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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2009 064935

2009 SEP 23 AM 11:45

STATE OF INDIANA )  
 ) SS:  
COUNTY OF LAKE )

MICHAEL A. BROWN  
RECORDER

**AFFIDAVIT OF SURVIVORSHIP**

I, Sylvia Fodemski, being duly sworn, state as follows:

1. I am over the age of eighteen (18) and suffer from no disability which would render my testimony incompetent.

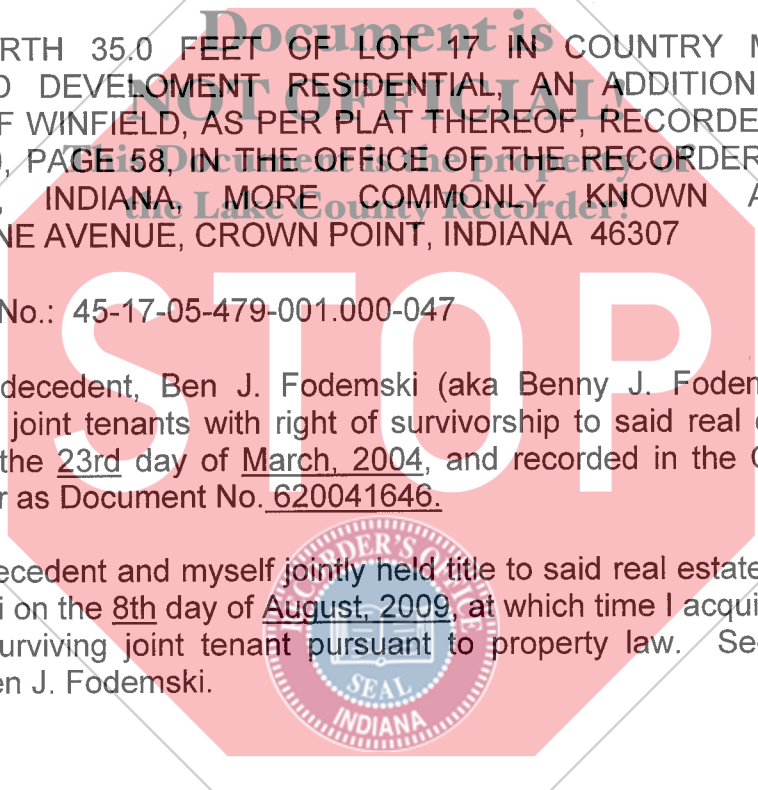
2. I am the owner in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

THE NORTH 35.0 FEET OF LOT 17 IN COUNTRY MEADOWS PLANNED DEVELOPMENT RESIDENTIAL, AN ADDITION TO THE TOWN OF WINFIELD, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 90, PAGE 58, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA, MORE COMMONLY KNOWN AS 10700 KEYSTONE AVENUE, CROWN POINT, INDIANA 46307

Tax Key No.: 45-17-05-479-001.000-047

3. The decedent, Ben J. Fodemski (aka Benny J. Fodemski), and myself acquired title as joint tenants with right of survivorship to said real estate by deed of conveyance on the 23rd day of March, 2004, and recorded in the Office of the Lake County Recorder as Document No. 620041646.

4. The decedent and myself jointly held title to said real estate until the death of Ben J. Fodemski on the 8th day of August, 2009, at which time I acquired title to the real estate as the surviving joint tenant pursuant to property law. See attached Death Certificate for Ben J. Fodemski.



**FILED**

SEP 23 2009

016660

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

#4802  
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AD

5. The gross value of the estate of the decedent as determined for the purpose of Federal Estate Taxes was less than the value required for the filing of a Federal Estate Tax Return; therefore, the decedent's estate was not subject to Federal Estate Tax.

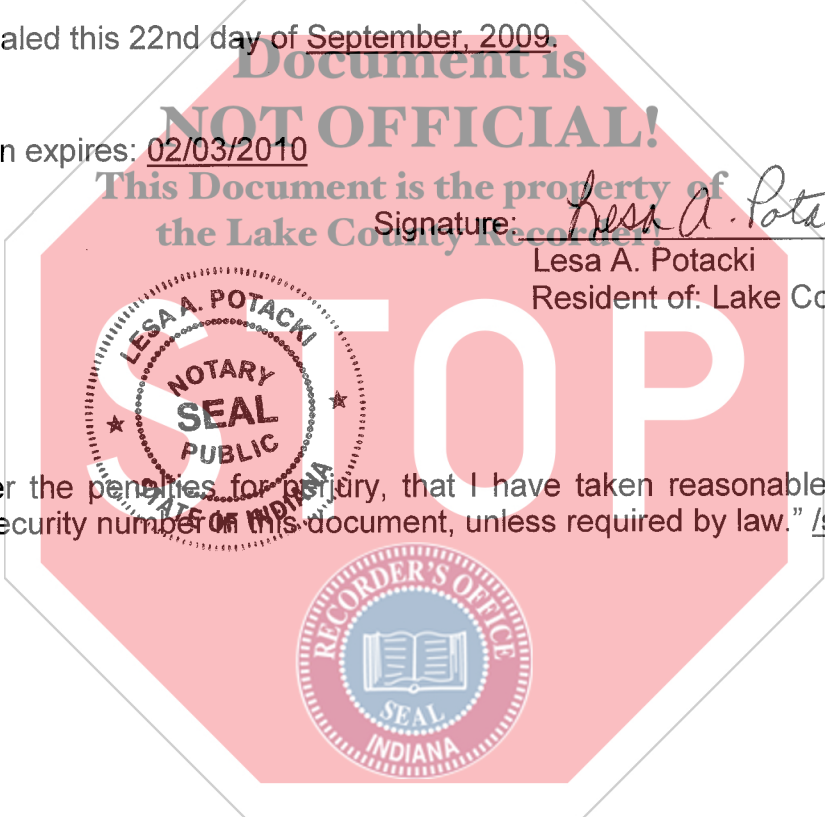
Sylvia Fodemski  
Sylvia Fodemski, Affiant

STATE OF INDIANA )  
 ) SS:  
COUNTY OF LAKE )

Before me the undersigned, a Notary Public for Lake County, State of Indiana, personally appeared Sylvia Fodemski, and, being first duly sworn by me upon oath, stated that the facts alleged in the foregoing instrument are true.

Signed and sealed this 22nd day of September, 2009.

My commission expires: 02/03/2010



Signature: Lesa A. Potacki  
Lesa A. Potacki  
Resident of: Lake County, Indiana

"I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number on this document, unless required by law." /s/Gary P. Bonk

This instrument prepared by: Gary P. Bonk, Attorney; 900 Parker Place, Suite A, Schererville, IN 46375; (219) 864-7800



8+2

INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH



Local No. 2932-09

State No. ....

1. Decedent's Legal Name (First, Middle, Last) <b>BENNY (BERNARD) J. FODEMSKI</b>				1a. Maiden Last Name (If Female) <b>N/A</b>		2. Sex <b>Male</b>	3. Time Of Death <b>6:45 PM</b>	4. Date Of Death (Month/Day/Year) <b>August 8, 2009</b>		
5. Social Security Number <b>312-18-7352</b>		6a. Age - Yrs <b>86</b>	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) <b>May 17, 1923</b>		8. Birthplace (City And State Or Foreign Country) <b>Gary, Indiana</b>	
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 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) <b>Methodist Hospital - Southlake</b>										
12. City Or Town, State, And Zip Code <b>Merrillville, Indiana 46410</b>					13. County Of Death <b>Lake</b>		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 <b>Sylvia Fodemski</b>			15a. (If Wife) Give Maiden Last Name <b>Ciesielski</b>		16. Decedent's Usual Occupation <b>Ladle Craneman</b>		17. Kind Of Business/Industry <b>U.S. Steel Company</b>			
18. Residence - State <b>Indiana</b>		18a. County <b>Lake</b>		18b. City Or Town <b>Winfield</b>		18d. Apt. No.	18e. Zip Code <b>46307</b>	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
18c. Street And Number <b>10700 Keystone Lane</b>		20. Decedent Of Hispanic Origin <b>No</b>		21. Decedent's Race <b>White</b>		19. Decedent's Education <b>9th Grade</b>	22. Father's Name (First, Middle, Last) <b>Ignatz Fodemski</b>	23. Mother's Name (First, Middle, Last) <b>Kunugunda Fodemski</b>	23a. Mother's Maiden Last Name <b>Setlak</b>	
24. Informant's Name <b>Sylvia Fodemski</b>		24a. Relationship To Decedent <b>Wife</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>10700 Keystone Lane, Crown Point, Indiana 46307</b>						
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) <b>Calumet Park Cemetery</b>			25c. Location - City, Town, And State <b>Merrillville, Indiana 46410</b>					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	27. Name And Complete Address Of Funeral Facility <b>Pruzin &amp; Little Funeral Service, 811 East Franciscan Drive, Crown Point, Indiana 46307</b>						27a. Funeral Home License Number: <b>FH 83001261</b>			
27b. Signature Of Indiana Funeral Service Licensee <i>[Signature]</i>						27c. License Number (Of Licensee): <b>1009893</b>				
<b>Cause Of Death (See Instructions And Examples)</b>										
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.								Approximate Interval: Onset To Death		
Immediate Cause (Final Disease Or Condition Resulting In Death) A. <b>Hepato-Brenal Failure</b>										
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. <b>Metastatic CA Liver</b>										
C. <b>Carcinoma Pancreas</b>										
D.										
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I <b>HTH hyperlipidemia</b>						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 checked="" type="checkbox"/> No		
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input 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 43 Days To 1 Year Before Death			33. Manner Of Death: <input 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)			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>[Signature]</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: <b>Dr. Raymundo Billena, 5490 Broadway Merrillville, Indiana 46410 (219) 887-9549</b>						44. License Number <b>1026067A</b>	45. Date Certified <b>8/10/09</b>			
46. Additional Funeral Service Provider:						47. *Akas:				
48. Signature of Local Health Officer: <i>[Signature]</i>						49. For Registrar Only - Date Filed (Month/Day/Year): <b>August 13, 2009</b>				