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6200 95245

STATE OF INDIANA)
)SS:
COUNTY OF LAPORTE)

AFFIDAVIT IN AID OF TITLE

CHICAGO TITLE INSURANCE COMPANY

Comes now Mary Ann Butler, and after being duly sworn upon her oath, deposes and say as follows:

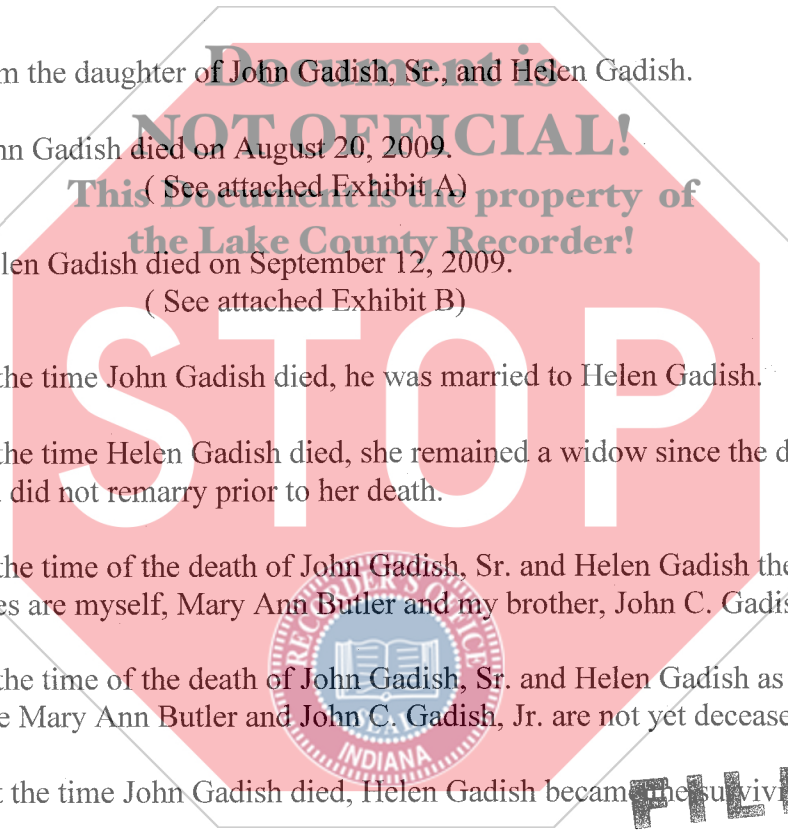
1. That the affiant, Mary Ann Butler is over the age of 21 and a resident of LaPorte County, Indiana.
2. That the affiant makes this Affidavit in Aid of Title for the purpose of transferring title to the following described real estate, located in Lake County, State of Indiana, commonly known as 4515 Cameron Ave., Hammond, Indiana and more particularly described as follows:

Lots 7 and 8, Block 14, Subdivision of the East part of the Northside Addition to Hammond, as shown in Platt Book 1, Page 97, in Lake County, Indiana.

3. That I am the daughter of John Gadish, Sr., and Helen Gadish.
4. That John Gadish died on August 20, 2009.
(See attached Exhibit A)
5. That Helen Gadish died on September 12, 2009.
(See attached Exhibit B)
6. That at the time John Gadish died, he was married to Helen Gadish.
7. That at the time Helen Gadish died, she remained a widow since the death of John Gadish and did not remarry prior to her death.
8. That at the time of the death of John Gadish, Sr. and Helen Gadish their only heirs and beneficiaries are myself, Mary Ann Butler and my brother, John C. Gadish, Jr.
9. That at the time of the death of John Gadish, Sr. and Helen Gadish as well as to the present date Mary Ann Butler and John C. Gadish, Jr. are not yet deceased.
10. That at the time John Gadish died, Helen Gadish became the surviving spouse.
11. That at the time Helen Gadish died, Mary Ann Butler and John C. Gadish, Jr. were vested as Tenants In Common with all right, ownership and interest in the above referenced real estate.

2009 079224

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2009 DEC -1 AM 9:04
MICHAEL A. BROWN
RECORDER



FILED

NOV 30 2009
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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AO
CT

021178

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Further Affiant saith not.

Dated this 16th day of November, 2009. Mary Ann Butler
MARY ANN BUTLER

Before me the undersigned, a Notary Public, for the County of LaPorte, State of Indiana, this 16th day of November, 2009, personally appeared Mary Ann Butler, and she being first duly sworn upon her oath, acknowledged the execution, and says that the facts alleged in the foregoing instrument are true.

[Signature]
EDWARD L. JANES
NOTARY PUBLIC

My Commission Expires: April 16, 2016

My County of Residence: LaPorte



This instrument prepared by: Edward L. Janes, Attorney At Law, 2342 N. US Highway 35, LaPorte, IN 46350 219-324-0556 15197-64

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

CERTIFICATE OF DEATH



Local No. 789-09

State No.

| | | | | | | | | | |
|---|---|---|---|---|---|--|--|---|--|
| 1. Decedent's Legal Name (First, Middle, Last) JOHN ANDREW GADISH SR. | | | | 1a. Maiden Last Name (If Female) N/A | | 2. Sex MALE | 3. Time Of Death 2:16 PM | 4. Date Of Death (Month/Day/Year) AUGUST 20, 2009 | |
| 5. Social Security Number 00000-6811 | 6a. Age - Yrs 90 | 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) SEPT. 30, 1918 | | 8. Birthplace (City And State Or Foreign Country) WHITING, 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 checked="" 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) ST. MARGARET MERCY HOSPITAL | | | | | | | | | |
| 12. City Or Town, State, And Zip Code HAMMOND, INDIANA 46320 | | | | | 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 HELEN GADISH | | | 15a. (If Wife) Give Maiden Last Name KOWALSKI | | 16. Decedent's Usual Occupation STILLMAN | | 17. Kind Of Business/Industry OIL COMPANY | | |
| 18. Residence - State INDIANA | | 18a. County LAKE | | 18b. City Or Town HAMMOND | | | | | |
| 18c. Street And Number 4515 CAMERON AVENUE | | | | | 18d. Apt. No. N/A | 18e. Zip Code 46327 | | 18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 19. Decedent's Education 9 YEARS | | 20. Decedent Of Hispanic Origin NO | | | 21. Decedent's Race WHITE | | | | |
| 22. Father's Name (First, Middle, Last) ANDREW HMUROVICH | | | | 23. Mother's Name (First, Middle, Last) MARY GADISH | | | 23a. Mother's Maiden Last Name GADISH | | |
| 24. Informant's Name HELEN GADISH | | 24a. Relationship To Decedent WIFE | | 24b. Mailing Address (Street And Number, City, State, Zip Code) 4515 CAMERON AVENUE, HAMMOND, INDIANA 46327 | | | | | |
| 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) AUGUST 24, 2009 CHAPEL LAWN MEMORIAL GARDENS | | | 25c. Location - City, Town, And State SCHERERVILLE, INDIANA | | | | |
| 26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 27. Name And Complete Address Of Funeral Facility ANTHONY & DZIADOWICZ FUNERAL HOME | | | 27a. Funeral Home License Number. 83002835 | | | 27b. Signature Of Indiana Funeral Service Licensee: <i>Kurt D Anthony</i> | | |
| | | | | | | 27c. License Number (Of Licensee): 01011911 | | | |
| THIS DOCUMENT IS THE PROPERTY OF THE LAKE COUNTY HEALTH DEPARTMENT | | | | | | | | | |
| 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. ACUTE HYPOXIC ENCEPHALOPATHY Approximate Interval: Onset To Death MINUTES | | | | | | | | | |
| 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. CHRONIC OBSTRUCTIVE PULMONARY DISEASE YEARS | | | | | | | | | |
| C. HYPERTENSIVE HEART DISEASE YEARS | | | | | | | | | |
| D. DIABETES MELLITUS YEARS | | | | | | | | | |
| 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 checked="" type="checkbox"/> No | | |
| 31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" 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. Street & Number | | |
| 38. Location Of Injury - State | | 38a. City Or Town | | 38b. Street & Number | | | 38c. Zip Code | | |
| 39. Describe How Injury Occurred | | | | | | 40. If Transported Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) AUG 24 2009 | | | |
| 41. Signature, Of Person Certifying Cause Of Death: <i>C.A. Foreit DO</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: C.A. FOREIT DO 3831 HOHMAN AVENUE, HAMMOND, INDIANA 46327 | | | | | 44. License Number 02001161 | | 45. Date Certified AUGUST 22, 2009 | | |
| 46. Additional Funeral Service Provider: | | | | | 47. *Aka: ANDREW J. GADISH | | | | |
| 48. Signature of Local Health Officer: <i>Susan J But. DO.</i> | | | | | 49. For Registrar Only - Date Filed (Month/Day/Year) August 24, 2009 | | | | |

Exhibit A



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

TRUE COPY OF RECORD OF
REGISTRATION ON FILE AT
LAPORTE COUNTY HEALTH
DEPARTMENT

Local No. 000758

State No. _____

| | | | | | | | |
|---|----------------------------|--|---|--|---|--|---|
| 1. Decedent's Legal Name (First, Middle, Last) HELEN *GADISH | | 1a. Maiden Last Name (If Female) KOWALSKI | | 2. Sex FEMALE | 3. Time Of Death 8:45 PM | 4. Date Of Death (Month/Day/Year) SEPT. 12, 2009 | |
| 5. Social Security Number 00000-2117 | 6a. Age - Yrs 88 | 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) SEPT. 12, 1921 | 8. Birthplace (City And State Or Foreign Country) HAMMOND, INDIANA |
| 9. Ever In U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> | | 10. If Death Occurred In A Hospital <input 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 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) 3042 W. SHOREWOOD DRIVE | | | | | | | |
| 12. City Or Town, State, And Zip Code LAPORTE, INDIANA 46350 | | | | 13. County Of Death LAPORTE | | 14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown | |
| 15. Surviving Spouse's Name NONE | | 15a. (If Wife) Give Maiden Last Name N/A | | 16. Decedent's Usual Occupation SECRETARY | | 17. Kind Of Business/Industry MANUFACTURING | |
| 18. Residence - State INDIANA | | 18a. County LAKE | | 18b. City Or Town HAMMOND | | | |
| 18c. Street And Number 4515 CAMERON AVENUE | | | | 18d. Apt. No. N/A | 18e. Zip Code 46327 | | 18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 19. Decedent's Education 12 YEARS | | 20. Decedent Of Hispanic Origin NO | | 21. Decedent's Race WHITE | | | |
| 22. Father's Name (First, Middle, Last) NICKOLAS KOWALSKI | | | 23. Mother's Name (First, Middle, Last) ANGELA KOWALSKI | | 23a. Mother's Maiden Last Name PELCZAR | | |
| 24. Informant's Name MARY ANN BUTLER | | 24a. Relationship To Decedent DAUGHTER | | 24b. Mailing Address (Street And Number, City, State, Zip Code) 3042 W. SHOREWOOD DRIVE, LAPORTE, INDIANA 46350 | | | |
| 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) SEPTEMBER 16, 2009 CHAPEL LAWN MEMORIAL GARDENS | | 25c. Location - City, Town, And State SCHERERVILLE, INDIANA | | | |
| 26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | 27. Name And Complete Address Of Funeral Facility ANTHONY & DZLADOWICZ FUNERAL HOME | | | 27a. Funeral Home License Number 83002835 | | 27b. License Number (Of Licensee) 01011911 |
| 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. ACUTE HYPOXIC ENOPHYAETOPATHY Due To (Or As A Consequence Of) B. ESOPHAGEAL DYSMOTILITY Due To (Or As A Consequence Of) C. _____ Due To (Or As A Consequence Of) D. _____ Due To (Or As A Consequence Of) Approximate Interval: Onset To Death MINUTES YEARS | | Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I | | | | | |
| 31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown | | 32. If Female: <input checked="" 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) | |
| 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. | |
| 38c. 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 J.A. FOREIT DO 1573 N. CLINE AVE., GRIFFITH, INDIANA 46319 | | 44. License Number 02001161 | | 45. Date Certified SEPT. 14, 2009 | |
| 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) SEP 14 2009 | | | | | | | |

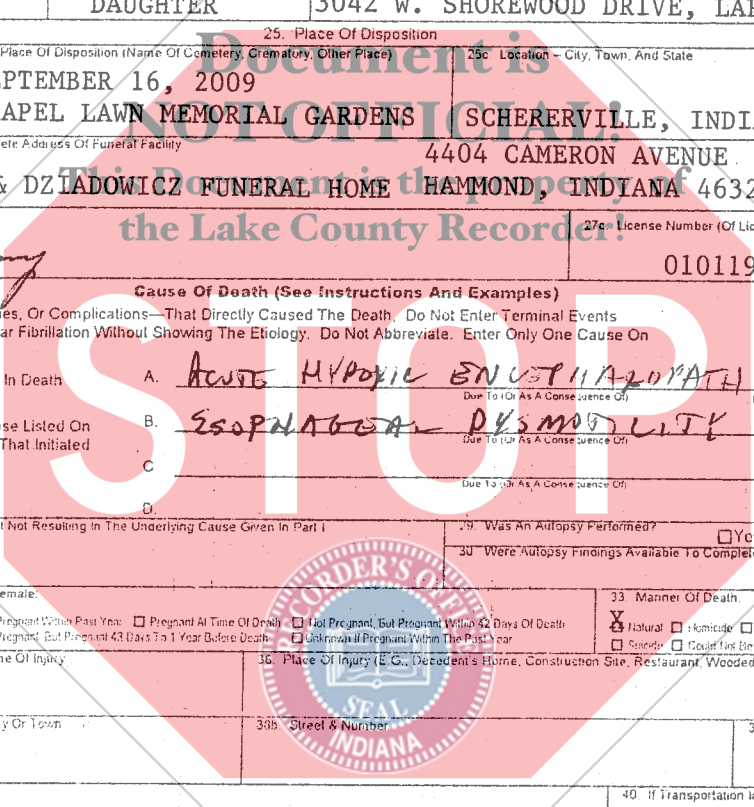


Exhibit B