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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2009 JUL 24 AM 10:17

**SURVIVORSHIP AFFIDAVIT**  
MICHAEL A. BROWN  
RECORDER

STATE OF INDIANA     )  
                                  )     SS:  
COUNTY OF LAKE     )

BARBARA G. MILEN, being first duly sworn upon oath, deposes and says:

- 1. That Chester P. Milen died on March 19, 2007 in Lake County, Indiana (see copy of death certificate attached as Exhibit A).
- 2. That Chester P. Milen and Barbara G. Milen were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

Lot 42 in Edgewood Unit 4a, an Addition to the Town of St. John, as per Plat Thereof, Recorded in Plat Book 83 Page 47, in the Office of the Recorder of Lake County, Indiana.  
Commonly known as: 14196 85<sup>th</sup> Place, St. John, IN 46373

- 3. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of his death.
- 4. That all funeral expenses in connection with the death of said decedent have been paid in full.
- 5. That all of the assets of said decedent which would be includable for Federal Estate Tax purposes, including bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

Further affiant sayeth not.

*Barbara G. Milen*  
Barbara G. Milen     Affiant Signature

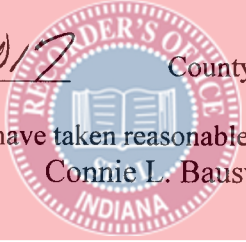
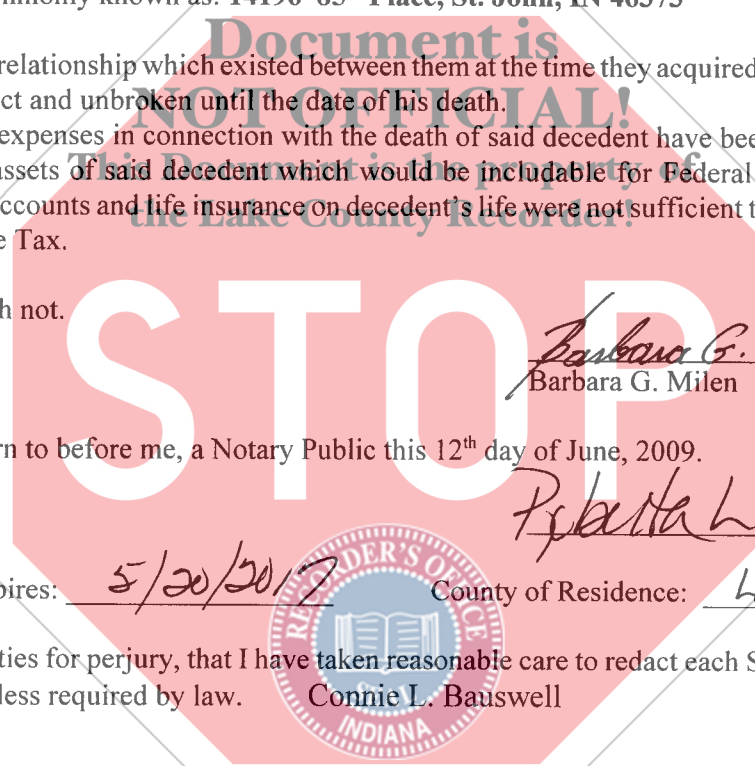
Subscribed and sworn to before me, a Notary Public this 12<sup>th</sup> day of June, 2009.

*Peggy L. Katona*  
Notary Public

My Commission Expires: 5/20/2017     County of Residence: Lake

I affirm, under penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.     Connie L. Bauswell

This Instrument prepared by: Connie L. Bauswell, Law Office of Connie L. Bauswell, 409 East Lincolnway, 1<sup>st</sup> Floor, Valparaiso, Indiana 46383



↑ **FILED**  
JUL 23 2009

✓ #2354  
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PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR     005627

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

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. ....

Local No. 130-07

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

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DECEDENT

ARENTS

FORMANT

POSITION

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1. DECEASED-NAME (First, Middle, Last) <b>Chester Milen</b>				2. SEX <b>Male</b>	3a. TIME OF DEATH <b>2:17 A M</b>	3b. DATE OF DEATH (Month, Day, Year) <b>March 19, 2007</b>
4. *SOCIAL SECURITY NUMBER <b>359-34-0202</b>	5a. AGE - Last Birthday (Years) <b>66</b>	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	5. DATE OF BIRTH (Mo, Day, Yr) <b>March 14, 1941</b>	7. BIRTHPLACE (City and State or Foreign Co) <b>Chicago, IL</b>	
8a. WAS DECEDENT A U.S. VETERAN? <b>Yes</b>	8b. YEAR LAST SERVED IN U.S. ARMED FORCES?	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) <b>14196 89th Pl</b>				9c. CITY, TOWN, OR LOCATION OF DEATH <b>St John</b>	9d. COUNTY OF DEATH <b>Lake</b>	
10. MARITAL STATUS (Specify) <b>Married</b>		11. SURVIVING SPOUSE (If wife, give maiden name) <b>Barbara Skonieczka</b>		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>State Tooper</b>		12b. KIND OF BUSINESS/INDUSTRY <b>Police Department</b>
13a. RESIDENCE - STATE <b>IN</b>	13b. COUNTY <b>Lake</b>	13c. CITY, TOWN, OR LOCATION <b>St John</b>		13d. STREET AND NUMBER <b>14196 89th Pl</b>		
13e. ZIP CODE <b>46373</b>	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? <b>USA</b>	15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>1</b> College (13-16) <b>1</b>	
16. FATHER'S NAME (First, Middle, Last) <b>Chester Mikolajczak</b>				18. MOTHER'S NAME (First, Middle, Maiden Surname) <b>Sally Klimczak</b>		
20a. INFORMANT'S NAME (Type/Print) <b>Barbara Milen</b>			20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, ZIP Code) <b>14196 89th Pl, St John, IN 46373</b>		20c. Relationship <b>Wife</b>	
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) <b>March 22, 2007 Holy Cross Cemetery</b>			21c. LOCATION - City or Town, State <b>Calumet City, IL</b>	
22a. EMBALMER'S NAME: <b>John T. Noble</b>			22b. EMBALMER'S LICENSE NO. <b>9000031</b>		23. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
24a. SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>			24b. LICENSE NUMBER (of Licensee) <b>9000031</b>		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>Burns-Kish Funeral Home Lic # 300496 8415 Calumet Ave, Munster, IN 46321-2521</b>	
26. 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. <b>Multiple metastasizing metastases</b> IMMEDIATE CAUSE (Final disease or condition resulting in death) a. <b>Multiple metastasizing metastases</b> DUE TO (OR AS A CONSEQUENCE OF): b. <b>accusation of return</b> DUE TO (OR AS A CONSEQUENCE OF): c. _____ DUE TO (OR AS A CONSEQUENCE OF): d. _____ Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last				APPROVE THIS CERTIFICATE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE INDIANA STATE DEPARTMENT OF HEALTH <b>MAR 30 2007</b>		
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I. <b>Liver &amp; lung metastases</b>				27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or No) <b>No</b>	28a. WAS AN AUTOPSY PERFORMED? (Yes or No) <b>No</b>	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 <b>J. Walsh</b>				29c. MEDICAL LICENSE NO. <b>01027487</b>	29d. DATE SIGNED (Month, Day, Year) <b>March 19, 2007</b>	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>J. Walsh, MD 9122 Columbia ave. Munster, IN 46321</b>						
31. HEALTH OFFICER'S SIGNATURE <b>Susan W. Best, D.O.</b>					32. DATE FILED (Month, Day, Year) <b>March 21, 2007</b>	
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		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)			

