



Chicago Title Insurance Company

620091148

SURVIVORSHIP AFFIDAVIT

2009 023281

On this 3/18/09 before me personally appeared _____

DIRNE L COOK

to me personally known, who being duly sworn on oath did say that:

1. Affiant resides at the address given below affiant's signature:

2. Affiant is DAUGHTER OF OWNER
(state interest of affiant in the above premises as "owner", "son of owner",

3. Said premises were formerly owned as joint tenants or as tenants by the entireties by SIMON TAYBOS and ANNA TAYBOS

4. Said SIMON TAYBOS
(fill in name of co-tenant who died)
died on 9-14-1995

leaving NO will;
(insert "a" or "no"; if will left, attach a copy)

5. The legal description of the premises in question is:

Attached legal

FILED

APR - 9 2009

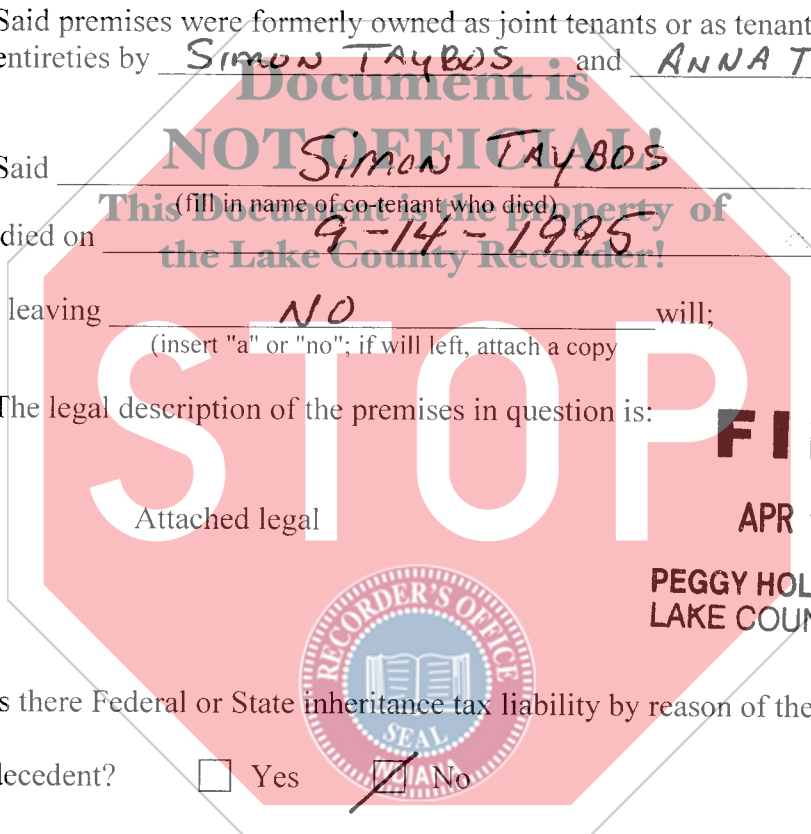
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

6. Is there Federal or State inheritance tax liability by reason of the death of said decedent? Yes No

If yes, then estimated taxes due are \$ _____

The taxes due are paid or unpaid.. N/A

002612



STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2009 APR 13 AM 9:07
MICHAEL A. BROWN
RECORDER

at
18.
m

7. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced? NO

(If answer is "Yes", identify the divorce proceedings:

_____):

8. Affiant's relationship to the deceased was DAUGHTER

Signature: *Diane L. Cook*

Printed Name DIANE L COOK

Address: _____

Subscribed and sworn to before me by the affiant

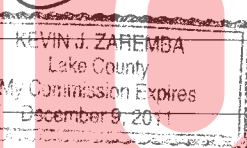
This _____

3/18/09
(insert date)

[Signature]
Notary Public

Printed Name _____

My County of Residence is: _____



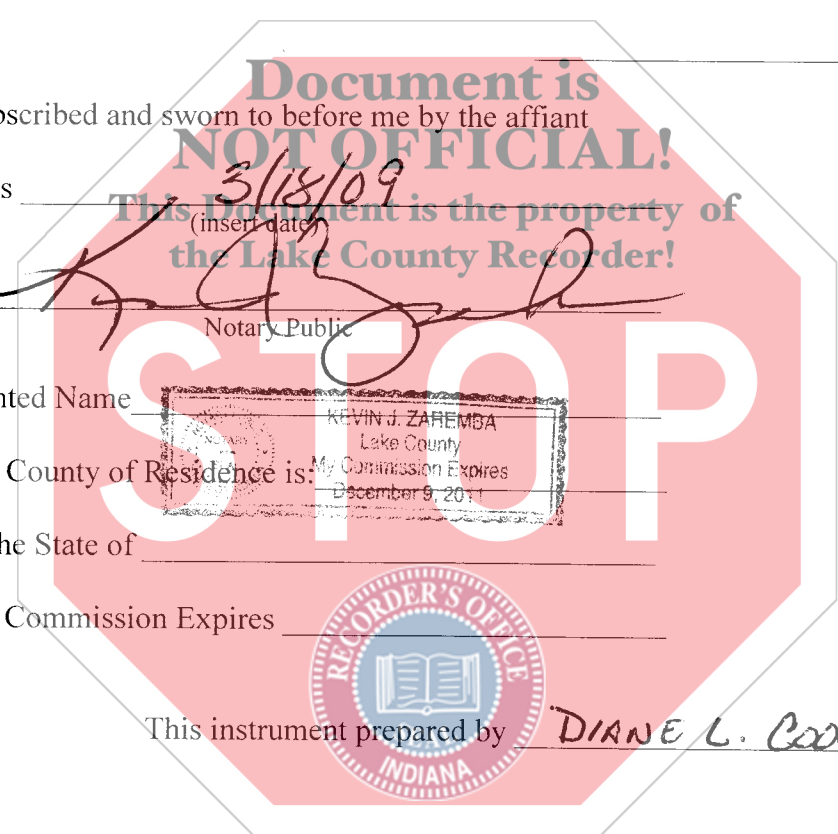
In the State of _____

My Commission Expires _____



This instrument prepared by

DIANE L. COOK



No: 620091148

LEGAL DESCRIPTION

Lot 4, in Block 11, in Third Addition to Indiana Harbor, in the City of Each Chicago, as per plat thereof, recorded in Plat Book 5 page 24, in the Office of the Recorder of Lake County, Indiana.



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. 95-265

CERTIFICATE OF DEATH

State No.

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) Simon Taybos		2. SEX Male	3a. TIME OF DEATH 7:30a.m.	3b. DATE OF DEATH (Month, Day, Yr) September 14, 1995	
4. *SOCIAL SECURITY NUMBER 306-██████████	5a. AGE—Last Birthday (Years) 80	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr) June 21, 1915	
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 type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence			
9b. FACILITY NAME (If not institution, give street and number) 3907 Hemlock Street		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) Ann Chigas	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Steelworker		12b. KIND OF BUSINESS/INDUSTRY Inland Steel Co.	
13a. RESIDENCE—STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION East Chicago	13d. STREET AND NUMBER 3907 Hemlock Street		
13e. ZIP CODE 46312	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" 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) n/a College (1-4 or 5+) n/a		18. FATHER'S NAME (First, Middle, Last) Michael Taybos			
19. MOTHER'S NAME (First, Middle, Maiden Surname) unavailable		20a. INFORMANT'S NAME (Type/Print) Ann Taybos			
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3907 Hemlock St., East Chicago, IN		20c. Relationship Wife			
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) September 16, 1995 Elmwood Cemetery		21c. LOCATION—City or Town, State Hammond, Indiana	
22a. EMBALMER'S NAME Charles W. Wells		22b. EMBALMER'S LICENSE NO. FD0104372		23. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
24a. SIGNATURE OF FUNERAL DIRECTOR <i>David P. Pastrick</i>		24b. LICENSE NUMBER (of License) FD08800012	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME FH155 Oleska-Pastrick Funeral Home 3934 Elm St., East Chicago, IN		
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) Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last		a. <i>Cardiopulmonary Arrest</i> DUE TO (OR AS A CONSEQUENCE OF):		Approximate Interval Between Onset and Death <i>Seconds</i>	
		b. <i>Lung Carcinoma</i> DUE TO (OR AS A CONSEQUENCE OF):		<i>Months</i>	
		c. <i>Chronic Obstructive Pulmonary Disease</i> DUE TO (OR AS A CONSEQUENCE OF):		<i>Years</i>	
		d. <i>Cardiac arrhythmia</i> DUE TO (OR AS A CONSEQUENCE OF):		<i>Years</i>	
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) 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>John A. Hoehn</i>		29c. MEDICAL LICENSE NO. 02000872	29d. DATE SIGNED (Month, Day, Year) Sept. 15, 1995		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 29) (Type/Print) Dr. John A. Hoehn, M.D. 2001 U S Route 41, Schererville, IN 46375					
31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>			32. DATE FILED (Month, Day, Year) 9-15-95		
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.			