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AFFIDAVIT OF DOROTHY PISKOL

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

Comes now your affiant Dorothy Piskol, and first being duly sworn and placed under oath, and for her Affidavit sets forth and states the following:

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RECORDER

1. That your affiant has personal knowledge of the matters contained herein and which I am willing to testify to.
2. That your affiant was a prior owner of the property located at 2020 Broadway, East Chicago, Indiana.
3. That your affiant sold the property on contract to Hector A. Leal and a mortgage was executed on September 13, 2001 and was duly recorded on September 14, 2001 as Document No. 2001 074233, in the principal sum of \$52,000.00 at the Lake County Recorder's Office.
4. That the mortgage has been fully satisfied and your affiant no longer claims any interest in said property.
5. That your affiant's husband, Myles L. Piskol, has been deceased since August 27, 2009
6. That as official evidence that Myles L. Piskol is deceased, attached please find a copy of his death certificate.
7. That any interest that Myles L. Piskol had in said property has and became the interest of your affiant, as the property was held as husband and wife.

FURTHER, your affiant sayeth not.

Dorothy Piskol
Dorothy Piskol

AMOUNT \$ 16.00
 CASH _____ CHARGE _____
 CHECK # 2802
 OVERAGE _____
 COPY _____
 NON-COM
 CLERK UR

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FILED
DEC 30 2010
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

STATE OF INDIANA)
) SS:
COUNTY OF Lake)

Before me, the undersigned, a Notary Public in and for said County, this 29 day of October, 2010, came Dorothy Piskol and acknowledged the execution of the forgoing instrument.

WITNESS my hand and official seal.

My Commission Expires: _____
Resident of _____, Indiana

CYNTHIA A. CASTRO
Notary Public, State of Indiana
SEAL
My Commission Expires 10/7/2018

Cynthia A. Castro, Notary Public



INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No. 000184

State No.

1. Decedent's Legal Name (First, Middle, Last) Myles L. Piskol				1a. Maiden Last Name (If Female)		2. Sex Male		3. Time of Death 8:08 AM		4. Date of Death (Month/Day/Year) August 27, 2009	
5. Social Security Number 315-28-6027		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 27, 1932				8. Birthplace (City And State Or Foreign Country) Butte, Montana							
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							
11. Facility Name (If Not Institution, Give Street And Number) St. Catherine Hospital											
12. City Or Town, State, And Zip Code East Chicago, IN 46312						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 Piskol				15a. (If Wife) Give Maiden Last Name Zafran		16. Decedent's Usual Occupation Proprietor			17. Kind Of Business/Industry Tavern		
18. Residence - State IN			18a. County Lake			18b. City or Town East Chicago					
15c. Street And Number 4124 Hemlock St.						18d. Apt. No.		18e. Zip Code 46312		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education 1 Year College			20. Decedent Of Hispanic Origin No			21. Decedent's Race White					
22. Father's Name (First, Middle, Last) Peter F. Piskol				23. Mother's Name (First, Middle, Last) Mary Piskol				23a. Mother's Maiden Last Name Mudro			
24. Informant's Name Dorothy Piskol			24a. Relationship To Decedent Wife			24b. Mailing Address (Street And Number, City, State, Zip Code) 4124 Hemlock St. East Chicago, IN 46312					
25. Place of Disposition											
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) St John/St Joseph Cemetery August 31, 2009			25c. Location - City, Town, and State Hammond, IN					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Oleska-Pastrick Funeral Home 3934 Elm St East Chicago, IN 46312						27a. Funeral Home License Number FH86000155			
27b. Signature of Indiana Funeral Service Licensee <i>Jaws Pastrick</i>						27c. License Number (Of Licensee) FD08800012					
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. <u>Chronic renal failure & HD (refused)</u> Due to (or as a consequence of):											
B. <u>Dementia</u> Due to (or as a consequence of):											
C. <u>HOV DM</u> Due to (or as a consequence of):											
D. <u>Prostate Cancer with metastasis</u>											
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											
Part II. Enter Other Significant Condition 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 type="checkbox"/> No <input checked="" 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 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)			38. City Or Town		
38. Location Of Injury - State			38a. City Or Town			38b. Street And 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>D Blum</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. Alfonso Blum, M.D., 4035 Elm St., East Chicago, IN, 46412						44. Date Certified August 27, 2009			45. *AKAs		
46. Additional Funeral Service Provider:						49. For Registrar Only - Date Filed (Month/Day/Year) 8/31/07					
48. Signature Of Health Officer: <i>Paula Bonita Abornick MD</i>											