burns</i>						27c. License Number (Of Licensee): FD01009461			
Cause Of Death (See Instructions And Examples)									
28. Part I. Enter The Chain Of Events—Diseases, Injuries, Or Complications—That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary.									
Immediate Cause (Final Disease Or Condition Resulting In Death)			A. Cerebrovascular accident			Due To (Or As A Consequence Of):			Approximate Interval: Onset To Death
Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last			B. Ventricular tract infection			Due To (Or As A Consequence Of):			
			C. dementia			Due To (Or As A Consequence Of):			
			D. HTA			Due To (Or As A Consequence Of):			
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I									
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year			33. Manner Of Death: <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined				
34. Date Of Injury (Month/Day/Year)		35. Time Of Injury		36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)			37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number		38c. Apt. No.	38d. ZIP Code		
39. Describe How Injury Occurred						40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)			
41. Signature Of Person Certifying Cause Of Death: <i>A. Szostek</i>						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer			
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: 2000 Roosevelt Rd, Valparaiso IN 46383						44. License Number 01062237A	45. Date Certified 7/21/08		
46. Additional Funeral Service Provider:						47. *Akas:			
48. Signature Of Local Health Officer: <i>Ray A. Bobrooke MD</i>						49. For Registrar Only - Date Filed (Month/Day/Year): July 21, 2008			