STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2010 002373

2010 JAN 14 AM 9: 14

| STATE OF INDIANA |) | |
|------------------|---|----|
| |) | SS |
| COUNTY OF LAKE |) | |

CAROLYN J. FOLLARD ACTING RECORDER

COUNTY OF LAKE

AFFIDAVIT

MARY M. STAROSCSAK, being first duly sworn upon her oath, states:

- That she resides at 3116 Glenwood Street, Highland, Indiana.
- That she is the surviving widow of **ERNEST E. STAROSCSAK**, who died a resident of Highland, Lake County, Indiana on November 25, 2009.
- 3. That she is the surviving and exclusive owner of the following parcel of real property, which is located at 3116 Glenwood Street, Highland, Lake County, Indiana, Lake County, Indiana, and legally described

Lot 42 in Block 4 in Homestead Gardens Master Addition, in the Town of Highland, as per plat thereof, recorded in Plat Book 31, Page 79, in the Office of the Recorder of Lake County, Indiana (Parcel No. 45 07 21 227 014.000 026)

That Exhibit An, attached hereto, is a true, correct and authentic copy of the death certificate of the aforesaid ERNEST E. (Edward) STAROSCSAK.

> Taroscsa MARY MY STAROSCSAK

SUBSCRIBED and SWORN to before me, a Notary Public, this 28th day of December, 2009.

My Commission Expires: February 10, 2015 County of Residence

KENNETH M. WILK, Notary

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.

THIS INSTRUMENT PREPARED BY: KENNETH M. WILK, Attorney at Law 3235 - 45th Street, Highland, Indiana 46322

219/924-2640

WILK

FILED

JAN 13 2010

050136

KENNETH

PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

State Form 10110 (R7/9-07) ATTENTION ESTATE. The Social Security # is being requested by this state agency in order to pursue its statu

| Local No1 1 Decedent's Legal Name (First, Middle, Last) | 010-09 | | | | | | St | ate No | | <u></u> | •••• |
|--|----------------------------|-----------------------|--|---|---|-----------------------------|--|----------------------------------|---------------------------------|-----------------------------------|---------|
| | | | 1a Maiden Last N | ame (If Female) | | 2 Sex | 3 Time | of Death | 4 Date Of De | eath (Month/Day | (Year) |
| Ernest Edward Staro | | Sc Under 1 Month | 6d Under 1 Day | 6e Under 1 Hour | 7 Data C | Male Of Birth (Month/Day/Y | | 5 PM | Novemb | | _2009 |
| 313-20-8825 82 | | Days | Hours | Minutes | ┙ | ary 6, 192 | . | | - | | |
| | th Occurred In A Hospital | | 110017 | 10a If Death Occurred S | | | | GIICag | o, Illi | 11018 | |
| Yes No Unknown \ _ Inpatie | ent | ent Outpatient 🔲 I | Dead On Arrival | ☐ Hospice Facility ☐ | Decedent's H | ome Nursing Hon | me/Long-T | erm Care Facilit | y Other (Specif | <u>y)</u> | |
| The Community Hospi | tal | | | | | | | | | | |
| | | | | 13 County Of D | eath | | | | Marital Status At Time Of Death | | |
| Munster, Indiana 46321 15. Surviving Spouse's Name 15a (If Wife)Give Marden Last Name | | | Lake | | | ☐ Widowed | Married Married, But Separated Divorced Widowed Never Married Unknown 17 Kind Of Business/Industry | | | | |
| Mary Staroscsak Monyok | | | · | Assistant Power Coordinator | | | | Utilities | | | |
| Indiana | | ake | | Highland | | | | | | | |
| 18c Street And Number 3116 Glenwood Avenue | Δ | | | | | 18d Apt | No | 463 | p Code | 18f Inside Cit | • |
| 19 Decedent's Education | | Decedent Of Hispan | ic Ongin | 21 Dec | edent's Race | | | 400 | | | _ |
| 12 | No | | 10 0 ngm | | nite | | | | | | |
| 22 Father's Name (First, Middle, Last) | | | | 23 Mother's Name (Firs | | t) | | 238 | Mother's Maider | Last Name | |
| Edward Staroscsak | | | Decedent | | Stefanie Staroscsak 24b Mailing Address (Street And Number, City, State, Zip Code) | | | | Basel | | |
| Mary Staroscsak | | Wife] | Docu | 3116 Glenw | | | | and, I | N 46322 | | |
| 25a Method Of Disposition | 25b Place Of Di | sposition (Name Of | 25. Pl Cemetery, Crematory | ace Of Disposition y, Other Place) | 25c. Location | - City, Town, And S | tate | | | | |
| | St. John | | seph Cer | | | nd, India | ana | | | | |
| | | | | t is the pr | | | | | | Home License N | lumber: |
| □ Yes 🙀 No Fag | en-Miller | Funeral. | Home 28 | 28 Highway | Ave | Highland | l, Il | 4632 | 2 FH830 | 203035 | |
| 27b Signature Of Indiana Funeral Service License | e Les A | | , CHG | | | FDO10 | | | | | |
| 20 Death Fater The Chair Of French D | | | | e Instructions And | - | - | | | | | |
| Part I. Enter The <u>Chain Of Events</u>—D Such As Cardiac Arrest, Respiratory Arrest A Line. Add Additional Lines If Necessary. | | | | /. Do Not Abbreviate. | Enter Only | One Cause On | | | | Approxin Interval: To Death | Onset |
| Immediate Cause (Final Disease Or Condit | tion Resulting In Death | Α | | Deplu | | | | | | | |
| Sequentially List Conditions, If Any, Leadin | | | _ 0 | Deudom | Due To (Or As A | Consquence Of) | mo | nea | | | |
| Line A. Enter The Underlying Cause (Dise The Events Resulting in Death) Last | ase of injury matimitis | C . | | Severe | COF | | | | | | |
| | | D. | | | | | | | | | |
| Part II Enter Other Significant Conditions Contribut | ting To Death But Not Resu | ilting In The Underly | ing Cause Given In F | Distance (I) | | Autopsy Performed? | | Yes X N | on Of Deally | | M |
| 31 Did Tobacco Use Contribute To Death? | 32 If Pemale. | | | | | 33 Man | ner Of De | oth | | ☐ Yes 🔯 | NO |
| ☐ Yes ☐ Probably ☐ No ☑ Unknown | ☐ Not Pregnant With | hin Past Year Pregi | nant At Time Of Death | Not Pregnant, But Pregnant Wit | hin 42 Days Of E | Death Natural | Homici | de 🗀 Accident 🛭 | Pending Investigation | , | |
| 34 Date Of Injury (Month/Day/Year) | 35 Time Of Injur | | COPY OF T | HE CERTIFICATE OF CATE AND A STANDARD A STANDARD AND A STANDARD AND A STANDARD AND A STANDARD | ENTE ON | anstruction Site. Rest | Could aurant, W | Not Be Determined ooded Area) | 37 In | jury At Work? | |
| 38 Location Of Injury - State | 38a City Or Town | 1 | Court Mil | MTY HEALTH DEPARTA | AFN: | TI THE | - | 38c Apt. 1 | | | |
| | | | | MOV 3-4 | 2006 | | - The second sec | | | | |
| 39 Describe How Injury Occurred | | | and the second s | 9U7 TU | 2009 | | | ation Injury, Spe | cify: Pedestran Othe | r (Specify) | |
| 41. Signature, QFPerson Certifying Cause Of Deat | h. / | | | | 42 | 2 Certifier (Check Or | nly One) | | | | |
| Jacky | 1/4 / | | *** | | | Certifying Physici | 1 | oroner 🗌 Healt | h Officer | | |
| 43. Name, Address And Zip Code Of Person | Certifying Cause Of De | ath | The state of the s | | | | License | | 45. Date 0 | ertified | |
| Kathryn H. Mulligan, MD 919 Main Street Suuite 102 Dyer, IN 46311 010573414 ((/ 40/0) | | | | | | | | | | | |
| 46 Additional Funeral Service Provider. 47. *Akas | | | | | | | | | | | |
| 48 Signature of Local Health Officer | | | _ | | 49 | For Registrar Onl | ly - Date I | -iled (Month/Da | y/Year) | | |
| Sus | ian w | Sut. | D.O. | | | | | | | | |