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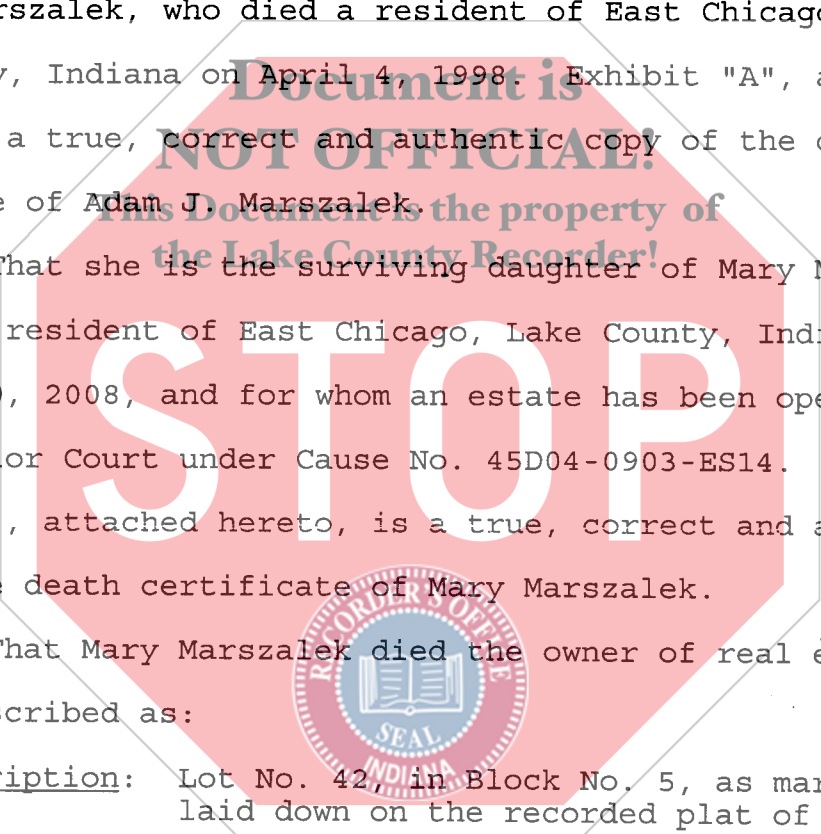
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2009 APR -7 AM 9:47
MICHAEL A. BROWN
RECORDER

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

A F F I D A V I T

JOAN WAYO, being first duly sworn upon her oath, states:

1. That she resides at 1542 West Pine Street, Griffith, Lake County, Indiana.
2. That she is the surviving daughter of Adam J. Marszalek, who died a resident of East Chicago, Lake County, Indiana on April 4, 1998. Exhibit "A", attached hereto, is a true, correct and authentic copy of the death certificate of Adam J. Marszalek.
3. That she is the surviving daughter of Mary Marszalek, who died a resident of East Chicago, Lake County, Indiana, on November 10, 2008, and for whom an estate has been opened in the Lake Superior Court under Cause No. 45D04-0903-ES14. Exhibit "B", attached hereto, is a true, correct and authentic copy of the death certificate of Mary Marszalek.
4. That Mary Marszalek died the owner of real estate legally described as:
Legal Description: Lot No. 42, in Block No. 5, as marked and laid down on the recorded plat of a



FILED

APR - 3 2009

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

002398

#17
CK# 4725
10v
CA

E

subdivision of the East 1510.2 feet of the North 1320 feet of the Northwest Quarter of Section 32, Township 37 North, Range 9 West of the Second Principal Meridian, except the East 201 feet thereof, in the City of East Chicago, Lake County, Indiana, as the same appears of record in Plat Book 2, Page 16, in the Recorder's Office of lake County, Indiana

Commonly Known As: 4913 Northcote Avenue, East Chicago, Indiana

Property Number : 45 03 32 127 006.000 024/24-30-0161-0040.

Joan Wayo

JOAN WAYO

SUBSCRIBED and SWORN to before me, a Notary Public, this 31st day of March, 2009.

Document is NOT OFFICIAL!

Michele A Ippolito

MICHELE A. IPPOLITO

My Commission Expires: August 8, 2015
County of Residence : Lake

This Document is the Property of the Lake County Recorder!

STOP

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.

Michele A Ippolito

MICHELE A. IPPOLITO

THIS INSTRUMENT PREPARED BY:

KENNETH M. WILK, Attorney at Law
3235 - 45th Street, Highland, Indiana 46322

219/924-2640



* 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.

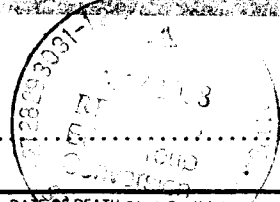
INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

Local No. 94

30-161-40



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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First, Middle, Last) Adam J Marszalek		2 SEX Male	3a TIME OF DEATH 10:50pm	3b DATE OF DEATH (Month, Day, Year) Apr 4 1998
4 *SOCIAL SECURITY NUMBER 345 03 4636	5a AGE—Last Birthday (Years) 88	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr) Jul 31 1909
7 BIRTHPLACE (City and State or Foreign Country) East Chicago In	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/Out-patient <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) St Catherine Hospital		9c CITY, TOWN, OR LOCATION OF DEATH East Chicago	9d COUNTY OF DEATH Lake	
10 MARITAL STATUS (Specify) Married	11 SURVIVING SPOUSE (If wife, give maiden name) Mary Bukala	12a DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Machine Operator	12b KIND OF BUSINESS/INDUSTRY Manufacturing	
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY, TOWN, OR LOCATION East Chicago	13d STREET AND NUMBER 4913 Northcote Ave	
13e ZIP CODE 46312	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.)	16 RACE—American Indian, Black, White, etc. (Specify) White
17 DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5 +)	18 FATHER'S NAME (First, Middle, Last) Simon Marszalek		19 MOTHER'S NAME (First, Middle, Maiden Surname) Magdeline Mysliwiec	
20a INFORMANT'S NAME (Type/Print) Mary Marszalek		20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 4913 Northcote E. Chicago In 46312		20c Relationship Wife
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <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) Apr 8 1998 Holy Cross Cemetery		21c LOCATION—City or Town, State Calumet City Il
22a EMBALMER'S NAME James W Gholston		22b EMBALMER'S LICENSE NO. 1004194	23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a SIGNATURE OF FUNERAL DIRECTOR <i>John B. Lesniak</i>		24b LICENSE NUMBER (of Licensee) 1005491	25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Lesniak FH3001601 4918 Magoun E. Chicago In 46312	
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. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. <i>Acute myocardial infarction</i> DUE TO (OR AS A CONSEQUENCE OF) b. <i>Coronary Heart Disease</i> 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 - Conditions contributing to death but not previously stated in Part I <i>Septicemia - early stage</i>				Approximate Interval Between Onset and Death
27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? No		28a WAS AN AUTOPSY PERFORMED? (Yes or no) No	28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE NO	
29a CERTIFIER (Check only one) <input 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 checked="" 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>John B. Lesniak MD</i>	29c MEDICAL LICENSE NO. 01027460	29d DATE SIGNED (Month, Day, Year) 4/16/98
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Rosita Jayate MD 720 W Chicago Ave E. Chicago In 46312				32 DATE FILED (Month, Day, Year) 4-17-98
31 HEALTH OFFICER'S SIGNATURE <i>Dr. Timothy Raybould</i>				
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.		

"A"

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

City Of East Chicago
East Chicago, In 46312



Local No. 000268

State No.

1. Decedent's Legal Name (First, Middle, Last) MARY MARSZALEK				1a. Maiden Last Name (if Female) BUKALA		2. Sex FEMALE	3. Time Of Death 11:50 AM	4. Date Of Death (Month/Day/Year) NOV 10, 2008		
5. Social Security Number 307013003		6a. Age - Yrs 97		6b. Under 1 Year Months: _____ Days: _____		6c. Under 1 Month Days: _____ Hours: _____ Minutes: _____		7. Date Of Birth (Month/Day/Year) SEP 8, 1911		8. Birthplace (City And State Or Foreign Country) CHICAGO, IL
9. Ever In U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead On Arrival				10a. If Death Occurred Somewhere Other Than A Hospital: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-Term Care Facility <input type="checkbox"/> Other (Specify)				
11. Facility Name (If Not Institution, Give Street And Number) ST CATHERINE HOSPITAL										
12. City Or Town, State, And Zip Code EAST CHICAGO					13. County Of Death LAKE			14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		
15. Surviving Spouse's Name N/A			15a. (If Wife) Give Maiden Last Name			16. Decedent's Usual Occupation HOMEMAKER		17. Kind Of Business/Industry OWN HOME		
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town EAST CHICAGO			18d. Apt. No.	18e. Zip Code 46312	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
18c. Street And Number 4913 NORTHCOTE AVE			19. Decedent's Education 12		20. Decedent Of Hispanic Origin NO		21. Decedent's Race WHITE			
22. Father's Name (First, Middle, Last) ALBERT BUKALA				23. Mother's Name (First, Middle, Last) MAGDALENE BUKALA			23a. Mother's Maiden Last Name			
24. Informant's Name CARL MARSZALEK			24a. Relationship To Decedent SON		24b. Mailing Address (Street And Number, City, State, Zip Code) 4913 NORTHCOTE EAST CHICAGO, IN 46312					
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify):			25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) HOLY CROSS CEMETERY			25c. Location - City, Town, And State CALUMET CITY, IL				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility LESNIAK FH 4918 MAGOUN EAST CHICAGO, IN 46312					27a. Funeral Home License Number: FH83001601			
27b. Signature Of Indiana Funeral Service Licensee <i>John P. Lesniak</i>						27c. License Number (Of Licensee): FD01005491				
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. Immediate Cause (Final Disease Or Condition Resulting In Death) A. <input checked="" type="checkbox"/> Pneumonia Due To (Or As A Consequence Of): _____ B. <input checked="" type="checkbox"/> Due To (Or As A Consequence Of): _____ C. <input checked="" type="checkbox"/> 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 Acute Cerebral Infarction										
29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No				
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		32. If Female: <input checked="" type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year			33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined			37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
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)			38a. City Or Town	38b. Street & Number	38c. Apt. No.	38d. Zip Code
39. Describe How Injury Occurred						40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)				
41. Signature Of Person Certifying Cause Of Death <i>K. Patel</i>						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer				
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: K. PATEL MD 525 W CHICAGO AVE EAST CHICAGO, IN 46312						44. License Number 01043474		45. Date Certified 11/13/08		
46. Additional Funeral Service Provider:						47. *Akas:				
48. Signature of Local Health Officer: <i>Gauka Bonshuk Aboumka MD</i>						49. For Registrar Only - Date Filed (Month/Day/Year): 11/13/08 "B"				