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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2009 080199

2009 DEC -3 AM 9:45

MICHAEL A. BROWN
RECORDER

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

AFFIDAVIT OF SURVIVORSHIP

Comes now, **Dorothy M. Puchowski**, being of legal age and duly sworn upon her oath, who now states as follows:

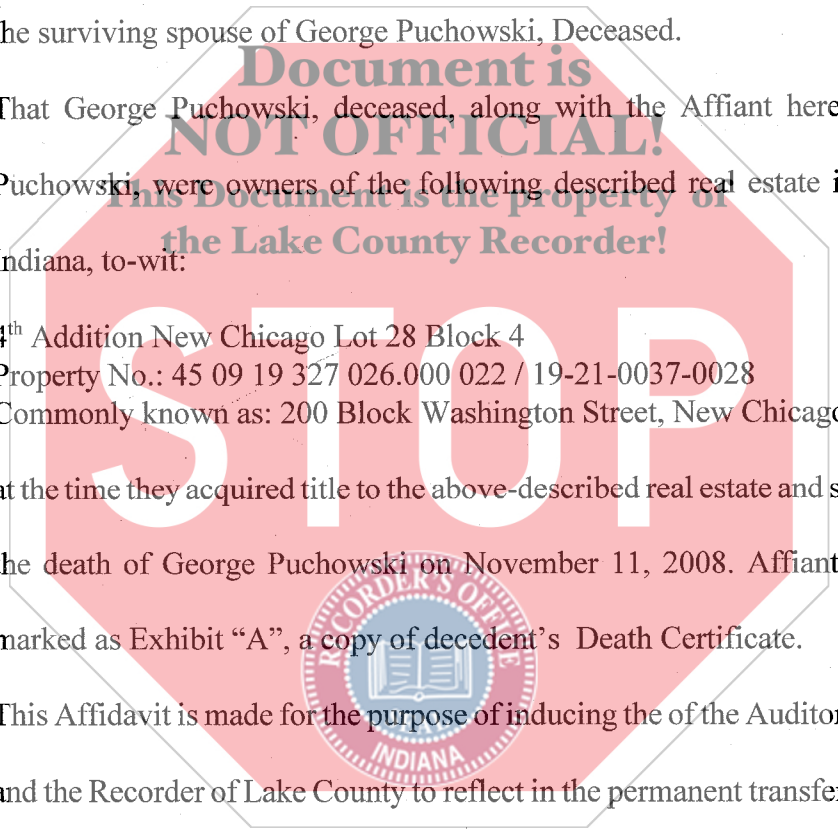
1. That Dorothy M. Puchowski, is an adult and resides in Lake County, Indiana, and is the surviving spouse of George Puchowski, Deceased.

2. That George Puchowski, deceased, along with the Affiant herein, Dorothy M. Puchowski, were owners of the following described real estate in Lake County, Indiana, to-wit:

4th Addition New Chicago Lot 28 Block 4
Property No.: 45 09 19 327 026.000 022 / 19-21-0037-0028
Commonly known as: 200 Block Washington Street, New Chicago, IN 46342

at the time they acquired title to the above-described real estate and so remained until the death of George Puchowski on November 11, 2008. Affiant attaches hereto marked as Exhibit "A", a copy of decedent's Death Certificate.

4. This Affidavit is made for the purpose of inducing the of the Auditor of Lake County and the Recorder of Lake County to reflect in the permanent transfer records that the



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PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

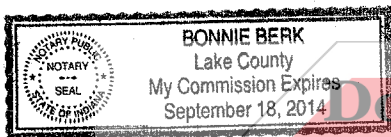
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decedent's real property should now be titled in the name of Dorothy M. Puchowski pursuant to the Indiana Probate Statute laws of Intestate Succession.

Dated this 19 day of Nov, 2009.

Dorothy M. Puchowski
Dorothy M. Puchowski

SUBSCRIBED AND SWORN to before me, a Notary Public in and for said State and County, this 19 day of November, 2009.



Bonnie Berk
Notary Public (Written)

Notary Public (Printed)

Commission Expires: _____

County of Residence: _____

This instrument prepared by: Frank J. Koprcina, FRANK J. KOPRCINA & ASSOCIATES, P.C., Attorneys at Law, 150 E. 3rd Street, Hobart, Indiana 46342; (219) 942-6999

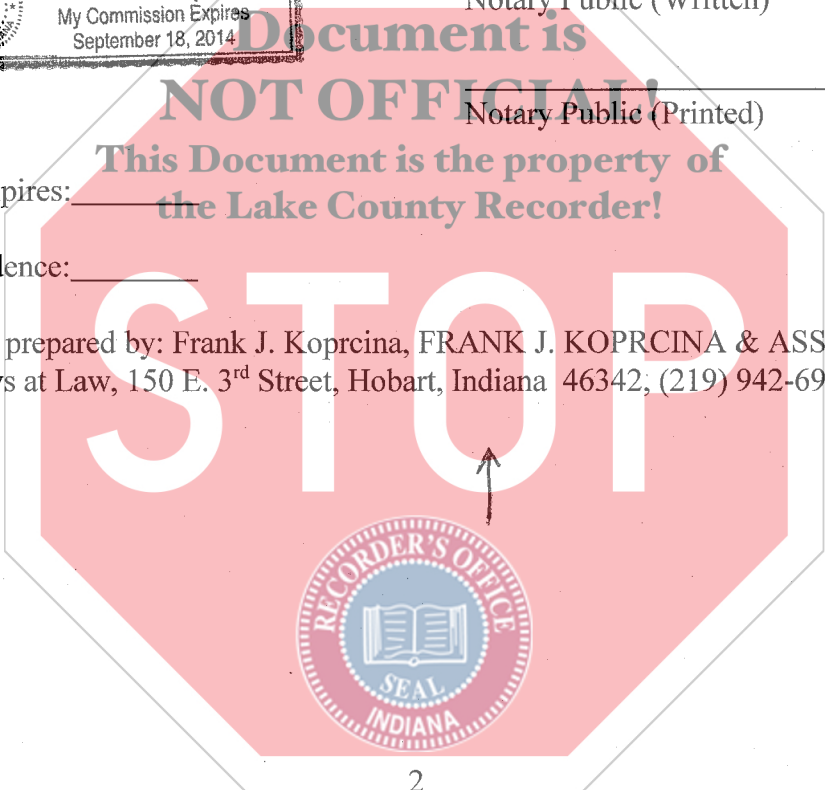


Exhibit "A"

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INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH



Local No. 3883 08

State No.

1. Decedent's Legal Name (First, Middle, Last) GEORGE JOSEPH PUCHOWSKI				1a. Maiden Last Name (if Female) N/A		2. Sex Male	3. Time Of Death 4:42 PM	4. Date Of Death (Month/Day/Year) November 11, 2008		
5. Social Security Number 314-09-6826		6a. Age - Yrs 87	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) January 21, 1921		8. Birthplace (City And State Or Foreign Country) Chicago, Illinois	
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) St. Mary Medical Center										
12. City Or Town, State, And Zip Code Hobart, IN 46342					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 Dorothy Puchowski			15a. (If Wife) Give Maiden Last Name Miller		16. Decedent's Usual Occupation Roll Turner		17. Kind Of Business/Industry Steel			
18. Residence - State IN		18a. County Lake		18b. City Or Town Hobart		18d. Apt. No.	18e. Zip Code 46342	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
18c. Street And Number 205 Beverly Lane		19. Decedent's Education 12	20. Decedent Of Hispanic Origin No not Spanish/Hispanic/Latino		21. Decedent's Race White					
22. Father's Name (First, Middle, Last) Zachary P. Puchowski				23. Mother's Name (First, Middle, Last) Albina Puchowski		23a. Mother's Maiden Last Name Boriakevich				
24. Informant's Name Dorothy Puchowski		24a. Relationship To Decedent Wife		24b. Mailing Address (Street And Number, City, State, Zip Code) 205 Beverly Lane, Hobart, IN 46342						
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) Graceland Cemetery			25c. Location - City, Town, And State Valparaiso, IN 46383					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	27. Name And Complete Address Of Funeral Facility Rees Funeral Home, 600 West Old Ridge Rd. P.O. Box 488, Hobart, Indiana 46342						27a. Funeral Home License Number: FH83003069			
27b. Signature Of Indiana Funeral Service Licensee: <i>James J. Krause</i>						27c. License Number: FD01006463				
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. CONGESTIVE HEART FAILURE (Due To (Or As A Consequence Of): NOV 18 2008 Interval: Onset To Death 1 week) B. CORONARY ARTERY DISEASE (Due To (Or As A Consequence Of): 1 week) C. RENAL FAILURE (Due To (Or As A Consequence Of): 1 week) D.										
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			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)			38c. Apt. No.	38d. Zip Code		
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>M. Nguyen</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: Thach Nguyen MD, 200 E. 86th Place Merrillville, IN 46410						44. License Number 01033686		45. Date Certified 11-18-08		
46. Additional Funeral Service Provider:						47. *Akas:				
48. Signature of Local Health Officer: <i>Susan J. Best, D.O.</i>						49. For Registrar Only - Date Filed (Month/Day/Year): November 18, 2008				