

Survivorship Affidavit

State of IN
County of LAKE) SS:

Rose Mary Hostinsky, being first duly sworn upon oath, deposes and says:

1. That Steve Hostinsky died (without leaving a will) _____ (leaving a will) on Dec. 6, 2008 at _____

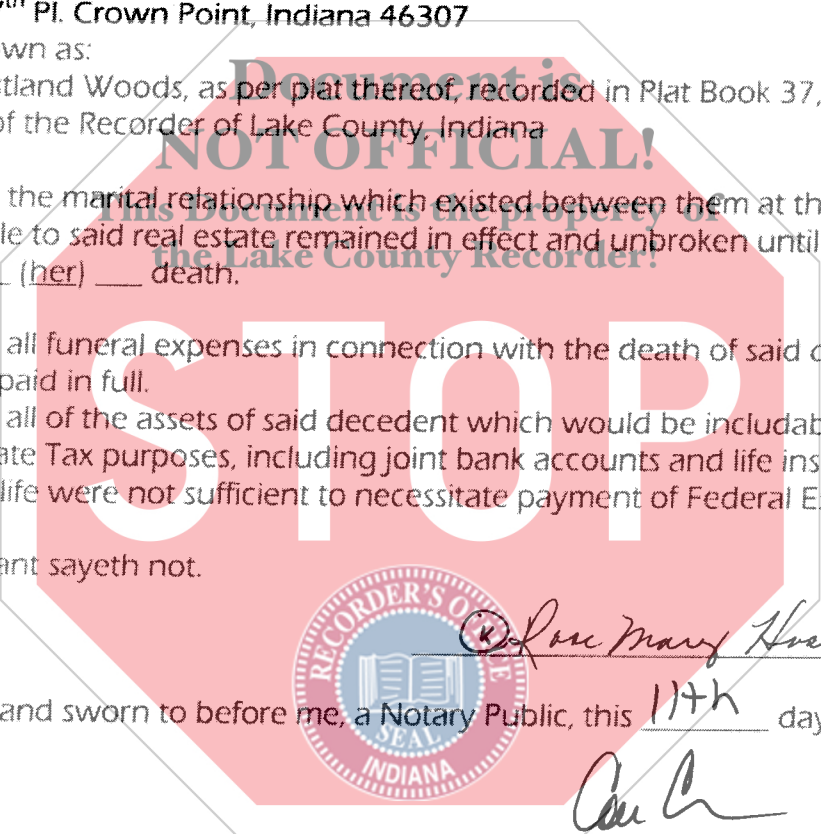
2. That Steve and Rose Mary were duly and legally married at the time they acquired title as husband and wife to the following described real estate:
311 W. 117th Pl. Crown Point, Indiana 46307
Legally known as:
Lot 1 in Eastland Woods, as per plat thereof, recorded in Plat Book 37, Page 82, in the Office of the Recorder of Lake County, Indiana

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 x (his) (her) 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 joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

Further affiant sayeth not.



Rose Mary Hostinsky

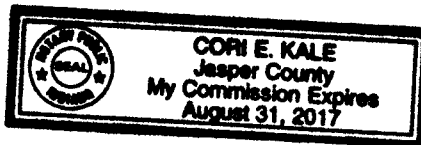
Subscribed and sworn to before me, a Notary Public, this 11th day of September, 2009

[Signature]

My Commission expires:

County of Residence:

This Instrument prepared by:



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PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH



Local No. 4140-08

State No.

1. Decedent's Legal Name (First, Middle, Last) Stephen J. Hostinsky				1a. Maiden Last Name (If Female)		2. Sex Male		3. Time of Death 8:31 AM		4. Date of Death (Month/Day/Year) December 6, 2008			
5. Social Security Number [REDACTED]		6a. Age - Yrs 77		6b. Under 1 Year Months		6c. Under 1 Month Days		6d. Under 1 Day Hours		6e. Under 1 Hour Minutes			
7. Date of Birth (Month/Day/Year) February 24, 1931				8. Birthplace (City And State Or Foreign Country) Gary, Indiana									
9. Ever In U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department <input type="checkbox"/> Outpatient <input type="checkbox"/> Dead On Arrival				10a. If Death Occurred Somewhere Other Than A Hospital: <input type="checkbox"/> Hospice Facility <input checked="" 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) 311 W. 117th Pl.													
12. City Or Town, State, and Zip Code Crown Point, Indiana 46307						13. County Of Death Lake			14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown				
15. Surviving Spouse's Name RoseMary Hostinsky				15a. (If Wife) Give Maiden Last Name Lentini		16. Decedent's Usual Occupation Carpenter			17. Kind Of Business/Industry Construction				
18. Residence - State Indiana			18a. County Lake			18b. City Or Town Crown Point			18c. Street And Number 311 W. 117th Pl.		18d. Apt. No.	18e. Zip Code 46307	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
19. Decedent's Education 12		20. Decedent Of Hispanic Origin Non-Hispanic			21. Decedent's Race Caucasian								
22. Father's Name (First, Middle, Last) Stephen Hostinsky				23. Mother's Name (First, Middle, Last) Mary Hostinsky				23a. Mother's Maiden Last Name Scecina					
24. Informant's Name RoseMary Hostinsky			24a. Relationship To Decedent Wife			24b. Mailing Address (Street And Number, City, State, Zip Code) 311 W. 117th Pl. Crown Point, Indiana 46307							
25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" 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) Geisen Cremation Centre			25c. Location - City, Town, And State Crown Point, Indiana							
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Geisen Funeral Home, Crown Point 606 E. 115th Ave., Crown Point, Indiana 46307						27a. Funeral Home License Number: FH19900060					
27b. Signature Of Indiana Funeral Service Licensee: <i>[Signature]</i>						27c. License Number (Of Licensee): FD09000013							
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. Lung Cancer Due To (Or As A Consequence Of): Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last B. C. D. Due To (Or As A Consequence Of):													
28. Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I						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 checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown			32. If Female: <input 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							
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)				37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No					
38. Location Of Injury - State			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>David Knight</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: Dr. David Knight, MD, 1205 S. Main St., Suite 301, Crown Point, Indiana 46307						44. License Number 01064963A		45. Date Certified 12/9/08					
46. Additional Funeral Service Provider:						47. *Alias:							
48. Signature of Local Health Officer: <i>Susan J. Best, D.O.</i>						49. For Registrar Only - Date Filed (Month/Day/Year): December 9, 2008							