

1-620085459 (3)

HEIRSHIP AFFIDAVIT

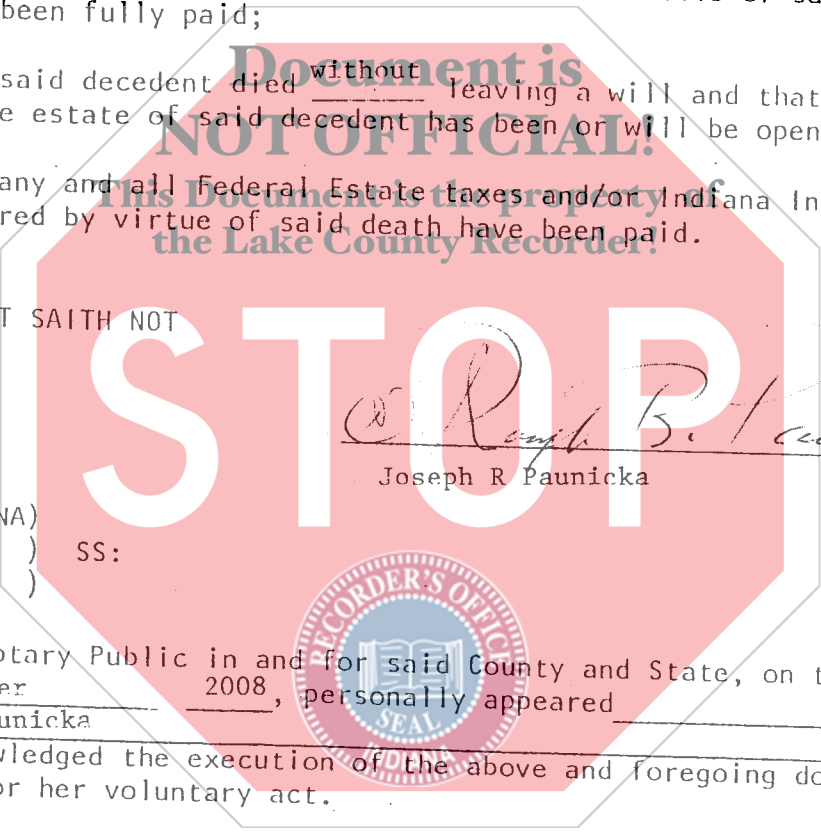
Joseph R Paunicka, being first duly sworn upon his/her oath deposes and says that he/she makes this affidavit to induce Chicago Title Insurance Company to issue its policy of title insurance, that he/she has personal knowledge of the matters hereinafter set forth and that:

- 1) Julia M. Paunicka died on the 17th day of NOVEMBER 1945; (copy of death certificate attached)
- 2) That the sole heirs at law of said decedent are as follows:
 Joseph R Paunicka - Husband
 Jeffrey R Paunicka - Son
 Joseph R Paunicka - Son
- 3) That all debts, funeral expenses and doctor bills of said decedent have been fully paid;
- 4) That said decedent died without leaving a will and that no probate of the estate of said decedent has been or will be opened; and
- 5) That any and all Federal Estate taxes and/or Indiana Inheritance taxes incurred by virtue of said death have been paid.

2008 078913

Chicago Title Insurance Company

CHICAGO TITLE INSURANCE COMPANY



FURTHER AFFIANT SAITH NOT

Joseph R Paunicka
Joseph R Paunicka

STATE OF INDIANA)
COUNTY OF LAKE)

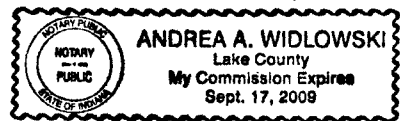
SS:

Before me, a Notary Public in and for said County and State, on this 13th day of November 2008, personally appeared Joseph R Paunicka and each acknowledged the execution of the above and foregoing document to be his and/or her voluntary act.

WITNESS my hand and Notarial Seal.

Andrea A Widlowski
Andrea A Widlowski Notary Public

My commission expires: 9/17/09 * Resident of Lake County



This instrument was prepared by: Joseph R Paunicka

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. Barbara Megqule

ONLY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER

NOV 18 2008

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

017837

This Document Not Valid
Unless Stamped on Reverse
Side and Embossed With
Raised Seal of Porter County

PORTER COUNTY
CERTIFICATE OF DEATH

Porter County
Health Department
1401 Calumet Avenue
Valparaiso, Indiana 46

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF
DEATH

CERTIFIER

HEALTH
OFFICER

1. DECEASED—NAME (First, Middle, Last) JULIA M PAUNICKA		2. SEX FEMALE	3a. TIME OF DEATH 1:52 A _M	3b. DATE OF DEATH (Month, Day, Yr) NOV. 17, 1995	
4. SOCIAL SECURITY NUMBER 7873	5a. AGE—Last Birthday (Years) 70	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr) FEB. 2, 1925	7. BIRTHPLACE (City and State or Foreign Country) EAST CHICAGO, INDIAN
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 checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence			
9b. FACILITY NAME (If not institution, give street and number) PORTER MEMORIAL HOSPITAL		9c. CITY, TOWN, OR LOCATION OF DEATH VALPARAISO		9d. COUNTY OF DEATH PORTER	
10. MARITAL STATUS (Specify) MARRIED	11. SURVIVING SPOUSE (If wife, give maiden name) JOSEPH R PAUNICA	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 AT HOME	
13a. RESIDENCE—STATE INDIANA	13b. COUNTY PORTER	13c. CITY, TOWN, OR LOCATION PORTAGE		13d. STREET AND NUMBER 38 DIANA ROAD	
13e. ZIP CODE 46368	13f. INSIDE CITY LIMITS <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes 13g. ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? U.S.A.	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) 12 College (1-4 or 5) 1
18. FATHER'S NAME (First, Middle, Last) JOHN ZVIJAK			18. MOTHER'S NAME (First, Middle, Maiden Surname) HELEN POZNANSKI		
20a. INFORMANT'S NAME (Type/Print) JOSEPH R PAUNICKA		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 38 DIANA RD., PORTAGE, IN 46368		20c. Relationship HUSBAND	
21a. METHOD OF DISPOSITION <input type="checkbox"/> Entombment <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) NOVEMBER 20, 1995 CALUMET PARK CEMETERY		21c. LOCATION—City or Town, State MERRILLVILLE INDIANA	
22a. EMBALMER'S NAME RUSSELL A KRAFT JR		22b. EMBALMER'S LICENSE NO. 29300105		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Terrence P. Burns</i>		24b. LICENSE NUMBER (of Licensee) 1013890		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Burns Funeral Home, 10101 Broadway Crown Point, IN 46307 FDH83002445	
26. PART I. 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. Approximate Interval Between Onset and Death.					
IMMEDIATE CAUSE (Final disease or condition resulting in death)					
a. <i>Cardiac Arrest</i>					
b. <i>Hypotension</i>					
c. <i>Aspiration</i>					
d. <i>Cerebrovascular accident</i>					
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last					
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) 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) N/A	
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>Dr. J. Maddack MD</i>				29c. MEDICAL LICENSE NO. 02001180	
29d. DATE SIGNED (Month, Day, Year) 11-20-95					
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 29) (Type/Print) Donald J Maddack, D.O., 3125 Willowcreek Rd, Portage, IN					
31. HEALTH OFFICER'S SIGNATURE <i>Gary A. Babcock MD</i>					32. DATE FILED (Month, Day, Year) November 21, 1995
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		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.			

No: 620085459

LEGAL DESCRIPTION

Parcel 1: Part of Robinson's Reserve, as marked and laid down on the recorded plat of the Original Town (now City) of Crown Point, commencing at a point 95 feet South and 100 feet East of the Southwest corner of Lot 69 in said Original Town, and running thence East 50 feet, thence South 25 feet, thence East 90 feet to the West line of Court Street, thence South along the West line of said Court Street, 36.7 feet, thence West 174 feet, thence North, parallel with the West line of West Street, 9 feet, thence Northeasterly 37.7 feet to a point which is 37 feet South of the place of beginning, thence North 37 feet to the place of beginning.

Parcel 2: An easement over the South 8 feet of that part of Robinson's Reserve, as marked and laid down on the recorded plat of the Original Town (now City) of Crown Point, described as commencing at a point on the East line of West Street which is 95 feet South of the Southwest corner of Lot 69 in said Original Town, and running thence South along the East line of West Street 61.7 feet, thence East 66 feet, thence North, parallel with the East line of West Street, 9 feet, thence Northeasterly 37.7 feet to a point which is 100 feet East and 37 feet South of the place of beginning, thence North parallel with the East line of West Street, 37 feet, thence West 100 feet to the place of beginning.

