AFFIDAVIT

| STATE OF INDIANA) | 77: |
|--|--|
|) SS: COUNTY OF LAKE) | |
| | |
| Irene J. Rybicki swarn upon oath, deposes and says: | , being first duly |
| 1. That John J. Rybicki, aka John J. | Rybicki, Sr. |
| Feb. 24 , 18 | 2008 at Lake County, IN |
| 2. That John J. Rybicki, aka John J./ | |
| were duly and legally married at the twife to the following described real e | state: |
| Lot 17, Block 2, Tri-State Manor Addit | ent is ion to the City of Hammond, was per |
| Plat thereof, recorded in Plat Book 31 | page 23, in the Office of the |
| This Locumentia | tbe7.0901623f |
| the Lake Coun | y Recorder! |
| | |
| 3. That the marital relationship whic acquired title to said real estate remdate of (his) (where) death. | ained in effect and unbroken until the |
| 4. That all of the assets of said dece Federal Estate Tax purposes, including on decedent's life were not sufficient Tax. | edent which would be includable for joint bank accounts and life insurance to necessitate payment of Federal Estate |
| Further affiant sayeth not. | Augusta de la companya della companya della companya de la companya de la companya della company |
| | |
| | Irene Jkybicki |
| Subscribed and sworn to before me, a No August , 19/ 2008 | Trene J. Rybicki O tary Public, this <u>27th</u> day of |
| | |
| | LED |
| | |

SEP 04 2008

PEGGY HOLINGA KATONA

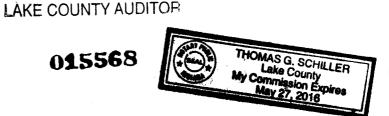
Notary Public Thomas G. Schiller

My Commission expires:

5-27-2016

County of Residence:

Lake



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

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

| Local No. 687-08 | | | | | | | | State No | | | | |
|--|--|--|--|---|--|--|--|--|--|--|--|--|
| T. December 2 Eggs (Marie V. 111) | | | | 1a. Maiden Last Na | den Last Name (If Female) | | | | | | | |
| JOHN | JOSEPH | RYBICK | I. | | | İ | Male | 1 ' ' | 3 AM | 1 | uary 24, 2008 | |
| 5. Social Security Number | 6a. Age – Yrs | 6b. Under 1 Year | 6c. Under 1 Month | 6d. Under 1 Day | 6e. Under 1 Hour | 7. Date Of | Birth (Month/Day | (Year) | 8. Birthplace (Ci | ty And State | Or Foreign Country) | |
| | 70 | Months | Days | Hours | Minutes 10a, if Death Occurred | July | 31, 19 | 37 | Hammor | nd, In | ndiana | |
| 9. Ever In U.S. Armed Forces | | l th Occurred in A Hosp | pital: | <u> </u> | 10a. If Death Occurred | Somewhere Ott | er Than A Hospit | al: | | | | |
| Yes □ No Unknown □ | ☐ Inpatio | ent 🔲 Emergency De | epartment Outpatient 🔲 I | Dead On Arrival | ☐ Hospice Facility 💢 | Decedent's Ho | ne 🔲 Nursing H | ome/Long- | Term Care Facility | Other (S | Specify) | |
| 11. Facility Name (If Not Institu | ution, Give Street Ar | nd Number) | | | | | | | | | | |
| 1512 Cardina | al Court | - | | | | | | | | | | |
| 12. City Or Town, State, And Zip Code | | | | | 13. County Of | 13. County Of Death 14. Marital Status At Time Of Death | | | | | | |
| Munster, Indiana 46321 | | | | Lake | | | | X Married ☐ Married, But Separated ☐ Divorced ☐ Widowed ☐ Never Married ☐ Unknown | | | | |
| 15. Surviving Spouse's Name 15a. (If Wife)Give Maiden Li | | | ve Maiden Last Name | | | | | 17. Kind Of Business/Industry | | | | |
| | | | Callea | 1 | | | a Calicar Faraman | | | Tolophono Company | | |
| Irene J. Rybicki | | | a. County | WSKI | 18b. City Or Town | Line Splicer Foreman | | | Telephone Company | | | |
| (2) | | | • | | Munste | ~ ~ | | | | | ļ | |
| Indiana | | | Lake | | Munste | £1 | 18d. A | nt No | 18e. Zij | Code | 18f. Inside City Limits? | |
| 18c. Street And Number | | | | | | | 104. 7 | pt. 110. | | | X□ Yes □ No | |
| 1512 Cardin | al Court | t | | | | | | | 463 | 321 | | |
| 19. Decedent's Education | | | 20. Decedent Of Hispar | nic Origin | 21. De | ecedent's Race | | | | | | |
| High School | Gradua | te | No | | | White | | | | | | |
| 22. Father's Name (First, Mid | dle, Last) | | | | 23. Mother's Name (F | irst, Middle, Last |) | | 23a | 23a. Mother's Maiden Last Name | | |
| John | Rybio | cki | | | Stephan: | ie M. | Rybio | ki | 1 | Mikol | ajczyk | |
| 24. Informant's Name | | | 24a. Relationship T | o Decedent | 24b. Mailing Address | (Street And Num | ber, City, State, 2 | (ip Code) | | | | |
| Irene J. Ry | bicki | | Wife | | 1512 Car | dinal | Court, | Muns | ster, I | ndian | a 46321 | |
| | | | | | Place Of Disposition | • | | | | | | |
| 25a. Method Of Disposition. | *** | | Of Disposition (Name O | | y, Other Place) | 25c. Location | - City, Town, An | d State | | | | |
| XX Burial Cremation Removal From State | Donation 🔲 Entom | bment Febr | ruary 28, | 2008 | | _ , _ | | | | | | |
| Other (Specify): | | | y Cross Ce | | | Calu | met Cit | :y,] | [llinoi: | | | |
| 26. Was Coroner Contacted | 1 | . / | Address Of Funeral Facilit | - | . 4 | 9445 C | alumet | Ave | • | 27a. Fi | uneral Home License Number: | |
| XXX Yes □ No | An | thony & | Dziadowicz | Funera | Home p | | ry in | | | 1 | 83002916 | |
| 27b. Signature Of Indiana Fu | neral Service Licens | see: | | | | | To | | · · | | · · · · · · · · · · · · · · · · · · · | |
| | \wedge | | tne L | ake Co | untv Ke | corde | 27c. Licen | se Number | (O(Licensee) | | | |
| Laura | D. Ga | | the L | ake Co | unty Red | corde | 27c. Licen | | | 7 | | |
| Lany | D. Gu | | 7 | | unty Rec | | | | 01 001 44 | 7 | | |
| 28. Part I. Enter The Ch | nain Of Events | Diseases, Injuries, | Caus Or Complications—T | se Of Death (S e That Directly Caus | ee Instructions An | d Example: | al Events | (| | 7 | Approximate | |
| | nain Of Events— Respiratory Arre | Diseases, Injuries, st, Or Ventricular F | Caus Or Complications—T | se Of Death (Se That Directly Caus nowing The Etiolog | ee Instructions An ed The Death, Do No ly. Do Not Abbreviate | d Example: | al Events | (| | 7 | Interval: Onset To Death | |
| 28. Part I. Enter The <u>Ch</u> Such As Cardiac Arrest, | nain Of Events— Respiratory Arre ines If Necessar | Diseases, Injuries, st, Or Ventricular F | Or Complications—T | se Of Death (Se That Directly Caus nowing The Etiolog | ee Instructions An | d Example: t Enter Termi Enter Only | al Events | (| | 7 | Interval: Onset | |
| 28. Part I. Enter The <u>Ch</u> Such As Cardiac Arrest, A Line. Add Additional L Immediate Cause (Final | nain Of Events— Respiratory Arre ines If Necessar Disease Or Cond | Diseases, Injuries, st, Or Ventricular P y. | Caus Or Complications—T Tibrillation Without Sh Death A. | se Of Death (Se That Directly Caus nowing The Etiolog | ee Instructions An ed The Death, Do No ly. Do Not Abbreviate | t Enter Termin. Enter Only | nal Events One Cause On Consequence Of): | (| | 7 | Interval: Onset To Death | |
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