

CHICAGO TITLE INSURANCE COMPANY

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

626053188
2008 076569

2008 NOV 10 AM 9:28

MICHAEL A. BROWN
RECORDER

SURVIVORSHIP and OWNERSHIP AFFIDAVIT

STANLEY PODLACH, being first duly sworn, states:

1. Your Affiant is the adult son of Stanley Podlach and Stephenie Podlach, both deceased, and makes this Affidavit based upon personal knowledge of the facts stated herein.
2. Stanley Podlach and Stephenie Podlach (a/k/a Stefenie Podlach) were the previous owners of the following described real estate located in Lake County, Indiana:

The East half of Lot 50, and the West 21 feet of Lot 51, in Stafford and Trankles Eighth Addition, to the City of Hammond, as per plat thereof, recorded in Plat Book 9 page 8, in the Office of the Recorder of Lake County, Indiana

Commonly known as: 1137 E. 150th Street, Hammond, IN

3. The real estate was transferred by Warranty Deed to Stanley Podlach and Stefenie Podlach, husband and wife, as tenants by the entireties on February 4, 1944.

4. Stanley Podlach and Stephenie Podlach were married at the time they acquired title to the above-described real estate, and the marital relationship continued unbroken from the time they acquired title until the death of Stanley Podlach on June 20, 1973, at which time Stephenie Podlach acquired title to the real estate as surviving tenant by the entireties. (A true and accurate copy of the death certificate of Stanley Podlach is attached hereto and incorporated herein by reference as Exhibit "A".)

5. On September 14, 1988, Stephenie Podlach conveyed her interest in the above-referenced real estate to your Affiant, Stanley Podlach, as to an undivided 1/3 interest and to Jane Podlach, as to an undivided 2/3 interest, reserving a life estate unto herself.

DULY ENTERED FOR TAXATION SUBJECT TO
FINAL ACCEPTANCE FOR TRANSFER

Document #: 319191.v1

NOV 7 2008

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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6. Stephenie Podlach passed away on April 16, 1995, at which time her interest in the property was extinguished by operation of law. (A true and accurate copy of the death certificate of Stephenie Podlach is attached hereto and incorporated herein by reference as Exhibit "B".)

7. No Probate proceedings were ever commenced for or on behalf of Stephenie Podlach in Lake County, Indiana, or elsewhere; no Indiana Inheritance taxes, inheritance taxes from other states or countries, federal estate taxes, or other death taxes are outstanding by reason of the death of Stephenie Podlach; and all debts, charges, and liens against Stephenie Podlach have been paid in full or are otherwise barred in full by the passage of time.

8. On June 30, 1995, your Affiant conveyed all of his interest in the above-referenced real estate to Jane Podlach, at which time Jane Podlach became the owner of said real estate in fee simple.

9. On Friday, February 8, 2008, Jane Podlach reconveyed her interest in the above-referenced real estate to your Affiant by executing a Quitclaim Deed and delivering the executed Deed to your Affiant for recording.

10. Your Affiant, who was visiting from out-of-state when the Deed was executed and delivered to him, returned to his home state of New York on Sunday, February 10, 2008, with the original, executed Quitclaim Deed prior to recording same.

11. Your Affiant returned to the State of Indiana in March, at which time your Affiant recorded the original Deed that was executed and delivered to him in February.

12. This Affidavit is made by the undersigned to induce Chicago Title to issue a Title Insurance Policy and/or commitment for title insurance with regard to the above-referenced property, and to induce any subsequent grantee or grantee's lenders and closing agents to rely upon the foregoing representations, solely for the benefit for them and their successors in interest

Dated: JUNE 25, 2008

Stanley Podlach
STANLEY PODLACH

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

STATE OF NEW YORK)
) SS:
 COUNTY OF Westchester)

Before me the undersigned, a Notary Public in and for said County and State, personally appeared STANLEY PODLACH, and he being first duly sworn by me upon his oath, states that the facts alleged in the foregoing Affidavit are true.

Signed and sealed this 25th day of June, 2008.

Shirani B. Ponnambalam
 Notary Public

SHIRANI B. PONNAMBALAM
 Notary Public, State of New York
 Qualified in Westchester County
 Commission Expires May 15 2011

This instrument prepared by Laura L. Rybicki of Beckman, Kelly & Smith
 5920 Hohman Avenue, Hammond, Indiana 46320; (219) 933-6200

TYPE OR PRINT
PLAINLY WITH
UNFADING INK
THIS IS A
PERMANENT
RECORD

Below for State Office Use

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Disposition Permit
Issued *1/1/73*
Provisional
Certificate
 Yes No

FUNERAL HOME
No. *891*
FUNERAL DIRECTOR'S
LICENSE No. *8141*
FUNERAL DIRECTOR'S
LICENSE No. *594*
FUNERAL HOME
No. *891*
FUNERAL DIRECTOR'S
LICENSE No. *8141*
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FUNERAL HOME
No. *891*
FUNERAL DIRECTOR'S
LICENSE No. *8141*
FUNERAL DIRECTOR'S
LICENSE No. *594*

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

Local No. *569* State No. *620083188*

PERMANENT INK
SEE HANDBOOK FOR
INSTRUCTIONS

1. DECEASED—NAME FIRST MIDDLE LAST
STANLEY PDLACH PEDLACK

2. SEX *MALE*

3. DATE OF DEATH (MONTH, DAY, YEAR)
6-20-73

4. RACE *WHITE* AGE LAST BIRTHDAY (YEARS) MONTH DAY
78

5. UNDER 1 YEAR UNDER 1 DAY UNDER 1 DAY
HOURS MIN. HOURS MIN.

6. DATE OF BIRTH (MONTH, DAY, YEAR)
8-26-1895

7. COUNTY OF DEATH
LAKE

7a. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)
ST MARGARET HOSPITAL

7b. HAMPDEN

7c. YES

8. STATE OF BIRTH (IF NOT IN U.S.A.)
POLAND

9. CITIZEN OF WHAT COUNTRY
U.S.A.

10. MARRIED NEVER MARRIED SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
STEPHANE BUDZKINSKA

11. WIDOWED DIVORCED

12. SOCIAL SECURITY NUMBER
312-10-2057A

13. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)
LABOR

13b. KIND OF BUSINESS OR INDUSTRY

14a. RESIDENCE—STATE COUNTY CITY, TOWN OR LOCATION INSIDE CITY LIMITS (SPECIFY YES OR NO)
IND LAKE HAMMOND YES

14b. TOWNSHIP
NORTH

14c. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of service)
WWI-1918

14d. IS RESIDENCE ON A FARM? YES NO

15a. FATHER—NAME FIRST MIDDLE LAST
UNKNOWN

15b. MOTHER—MAIDEN NAME FIRST MIDDLE LAST
UNKNOWN

16. RELATIONSHIP
Wife

17. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)
1137-150 HAMMOND IND

18. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))

(a) IMMEDIATE CAUSE
Thrombosis of Lung

(b) DUE TO, OR AS A CONSEQUENCE OF

(c) DUE TO, OR AS A CONSEQUENCE OF

19. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Unknown

20. CAUSE

(a) OTHER SIGNIFICANT CONDITIONS

(b) CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE

(c) AUTOPSY YES NO

(d) IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? YES NO

21. DATE & TIME OF DEATH MONTH DAY YEAR HOUR DATE SIGNED MONTH DAY YEAR
6 20 73 1:35 PM 6 25 73

22. PHYSICIAN'S NAME (TYPE OR PRINT) LAST IN ATTENDANCE
Nicholas Egnatz, M.D.

23. MAILING ADDRESS—PHYSICIAN STREET, P.O. NO. CITY OR TOWN STATE ZIP
30 Douglas Street Hammond Indiana 46320

24. MORTAL, CREATION, REMOVAL (BY WHOM?)

25. CREMATED, BURIED, FUNERAL HOME

26. LOCATION CITY STATE ZIP

27. DEPOSITION DATE (MONTH, DAY, YEAR)
6-27-73

28. BY
ST MICHAEL'S CATHOLIC CHURCH

29. BY
MARYS BUDZKINSKA

30. HOME HAMMOND IND

31. THIS DOCUMENT IS THE PROPERTY OF THE LAKE COUNTY RECORDER'S OFFICE

Chicago Title Insurance Company





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

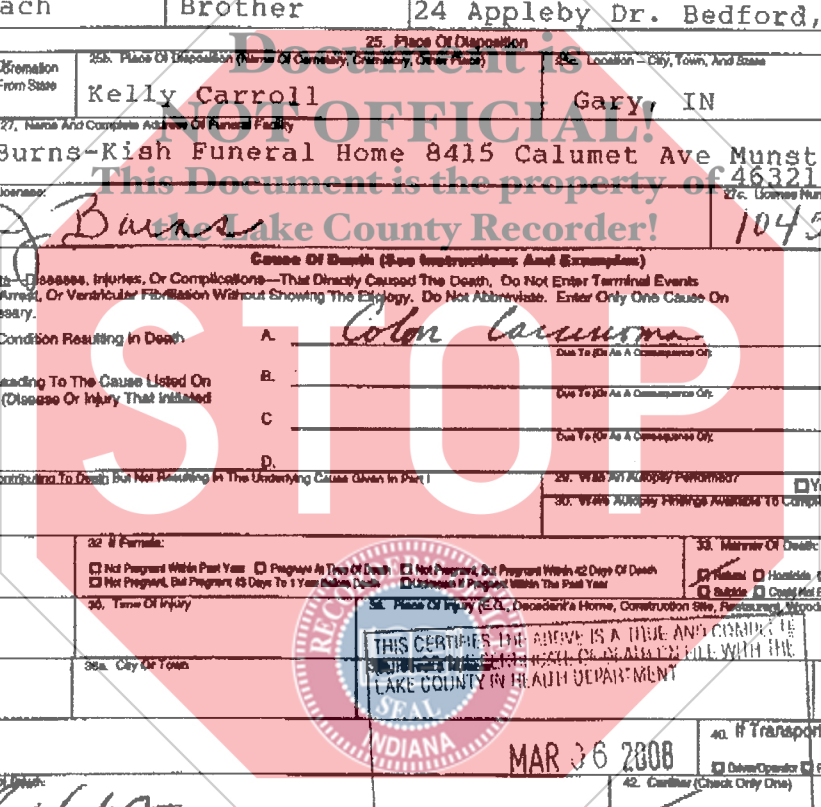
Local No. 795-08

620083188

State No.

Form containing fields for decedent's name (Jane C. Podlach), sex (Female), date of death (March 3, 2008), birth date (March 5, 1933), residence (Crown Point, IN), cause of death (Colon Cancer), and certifying physician (Dr. G. Babchuk).

Chicago Title Insurance Company



ATTENTION ESTATE: Disclosure of the SS# we need to pursue our responsibilities is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

Local No. 0906-95

CERTIFICATE OF DEATH

State No. 620083188

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENT

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED—NAME (First, Middle, Last) Stephanie Podlach		2. SEX female	3a. TIME OF DEATH 5:45 a M	3b. DATE OF DEATH (Month, Day, Yr) April 16, 1995
4. SOCIAL SECURITY NUMBER 312-10-2057D		5a. AGE—Last Birthday (Years) 87	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes
6. DATE OF BIRTH (Mo, Day, Yr) Oct. 9, 1907		7. BIRTHPLACE (City and State or Foreign Country) Poland		
8a. WAS DECEDENT A U.S. VETERAN? Wife of Vet		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1931		9a. PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence
9b. FACILITY NAME (If not institution, give street and number) Munster Med-Inn		9c. CITY, TOWN, OR LOCATION OF DEATH Munster		9d. COUNTY OF DEATH Lake
10. MARITAL STATUS (Specify) Widowed		11. SURVIVING SPOUSE (If wife, give maiden name) ---		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Homemaker
12b. KIND OF BUSINESS/INDUSTRY Home				
13a. RESIDENCE—STATE IN		13b. COUNTY Lake		13c. CITY, TOWN, OR LOCATION Munster
13d. STREET AND NUMBER 7935 Calumet				
13e. ZIP CODE 46321		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? U.S.A.
13g. ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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) <input type="checkbox"/> College (1-4 or 5+) <input type="checkbox"/>		8 --		
18. FATHER'S NAME (First, Middle, Last) Florian Budzikowski		19. MOTHER'S NAME (First, Middle, Maiden Surname) Katarzna Koziol		
20a. INFORMANT'S NAME (Type/Print) JANE Podlach		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1137 150th St. Hammond, IN 46327		20c. Relationship Daughter
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) April 19, 1995 St. Michael Cemetery		21c. LOCATION—City or Town, State Hammond, IN
22a. EMBALMER'S NAME Kevin W. Kish		22b. EMBALMER'S LICENSE NO. 1021590		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
24a. SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>		24b. LICENSE NUMBER (of Licensee) 1045184		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Burns-Kish Funeral Home #3004968 8415 Calumet Munster, IN 46321
26. HEALTH DEPT. Enter the disease, 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. APR 18 1995 General debility DUE TO (OR AS A CONSEQUENCE OF): Senescence DUE TO (OR AS A CONSEQUENCE OF): Generalized arteriosclerosis DUE TO (OR AS A CONSEQUENCE OF): Lake County Health Commissioner				
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I Coronary artery disease Anemia.				
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) No		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) No		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) ---
29a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> 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. <input type="checkbox"/> 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 <i>[Signature]</i>		29c. MEDICAL LICENSE NO. IN 20248		29d. DATE SIGNED (Month, Day, Year) 4/17/95
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) W V HERRMANN, M.D. 7935 Calumet Avenue, Munster, IN 46321				
31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>				32. DATE FILED (Month, Day, Year) April 18, 1995
33. MANNER OF DEATH <input 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		34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)
		34d. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		34e. DESCRIBE HOW INJURY OCCURRED
34g. DATE PRONOUNCED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.		