2

TICOR TITLE INSURANCE

2008 062777

AFFIDAVIT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Irene J. Rybicki, being first duly sworn upon oath, deposes and says:

1. That John J. Rybicki, aka John J. Rybicki, Sr. died on Feb. 24, 19 2008 at Lake County, IN.

2. That John J. Rybicki, aka John J./Rybicki, Sr. and Irene J. Rybicki were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

Lot 17, Block 2, Tri-State Manor Addition to the City of Hammond, as per plat thereof, recorded in Plat Book 31 page 23, in the Office of the Recorder of Lake County, Indiana.
45-07-15-177-017.000-023

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD
2008 SEP -8 AM 9:03
MICHAEL A. BROWN RECORDER

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

3. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of (his) (~~her~~) death.

4. That all of the assets of said decedent which would be includable for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

Further affiant sayeth not.

Irene J. Rybicki
Irene J. Rybicki

Subscribed and sworn to before me, a Notary Public, this 27th day of August, 19/ 2008

FILED
SEP 04 2008
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

[signature]
Notary Public
Thomas G. Schiller

My Commission expires:
5-27-2016

County of Residence:
Lake

015568

THOMAS G. SCHILLER
Lake County
My Commission Expires
May 27, 2016

14

This Instrument prepared by Irene J. Rybicki

"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." Chris Burk

TICOR TITLE - HIGHLAND

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 687-08 State No. ....

1. Decedent's Legal Name (First, Middle, Last)	1a. Maiden Last Name (If Female)	2. Sex	3. Time Of Death	4. Date Of Death (Month/Day/Year)
JOHN JOSEPH RYBICKI		Male	4:03 AM	February 24, 2008

5. Social Security Number	6a. Age – Yrs	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)	8. Birthplace (City And State Or Foreign Country)
[redacted]	70					July 31, 1937	Hammond, Indiana

9. Ever In U.S. Armed Forces? ☒ Yes ☐ No Unknown ☐

10. If Death Occurred In A Hospital: ☐ Inpatient ☐ Emergency Department Outpatient ☐ Dead On Arrival

10a. If Death Occurred Somewhere Other Than A Hospital: ☐ Hospice Facility ☒ Decedent's Home ☐ Nursing Home/Long-Term Care Facility ☐ Other (Specify)

11. Facility Name (If Not Institution, Give Street And Number): 1512 Cardinal Court

12. City Or Town, State, And Zip Code	13. County Of Death	14. Marital Status At Time Of Death
Munster, Indiana 46321	Lake	☒ Married ☐ Married, But Separated ☐ Divorced ☐ Widowed ☐ Never Married ☐ Unknown

15. Surviving Spouse's Name	15a. (If Wife) Give Maiden Last Name	16. Decedent's Usual Occupation	17. Kind Of Business/Industry
Irene J. Rybicki	Galkowski	Line Splicer Foreman	Telephone Company

18. Residence – State	18a. County	18b. City Or Town
Indiana	Lake	Munster

18c. Street And Number	18d. Apt. No.	18e. Zip Code	18f. Inside City Limits?
1512 Cardinal Court		46321	☒ Yes ☐ No

19. Decedent's Education	20. Decedent Of Hispanic Origin	21. Decedent's Race
High School Graduate	No	White

22. Father's Name (First, Middle, Last)	23. Mother's Name (First, Middle, Last)	23a. Mother's Maiden Last Name
John Rybicki	Stephanie M. Rybicki	Mikolajczyk

24. Informant's Name	24a. Relationship To Decedent	24b. Mailing Address (Street And Number, City, State, Zip Code)
Irene J. Rybicki	Wife	1512 Cardinal Court, Munster, Indiana 46321

25. Place Of Disposition

25a. Method Of Disposition	25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place)	25c. Location – City, Town, And State
☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal From State ☐ Other (Specify):	February 28, 2008 Holy Cross Cemetery	Calumet City, Illinois

26. Was Coroner Contacted?	27. Name And Complete Address Of Funeral Facility	27a. Funeral Home License Number:
☒ Yes ☐ No	Anthony & Dziadowicz Funeral Home 9445 Calumet Ave. Munster, IN 46321	83002916

27b. Signature Of Indiana Funeral Service Licensee: [signature]

27c. License Number (Of Licensee): 01001447

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.

		Approximate Interval: Onset To Death
Immediate Cause (Final Disease Or Condition Resulting In Death	A. Multiple Myeloma	Year 5
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. 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. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I

29. Was An Autopsy Performed? ☐ Yes ☒ No

30. Were Autopsy Findings Available To Complete The Cause Of Death? ☐ Yes ☐ No

31. Did Tobacco Use Contribute To Death? ☐ Yes ☐ Probably ☐ No ☒ Unknown

32. If Female: ☐ Not Pregnant Within Past Year ☐ Pregnant At Time Of Death ☐ Not Pregnant, But Pregnant Within 42 Days Of Death ☐ Not Pregnant, But Pregnant 43 Days To 1 Year Before Death ☐ Unknown If Pregnant Within The Past Year

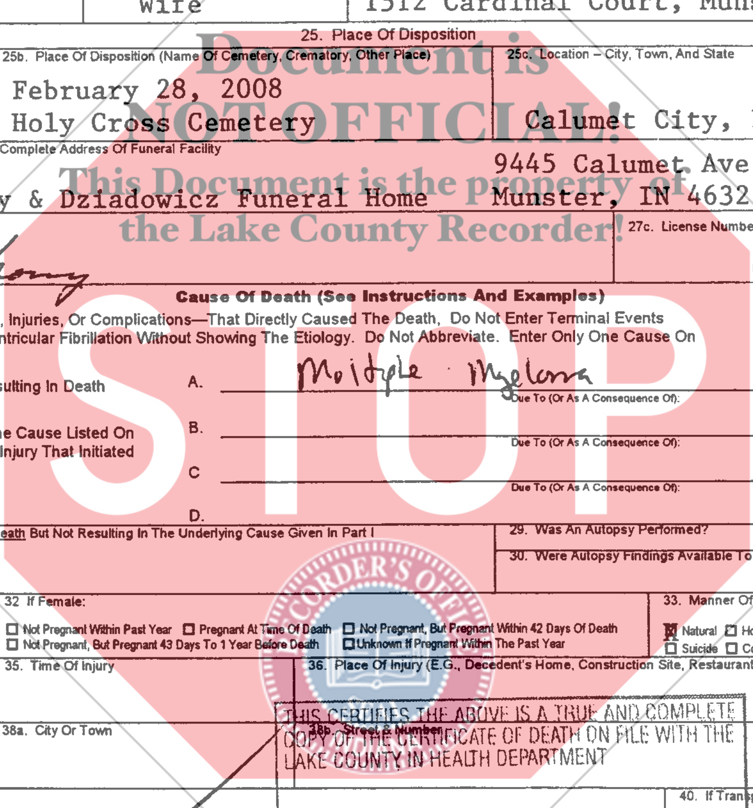
33. Manner Of Death: ☒ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ Could Not Be Determined

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? ☐ Yes ☐ 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: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)



THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY IN HEALTH DEPARTMENT

FEB 26 2008

41. Signature, Of Person Certifying Cause Of Death: [signature]

42. Certifier (Check Only One) ☒ Certifying Physician ☐ Coroner ☐ Health Officer

43. Name, Address And Zip Code Of Person Certifying Cause Of Death: Erwin Robin, M.D., 801 MacArthur Blvd., Suite 401, Munster, IN 46321

44. License Number: 01038072

45. Date Certified: February 25, 2008

46. Additional Funeral Service Provider:

47. *Akas:

48. Signature of Local Health Officer: Susan W Bert. D.O.

49. For Registrar Only – Date Filed (Month/Day/Year): February 26, 2008

State Form 10110 (R7/9-07) 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. THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

Document is NOT OFFICIAL! This Document is the property of the Lake County Recorder!