

**AFFIDAVIT OF SURVIVORSHIP**

Catherine M. Tomaszewski, being duly sworn upon her oath, states as follows:

The Affiant and her husband, Allan S. Tomaszewski, (the "Decedent"), were the owners as tenants by the entireties with rights of survivorship in fee simple of real estate commonly known as 2416 Sandy Ridge, Dyer, Indiana, more particularly described as follows:

Lot 19, Unit 4, Sandy Ridge Addition to the Town of Dyer, Indiana as shown in Plat Book 062, page 62.

The Affiant and Decedent were married on the 10<sup>th</sup> day of May, 1980.

The Affiant and Decedent acquired such interest in said real estate as joint tenants with rights of survivorship by a Trustee's Deed dated the 18th day of July, 1988, and recorded in the office of the Recorder of Lake County, Indiana on the 22<sup>nd</sup> day of August, 1988.

The Decedent and Affiant held such interest in said real estate until the Decedent's death on the 21<sup>st</sup> day of February, 2008, at which time Affiant acquired the Decedent's interest in the real estate as the sole surviving tenant.

Catherine M. Tomaszewski

Catherine M. Tomaszewski, Printed  
2416 Sandy Ridge  
Dyer, IN 46311

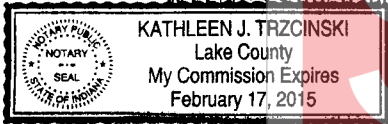
STATE OF INDIANA

COUNTY OF LAKE

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

Before me, a Notary Public in and for said County and State personally appeared Catherine M. Tomaszewski, who, being first duly sworn upon her oath, acknowledged the execution of the foregoing Affidavit of Survivorship, and stated that any representations therein contained are true.

WITNESS my hand and notarial seal this 24<sup>th</sup> day of September, 2008.



My Commission Expires:  
February 17, 2015

Kathleen J. Trzcinski  
Kathleen J. Trzcinski, Notary Public  
County of Residence  
Lake

This instrument was prepared by J. Brian Hittinger, Attorney at Law, Krieg DeVault LLP, 833 W. Lincoln Highway, Suite 410W, Schererville, IN 46375.

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

Catherine M. Tomaszewski

Catherine M. Tomaszewski  
2416 Sandy Ridge  
Dyer, IN 46311

KD\_1728586\_1.DOC

**FILED**

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NOV - 6 2008

PEGGY KOLINGA KATONA  
LAKE COUNTY AUDITOR

2008  
OCT 10 AM 10:10  
2416 SANDY RIDGE  
DYER, IN 46311

#3534

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MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
**CERTIFICATE OF DEATH**

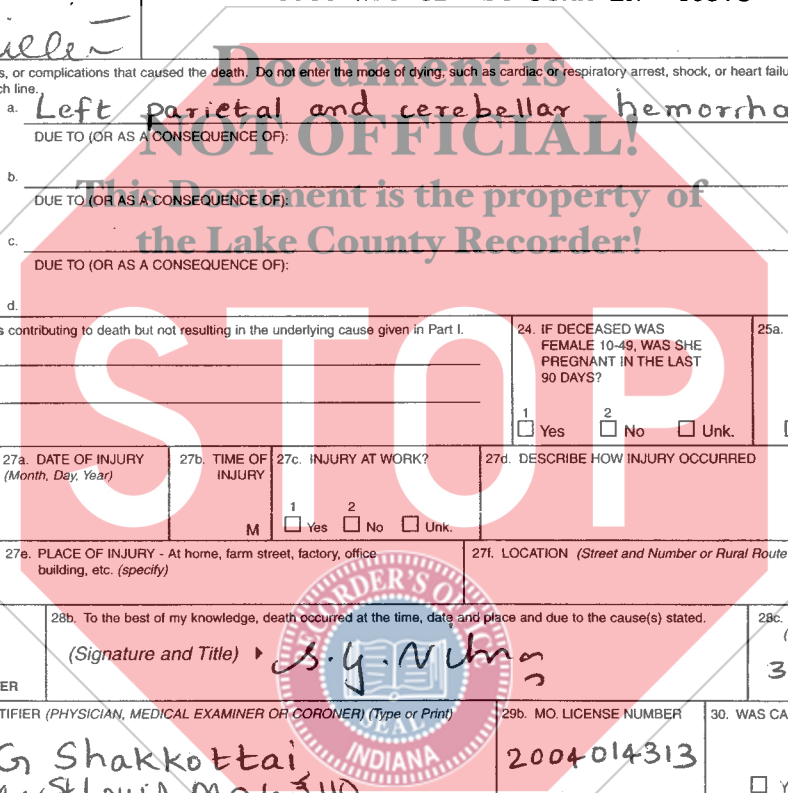
STATE FILE NUMBER

124 - 08 200847

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 IN  
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 FOR  
 INSTRUCTIONS  
 SEE HANDBOOK.

|   |  |   |  |  |  |   |  |
|---|--|---|--|--|--|---|--|
| REGISTRATION DISTRICT NO.   |  | REGISTRAR'S NUMBER  |  | 2. SEX   |  | 3. DATE OF DEATH (Month, Day, Year)   |  |
| 1. DECEDENT'S NAME (First, Middle, Last)<br><b>Allan Stanley Tomaszewski</b>  |  |   |  |  |  |   |  |
| 4. SOCIAL SECURITY NO.<br><b>343-46-9284</b>  |  | 5a. AGE - Last Birthday (Years)<br><b>57</b>  |  | 5b. UNDER 1 YEAR<br>MONTHS    DAYS   |  | 5c. UNDER 1 DAY<br>HOURS    MINUTES   |  |
| 6. DATE OF BIRTH (Month, Day, Year)<br><b>Aug. 28 1950</b>  |  |   |  | 7. BIRTHPLACE (City and State of Foreign Country)<br><b>Chicago IL</b>   |  |   |  |
| 8. WAS DECEDENT EVER IN U.S. ARMED FORCES?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk.   |  | 9a. PLACE OF DEATH (Check only one)<br>HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify) |  |  |  |   |  |
| 9b. FACILITY NAME (If not institution, give street and number)<br><b>Barnes Jewish Hospital</b>   |  |   |  | 9c. CITY, TOWN, OR LOCATION OF DEATH<br><b>St Louis</b>  |  | 9d. COUNTY OF DEATH<br><b>NA</b>  |  |
| 10. MARITAL STATUS - Married, Never Married, Widowed, Divorced, (Specify)<br><b>Married</b>   |  | 11. SURVIVING SPOUSE'S NAME (If wife, give full maiden name)<br><b>Cathy Higgins</b>  |  | 12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.)<br><b>Materials Manager</b>             |  | 12b. KIND OF BUSINESS OR INDUSTRY<br><b>Railroad</b>  |  |
| 13a. RESIDENCE - STATE<br><b>Indiana</b>  |  | 13b. COUNTY<br><b>Lake</b>  |  | 13c. CITY, TOWN, OR LOCATION<br><b>Dyer</b>  |  | 13d. ZIP CODE<br><b>46311</b>   |  |
| 13e. STREET AND NUMBER<br><b>2416 Sandy Ridge Rd</b>  |  |   |  | 13f. INSIDE CITY LIMITS<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |  | 13g. YEARS AT PRESENT ADDRESS<br><input type="checkbox"/> Under 5 <input type="checkbox"/> 5-9 <input type="checkbox"/> 10-19 <input type="checkbox"/> 20 or more |  |
| 14. WAS DECEDENT OF HISPANIC ORIGIN (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.)<br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Specify:  |  |   |  | 15. RACE - American Indian, Black, White, etc. (Specify)<br><b>white</b>   |  | 16. DECEDENT'S EDUCATION (Specify only highest grade completed)<br>Elementary/Secondary (0-12) <b>12</b> College (1-4 or 5+) <b>4</b>                             |  |
| 17. FATHER'S NAME (First, Middle, Last)<br><b>Stanley Tomaszewski</b>   |  |   |  | 18. MOTHER'S NAME (First, Middle, Maiden Surname)<br><b>Lucille Migler</b>   |  |   |  |
| 19a. INFORMANT'S NAME (Type/Print)<br><b>Cathy Tomaszewski</b>  |  |   |  | 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)<br><b>2416 Sandy Ridge Rd Dyer IN 46311</b>          |  |   |  |
| 20a. BURIAL, CREMATION, OTHER (Specify)<br><b>Cremation</b>   |  | 20b. DATE OF DISPOSITION (Month, Day, Year)<br><b>March 5 2008</b>  |  | 20c. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)<br><b>Northwest Indiana Crematory</b>                                      |  | 20d. LOCATION (City or Town, State)<br><b>Crown Point IN</b>  |  |
| 21. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH<br><i>Barry Miller</i>   |  | 22a. NAME AND ADDRESS OF FACILITY<br><b>Fagen Miller Funeral Home<br/>8580 Wicker St John IN 46373</b>  |  |  |  | 22b. FUNERAL ESTABLISHMENT LICENSE NUMBER<br><b>IN License</b>  |  |
| 23. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.   |  |   |  |  |  |   |  |
| IMMEDIATE CAUSE →<br>(Final disease or condition resulting in death)  |  | a. <b>Left parietal and cerebellar hemorrhage</b>   |  |  |  |   |  |
| Sequitally list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated 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. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  |  |   |  |  |  |   |  |
| 24. IF DECEASED WAS FEMALE 10-49, WAS SHE PREGNANT IN THE LAST 90 DAYS?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk.  |  | 25a. WAS AN AUTOPSY PERFORMED?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  | 25b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  | Approximate Interval Between Onset and Death  |  |
| 26. MANNER OF DEATH<br><input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide |  | 27a. DATE OF INJURY (Month, Day, Year)  |  | 27b. TIME OF INJURY<br>M <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk.                                    |  | 27c. INJURY AT WORK?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk.  |  |
| 27d. DESCRIBE HOW INJURY OCCURRED   |  |   |  | 27e. PLACE OF INJURY - At home, farm street, factory, office, building, etc. (specify)   |  |   |  |
| 27f. LOCATION (Street and Number or Rural Route Number, City or Town, State)  |  |   |  | 28a. (Specify)<br><input checked="" type="checkbox"/> CERTIFYING PHYSICIAN <input type="checkbox"/> MEDICAL EXAMINER/CORONER                       |  |   |  |
| 28b. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.<br>(Signature and Title) <i>V. G. Shakkottai</i>   |  |   |  | 28c. DATE SIGNED (Month, Day, Year)<br><b>3/17/08</b>  |  | 28d. TIME OF DEATH<br><b>2:15 P M</b>   |  |
| 29a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print)<br><b>Vikram G Shakkottai<br/>Barnes Hosp. Pk. St Louis Mo 63110</b>  |  |   |  | 29b. MO. LICENSE NUMBER<br><b>2004014313</b>   |  | 30. WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  |
| 31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)   |  |   |  | 32. REGISTRAR'S SIGNATURE<br><i>Sharon J. Carpenter</i>  |  | 33. DATE RECEIVED BY LOCAL REGISTRAR (Month, Day, Year)<br><b>MAR 17 2008</b>   |  |

5 300  
 0 580-2211 (4-07)  
 FOR USE BY PHYSICIAN OR INSTITUTION  
 NAME OF DECEDENT  
 PARENTS  
 INFORMANT  
 DISPOSITION  
 CAUSE OF DEATH  
 CERTIFIER



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STATE OF MISSOURI ) ss I HEREBY CERTIFY that this is an exact reproduction of the certificate for the person named therein as it now appears in the permanent records of the Bureau of Vital Records of the Missouri Department of Health and Senior Services. Witness my hand as County Registrar of Vital Records and the Seal of the Missouri Department of Health and Senior Services.

MAR 17 2008

*Sharon J. Carpenter*

Registrar of Vital Records