

3

CHICAGO TITLE INSURANCE COMPANY
DECEASED JOINT TENANCY AFFIDAVIT

STATE OF INDIANA / COUNTY OF LAKE

2008 078462

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2008 NOV 17 PM 1:49

PREPARED BY AND MAIL TO:

Eric R. Wilen, Esq.
Goldstine, Skrodzki, Russian,
Nemec and Hoff, Ltd.
835 McClintock Drive
Second Floor
Burr Ridge, Illinois 60527-0860

MICHAEL A. BROWN
RECORDER

(The Above Space For Recorder's Use Only)

LEONARD V. STREMPKA, duly sworn states that he resides at 9801 Wildwood Court, Unit 1C, Highland, in the State of Indiana. That he was the spouse of Stella J. Stremпка (a/k/a Estelle Stella Stremпка), deceased, who at the time of her death on August 2, 2006, was one of the owners of the real estate in Lake County, Indiana, described as:

Unit 1-C, Building 9, Wildwood Court Condominiums, a Horizontal Property Regime, established under the Declaration recorded August 4, 1999, as Document No. 99065123, amended by the Fourth Amendment thereto recorded November 18, 1999, as Document No. 99095392, and other amendments thereto, in the Office of the Recorder of Lake County, Indiana, together with an undivided interest in the common areas appertaining thereto.

Tax Key Number: 16-27-655-35 PIN: 45-07-32-202-067.000-026

Common Address: 9801 Wildwood Court, Unit 1C, Highland, Indiana 46322

That the deceased died August 2, 2006, as evidenced by a certified copy of death certificate of the deceased attached hereto.

That the deceased died:

- Leaving no Last Will and Testament.
- Leaving a Last Will and Testament, a copy of which is attached hereto. The original of the unproven Will should be filed with the Probate Clerk's office of the Circuit Court of Lake County, Indiana.
- Leaving a Last Will and Testament, which was filed in the Unproven Will Box of the Probate Clerk's office of the Circuit Court of Lake County, Indiana, on _____.

FILED

NOV 13 2008

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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E

✓ # 35355
14- 017742
B/B

There are no Federal or State estate of inheritance tax due as a result of the Decedent's death.

Affiant makes this Affidavit for the purpose of inducing the Chicago Title Insurance Company to issue its Title Insurance Policy, describing the above mentioned property.

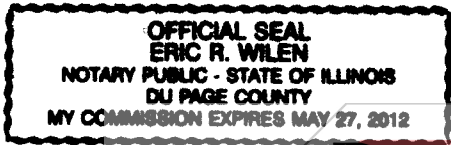
SUBSCRIBED AND SWORN TO BEFORE ME BY
LEONARD V. STREMPKA, this 9th day of
October, 2008.

Eric R. Wilen

Notary Public

Leonard V. Strempla

LEONARD V. STREMPKA



ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to sue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

cal No. 1846-06

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

PE/PRINT IN PERMANENT BLACK INK

DECEDENT

RELATIVES

INFORMANT

DISPOSITION

USE OF PATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First, Middle, Last) ESTELLE STELLA STREMPKA		2 SEX FEMALE		3a TIME OF DEATH 8:50 P M		3b DATE OF DEATH (Month, Day, Year) AUGUST 2, 2006	
4 *SOCIAL SECURITY NUMBER 341-16-5654		5a AGE—Last Birthday (Years) 83		5b UNDER 1 YEAR Months Days		5c UNDER 1 DAY Hours Minutes	
6. DATE OF BIRTH (Mo, Day, Yr) AUGUST 26, 1922		7 BIRTHPLACE (City and State or Foreign Country) POSEN, ILLINOIS					
8a. WAS DECEDENT A U.S. VETERAN? NO		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? N/A		9a. PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> 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) WITTENBERG LUTHERAN VILLAGE				9c. CITY, TOWN, OR LOCATION OF DEATH CROWN POINT		9d. COUNTY OF DEATH LAKE	
10. MARITAL STATUS (Specify) MARRIED		11 SURVIVING SPOUSE (If wife, give maiden name) LEONARD STREMPKA		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 OWN HOME	
13a. RESIDENCE—STATE INDIANA		13b. COUNTY LAKE		13c. CITY, TOWN, OR LOCATION HIGHLAND		13d. STREET AND NUMBER 9801 WILDWOOD COURT, APT. 1C	
13e. ZIP CODE 46322		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? USA		15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	
13g. ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		16 RACE—American Indian, Black, White, etc. (Specify) WHITE		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 8 College (1-4 or 5+) 			
18. FATHER'S NAME (First, Middle, Last) JOHN LABAY				19. MOTHER'S NAME (First, Middle, Maiden Surname) MARY KIEBALA			
20a. INFORMANT'S NAME (Type/Print) LEONARD STREMPKA				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9801 WILDWOOD COURT, HIGHLAND, IN. 46322		20c. Relationship HUSBAND	
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) AUGUST 7, 2006 HOLY CROSS CEMETERY		21c. LOCATION—City or Town, State CALUMET CITY, ILLINOIS			
22a. EMBALMER'S NAME KEITH D. ANTHONY		22b. EMBALMER'S LICENSE NO. 01011911		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Keith D Anthony</i>		24b. LICENSE NUMBER (of Licensee) 01011911		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME ANTHONY & DZIADOWICZ FH 83002835 4404 CAMERON, HAMMOND, INDIANA 46327			
<p>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.</p> <p>IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Acute Pulmonary Edema DUE TO (OR AS A CONSEQUENCE OF)</p> <p>Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last: b. DUE TO (OR AS A CONSEQUENCE OF) c. DUE TO (OR AS A CONSEQUENCE OF) d.</p> <p>PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.</p>							
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) 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>Bernardo Lucena</i>		29c. MEDICAL LICENSE NO. 01039302		29d. DATE SIGNED (Month, Day, Year) AUGUST 4, 2006	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) BERNARDO LUCENA M.D. 1121 INDIANA, CROWN POINT, INDIANA 46307							
31. HEALTH OFFICER'S SIGNATURE <i>Susan W Best D.O.</i>						32. DATE FILED (Month, Day, Year) August 4, 2006	
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be Determined		34a. DATE OF INJURY (Month, Day, Year)		34b. TIME OF INJURY		34c. INJURY AT WORK? (Yes or no)	
		34d. DESCRIBE HOW INJURY OCCURRED			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.			