Prepared By:
John S. Dull
Attorney at Law
PO Box 14058
Merrillville, In 46411

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

2008 075436

AFFIDAVIT OF Heirship

Comes now ZYGMUNT SWIDKIWICZ, being duly sworn upon his oath, and states as follows:

1. That I am the affiant;

2. That my mother, MICHALINA SWIDKIEWICZ, died February 7, 2008, a copy of her death certificate is attahed hereto as Exhibit "A";

3. That my father, ANDRZEJ SWIDKIEWICZ, died January 17, 2000, a copy of his death certificate is attached hereto as Exhibit "B";

4. That my parents, MICHALINA SWIDKIEWICZ and ANDRZEJ SWIDKIEWICZ owned real estate loctaed in Lake County, Indiana more particularly described as follows:

   Lots FIVE (5) to SEVEN (7), both inclusive, in Block EIGHT (8), Riverview Land and Investment Co.'s. First Addition to Gary, in the City of Gary, Lake County, Indiana

   Subject to:
   1. Taxes Due.
   2. Covenants, easements adn restrictions of record.

   Commonly known as 3416 Delaware Street, Gary, Indiana 46409

5. That I am my parents only heir;

6. That I lived with my parents in their residence prior to their death and continue to reside in their residence;

7. That I have maintained the property and have paid all taxes and costs associated with the property since my parents death.

8. That in accordance with intestate law I am now the owner of the aforementioned property commonly known as 3416 Delware Street, Gary, Indiana 46409.

FILED
NOV 04 2008
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

X Zygmunt Swidkiewicz
ZYGMUNT SWIDKIEWICZ, Affiant

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

018419

Before me the undersigned, a Notary Public in and for said County and State, came ZYGMUNT SWIDKIEWICZ and acknowledged the execution of the foregoing instrument this 1st day of October, 2008.

Commission Expires: 4/22/2012
Lake County Resident

Kathy Meyers
Kathy Meyers, Notary Public

16-1441 PB

I swear and 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.

John S. Dull, Attorney at Law

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

COPY

Local No. 08 0069 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)
MICHALINA SWIDKIEWICZ	Krawicz	Female	8:17 a.m.	February 7, 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)
	85					September 24, 1922	Poland

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): 3416 Delaware Street

12. City Or Town, State, And Zip Code	13. County Of Death	14. Marital Status At Time Of Death
Gary	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
None		Factory Worker	ANCO Company

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

18c. Street And Number	18d. Apt. No.	18e. Zip Code	18f. Inside City Limits?
3416 Delaware Street		46409	☑ Yes ☐ No

19. Decedent's Education	20. Decedent Of Hispanic Origin	21. Decedent's Race
8th Grade or less	No	White

COPY

22. Father's Name (First, Middle, Last)	23. Mother's Name (First, Middle, Last)	23a. Mother's Maiden Last Name
Krawicz	Not Available	Not Available

24. Informant's Name	24a. Relationship To Decedent	24b. Mailing Address (Street And Number, City, State, Zip Code)
Zygmunt Swidkiewicz	Son	3416 Delaware Street, Gary, Indiana 46409

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)	Calumet Park Cemetery	Merrillville, Indiana 46410

26. Was Coroner Contacted?	27. Name And Complete Address Of Funeral Facility	27a. Funeral Home License Number
☑ Yes ☐ No	Pruzin Brothers Funeral Service, 6360 Broadway, Merrillville, Indiana 46410	FH 83002453

27b. Signature Of Indiana Funeral Service Licensee	27c. License Number (Of Licensee)
	1009893

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.	Due To (Or As A Consequence Of):	
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.		

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?	32. If Female:	33. Manner Of Death
☐ Yes ☐ Probably ☐ No ☐ Unknown	☐ 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	☐ 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)

41. Signature Of Person Certifying Cause Of Death	42. Certifier (Check Only One)
	☐ Certifying Physician ☐ Coroner ☐ Health Officer

43. Name, Address And Zip Code Of Person Certifying Cause Of Death	44. License Number	45. Date Certified
Dr. Marion Trybula 200 E 89th Ave Merrillville IN 46410	0104571 CA	2/13/8

46. Additional Funeral Service Provider	47. *Akas

48. Signature Of Local Health Officer	49. For Registrar Only – Date Filed (Month/Day/Year)
	FEB 19 2008

State Form 10110 (R7/8-07) ATTENTION: ESTATE. This Social Security # is being requested by the state agency in order to comply with its statutory responsibilities. Disclosure is voluntary, and there will be no penalty for refusal. THE RECORDS IN THIS SERIES ARE C

EXHIBIT "A"

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

Local No. 00 0041

State No. COPY

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1 DECEASED—NAME (First, Middle, Last)		2 SEX	3a TIME OF DEATH	3b DATE OF DEATH (Month, Day, Yr.)
ANDRZEJ SWIDKIEWICZ		Male	6:16 P M	January 17, 2000
4. *SOCIAL SECURITY NUMBER	5a AGE—Last Birthday (Years) 76	5b UNDER 1 YEAR Months Days / 5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo. Day. Yr.) March 2, 1923	7 BIRTHPLACE (City and State or Foreign Country) Poland
8a WAS DECEDENT A U.S. VETERAN? No	8b YEAR LAST SERVED IN U.S. ARMED FORCES? --	9a PLACE OF DEATH (Check only one See instructions) HOSPITAL ☐ Inpatient ☒ ER/Outpatient ☐ DOA	OTHER ☐ Nursing Home ☐ Other (Specify) ☐ Residence	
9b FACILITY NAME (If not institution, give street and number) Methodist Hospital - Northlake Campus		9c CITY TOWN OR LOCATION OF DEATH Gary	9d COUNTY OF DEATH Lake	
10 MARITAL STATUS (Specify) Married	11 SURVIVING SPOUSE (If wife, give maiden name) Michalina Krawicz	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Loader	12b KIND OF BUSINESS/INDUSTRY Budd Automotive Co.	
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY TOWN OR LOCATION Gary	13d STREET AND NUMBER 3416 Delaware Street	
13e ZIP CODE 46409	13f INSIDE CITY LIMITS ☐ No ☒ Yes / 13g ON A FARM? ☒ No ☐ Yes	14 CITIZEN OF WHAT COUNTRY? U.S.A.	15 WAS DECEDENT OF HISPANIC ORIGIN? ☒ No ☐ Yes (If yes, specify Cuban Mexican, Puerto Rican, etc.)	16 RACE—American Indian Black White etc (Specify) White
17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12	College (1-4 or 5 +)			

PARENTS

18 FATHER'S NAME (First, Middle, Last)	19 MOTHER'S NAME (First, Middle, Maiden Surname)
Mike Swidkiewicz	Mary

INFORMANT

20a INFORMANT'S NAME (Type/Print)	20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	20c Relationship
Michalina Swidkiewicz	3416 Delaware Street, Gary, IN 46409	Wife

DISPOSITION

21a METHOD OF DISPOSITION	21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	21c LOCATION—City or Town, State
☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify) _____	January 21, 2000 Calumet Park Cemetery	Merrillville, Indiana

22a EMBALMER'S NAME	22b EMBALMER'S LICENSE NO	23 WAS DEATH REPORTED TO CORONER?
Amy DeMunck	FI29900059	☐ No ☒ Yes

24a SIGNATURE OF FUNERAL DIRECTOR	24b LICENSE NUMBER (of Licensee)	25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME
	1009893	PRUZIN BROS. FUNERAL SERVICE #3002453 6360 Broadway, Merrillville, IN 4641

CAUSE OF DEATH

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.

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a Septic Shock	
	DUE TO (OR AS A CONSEQUENCE OF)	
Conditions if any, which gave rise to the immediate cause stating the underlying cause last	b Carcinoma of Lung	
	DUE TO (OR AS A CONSEQUENCE OF)	
	c	
	DUE TO (OR AS A CONSEQUENCE OF)	
	d	

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)	28a WAS AN AUTOPSY PERFORMED? (Yes or no)	28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)
No	No	--

CERTIFIER

29a CERTIFIER (Check only one)

☒ CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated

☐ 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

☐ 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	29c MEDICAL LICENSE NO	29d DATE SIGNED (Month Day Year)
Jong Kim	01036861	1/18/2000

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)

Jong Kim, M.D., 8701 Broadway, Merrillville, IN 46410

31 HEALTH OFFICER'S SIGNATURE

32 DATE FILED (Month Day Year) JAN 18 2000

33 MANNER OF DEATH	34a DATE OF INJURY (Month, Day, Year)	34b TIME OF INJURY	34c INJURY AT WORK? (Yes or no)	34d DESCRIBE HOW INJURY OCCURRED
☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide				

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.

COPY

EXHIBIT "B"