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2009 051372

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2009 JUL 24 AM 10: 17

MICHAEL A. BROWN
RECORDER

SURVIVORSHIP AFFIDAVIT

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 85th 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 12th day of June, 2009.

Roberta L Martinez
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, 1st Floor, Valparaiso, Indiana 46383

FILED

JUL 23 2009

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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#2354

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

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. .....

ocal No. 130-07

11682

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

'PE/PRINT IN RMANENT LACK INK

:CEDENT

1. DECEASED—NAME (First, Middle, Last)	2. SEX	3a. TIME OF DEATH	3b. DATE OF DEATH (Month, Day, Year)
Chester Milen	Male	2:17 A M	March 19, 2007

4. *SOCIAL SECURITY NUMBER	5a. AGE – Last Birthday (Years)	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr)	7. BIRTHPLACE (City and State or Foreign Co
359-34-0202	66			March 14, 1941	Chicago, IL

8a. WAS DECEDENT A U.S. VETERAN?	8b. YEAR LAST SERVED IN U.S. ARMED FORCES?	9a. PLACE OF DEATH (Check only one. See instructions.)
Yes		HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA — OTHER: ☐ Nursing Home ☐ Other (Specify) ☒ Residence

9b. FACILITY NAME (If not institution, give street and number)	9c. CITY, TOWN, OR LOCATION OF DEATH	9d COUNTY OF DEATH
14196 W. 89th Pl	St John	Lake

10. MARITAL STATUS (Specify)	11. SURVIVING SPOUSE (If wife, give maiden name)	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	12b. KIND OF BUSINESS/INDUSTRY
Married	Barbara Skoniecza	State Tooper	Police Department

13a. RESIDENCE — STATE	13b. COUNTY	13c. CITY, TOWN, OR LOCATION	13d. STREET AND NUMBER
IN	Lake	St John	14196 W. 89th Pl

13e. ZIP CODE	13f. INSIDE CITY LIMITS	13g. ON A FARM?	14. CITIZEN OF WHAT COUNTRY?	15. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16. RACE—American Indian, Black, White, etc. (Specify)	17. DECEDENT'S EDUCATION (Specify only highest grade complet	
						Elementary/Secondary (0-12)	College (1-
46373	☐ No ☒ Yes	☒ No ☐ Yes	USA	☒ No ☐ Yes	White		1

18. FATHER'S NAME (First, Middle, Last)	19. MOTHER'S NAME (First, Middle, Maiden Surname)
Chester Mikolajczak	Sally Klimczak

20a. INFORMANT'S NAME (Type/Print)	20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, ZIP Code)	20c. Relationship
Barbara Milen	14196 W. 89th Pl, St John, IN 46373	Wife

21a. METHOD OF DISPOSITION	21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	21c. LOCATION—City or Town, State
☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify) ____	March 22, 2007 Holy Cross Cemetery	Calumet City, IL

22a. EMBALMER'S NAME:	22b. EMBALMER'S LICENSE NO.	23. WAS DEATH REPORTED TO CORONER?
John T. Noble	9000031	☐ No ☒ Yes

24a. SIGNATURE OF FUNERAL DIRECTOR	24b. LICENSE NUMBER (of Licensee)	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME
	9000031	Burns-Kish Funeral Home Lic # 300496 8415 Calumet Ave, Munster, IN 46321-2521

:RENTS

FORMANT

SPOSITION

AUSE OF EATH

26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respirator 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. X Multiple intracerebral metastases

DUE TO (OR AS A CONSEQUENCE OF):

b. Carcinoma of rectum

DUE TO (OR AS A CONSEQUENCE OF):

c.

DUE TO (OR AS A CONSEQUENCE OF):

d.

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH LAKE COUNTY HEALTH DEPARTMENT

Approx. Onset

MAR 30 2007

PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.

Liver & lung metastasis

27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or No)	28a. WAS AN AUTOPSY PERFORMED? (Yes or No)	28b. WERE AUTOPSY FIND AVAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? (Yes or N
No	No	

ERTIFIER

29a. CERTIFIER (Check only one)

☒ CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated.

☐ 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.

☐ 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	29c. MEDICAL LICENSE NO.	29d. DATE SIGNED (Month,
X Susan B. Walsh	X 01027487	March 19,200

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)

J. Walsh, MD 9122 Columbia ave. Munster, IN 46321

EALTH FFICER

31. HEALTH OFFICER'S SIGNATURE	32. DATE FILED (Month, Day
Susan B Walsh D.O.	March 21,

33. MANNER OF DEATH	34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or No)	34d. DESCRIBE HOW INJURY OCCURRED
☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could Not Be Determined				

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, St