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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2011 006469

2011 FEB -1 PM 1:57

MICHELLE R. FAJMAN
RECORDER

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

SURVIVORSHIP AFFIDAVIT

Shirley D. Hitzeman, being first duly sworn upon her oath, deposes and says:

1. That she is an adult having personal knowledge about the facts herein contained and is otherwise competent to make this Affidavit by virtue of being a family friend of and Power of Attorney for **Eileen F. Krol.**

2. That **Edward J. Krol** died on the **29th day of April, 1998**, as is more fully evidenced by the **Certificate of Death** which is attached hereto as **Exhibit A**, made a part hereof and incorporated herein by reference.

3. That **Eileen F. Krol** died on the **7th day of January, 2011**, as is more fully evidenced by the **Certificate of Death** which is attached hereto as **Exhibit B**, made a part hereof and incorporated herein by reference.

4. That on the date of his death, **Edward J. Krol** was duly and legally married to **Eileen F. Krol**, who survived him.

5. That **Edward J. Krol** and **Eileen F. Krol** acquired title as *Husband and Wife* to the following described real estate, to-wit:

Eastland Estates Unit No 1 Lot 14

#19

FILED
FEB 01 2011
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

CK 6742 Co 20V

050760

Parcel #45-19-25-229-011.000-008
Common Address: 2043 Lucas Parkway, Lowell, IN 46356

5. That the marital relationship which existed between **Edward J. Krol** and **Eileen F. Krol** at the time they acquired title to the aforesaid real estate remained in effect and unbroken until the date of death of **Edward J. Krol.**

6. That all funeral expenses in connection with the death of **Edward J. Krol** have been paid in full.

7. That the total value of the taxable estate of **Edward J. Krol**, including joint tenancies, tenancies by the entireties, individual ownership of both real and personal property and insurance on his life, was not sufficient to incur any liability for Federal or Indiana inheritance taxes.

Dated this 1st day of February, 2010.

Shirley D. Hitzeman

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Subscribed and sworn to before me, a Notary Public, this 1st day of February, 2011.

Commission Expires: 09/08/17
County of Residence: Lake

THOMAS K. HOFFMAN
NOTARY PUBLIC STATE OF INDIANA
LAKE COUNTY
MY COMMISSION EXPIRES 9/8/2017

Thomas K. Hoffman, Notary Public

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. Thomas K. Hoffman

THIS INSTRUMENT PREPARED BY: **Thomas K. Hoffman** #7731-45
Attorney at Law
One Professional Center
Suite 306
Crown Point, IN 46307

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* **ATTENTION ESTATE:** The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Local No. 10-22-98 State No. .....

265108

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED—NAME (First, Middle, Last)	2. SEX	3a. TIME OF DEATH	3b. DATE OF DEATH (Month, Day, Yr)
EDWARD J. KROL	Male	11:25 PM	April 29, 1998

4. *SOCIAL SECURITY NUMBER	5a. AGE—Last Birthday (Years)	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo. Day, Yr)	7. BIRTHPLACE (City and State or Foreign Country)
348-22-0186	68			March 15,1930	Chicago Heights,Illinoi

8a. WAS DECEDENT A U.S. VETERAN?	8b. YEAR LAST SERVED IN U.S. ARMED FORCES?	9a. PLACE OF DEATH (Check only one. See instructions.)
Yes	1951	HOSPITAL: ☒ Inpatient ☐ ER/Outpatient ☐ DOA — OTHER: ☐ Nursing Home ☐ Other (Specify) ☐ Residence

9b. FACILITY NAME (If not institution, give street and number)	9c. CITY, TOWN, OR LOCATION OF DEATH	9d. COUNTY OF DEATH
St. Anthony Medical Center	Crown Point	Lake

10. MARITAL STATUS (Specify)	11. SURVIVING SPOUSE (If wife, give maiden name)	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	12b. KIND OF BUSINESS/INDUSTRY
Married	Eileen Synecki	Salesman	Direct Mailing

13a. RESIDENCE—STATE	13b. COUNTY	13c. CITY, TOWN, OR LOCATION	13d. STREET AND NUMBER
Indiana	Lake	Lowell	2043 Lucas Parkway

13e. ZIP CODE	13f. INSIDE CITY LIMITS	13g. ON A FARM?	14. CITIZEN OF WHAT COUNTRY?	15. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16. RACE—American Indian, Black, White, etc. (Specify)	17. DECEDENT'S EDUCATION (Specify only highest grade completed)	
46356	☐ No ☒ Yes	☒ No ☐ Yes	U.S.A.	☒ No ☐ Yes	White	Elementary/Secondary (0-12): 12th	College (1-4 or 5 +):

PARENTS

18. FATHER'S NAME (First, Middle, Last)	19. MOTHER'S NAME (First, Middle, Maiden Surname)
John Krol	Helen Michalek

INFORMANT

20a. INFORMANT'S NAME (Type/Print)	20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	20c. Relationship
Eileen Krol	2043 Lucas Parkway,Lowell IN. 46356	Wife

DISPOSITION

21a. METHOD OF DISPOSITION	21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	21c. LOCATION—City or Town, State
☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)	May 4, 1998 Calvary Cemetery	Steger, Illinois

22a. EMBALMER'S NAME	22b. EMBALMER'S LICENSE NO	23. WAS DEATH REPORTED TO CORONER?
Brian E. Fitzpatrick	034-011651	☒ No ☐ Yes

24a. SIGNATURE OF FUNERAL DIRECTOR	24b. LICENSE NUMBER (of Licensee)	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME
John A Trgo	1007231	Solan Funeral Home FH83002893 7109 Calumet Ave.,Hammond,Indiana 46324 for Kerry-Parzygnot Funeral Home, 540 Dixie Highway Chicago Height,IL. 60411

CAUSE OF DEATH

26. PART I — Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Head and Neck Cancer	
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last	b. DUE TO (OR AS A CONSEQUENCE OF):	
	c. DUE TO (OR AS A CONSEQUENCE OF):	
	d. DUE TO (OR AS A CONSEQUENCE OF):	

I CERTIFY THAT THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT.

MAY 04 1998

PART II. Other significant conditions. Conditions contributing to death but not previously stated in Part I

Alexander D. Williams MD
LAKE COUNTY HEALTH COMMISSIONER

27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no)	28a. WAS AN AUTOPSY PERFORMED? (Yes or no)	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)
NO	NO	NO

CERTIFIER

29a. CERTIFIER (Check only one)

☒ CERTIFYING PHYSICIAN — To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated.

☐ HEALTH OFFICER — On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated

☐ CORONER — On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated

29b. SIGNATURE AND TITLE OF CERTIFIER	29c. MEDICAL LICENSE NO	29d. DATE SIGNED (Month, Day, Year)
R S Dragsa	01031484	050498

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)

Ray E. Dragsa, M.D. 8127 Merrillville Road, Merrillville, IN. 46410 769-4855

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE	32. DATE FILED (Month, Day, Year)
Alexander D. Williams, M.D.	May 4 1998

33. MANNER OF DEATH	34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)	34d. DESCRIBE HOW INJURY OCCURRED
☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide				

34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

34g. DATE PRONOUNCED DEAD (Month, Day, Year)	34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.

SDH06-004 State Form 10110 (R4/3-93) Deathcer/PD 1

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 000054 **EDR No** 000000175287 **State No**

1. Decedent's Legal Name (First, Middle, Last)	1a. Maiden Name (If female)	2. Sex	3. Time Of Death	4. Date Of Death (Month/Day/Year)
EILEEN FRANCES KROL	SYNECKI	FEMALE	02:00 AM	01/07/2011

5. Social Security Number	6a. Age - Yrs	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)	8. Birthplace (City and State or Foreign Country)
345-14-6871	87					03/09/1923	LOWELL, IN

9. Ever in U.S. Armed Forces? ☐ Yes ☒ No ☐ Unknown

10. If Death Occurred In A Hospital: ☐ Inpatient ☐ Emergency Department Outpatient ☐ Dead on Arrival

10a. If Death Occurred Somewhere Other Than A Hospital: ☐ Hospice Facility ☐ Decedent's Home ☒ Nursing Home/Long-term Care Facility ☐ Other (Specify)

11. Facility Name (If Not Institution, Give Street and Number): LOWELL HEALTHCARE CENTER

12. City Or Town, State, And Zip Code	13. County Of Death	14. Marital Status At Time Of Death
LOWELL, IN, 46356	LAKE	☐ Married ☐ Married, But Separated ☐ Divorced ☒ Widowed ☐ Never Married ☐ Unknown

15. Surviving Spouse's Name	15a. (If Wife) Give Maiden Last Name	16. Decedent's Usual Occupation	17. Kind Of Business/Industry
		HOMEMAKER	OWN HOME

18. Residence - State	18a. County	18b. City Or Town	18c. Street And Number	18d. Apt. No.	18e. Zip Code	18f. Inside City Limits?
INDIANA	LAKE	LOWELL	2043 LUCAS PARKWAY	0	46356-0	☒ Yes ☐ No

19. Decedent's Education	20. Decedent Of Hispanic Origin	21. Decedent's Race
HIGH SCHOOL GRADUATE OR GED COMPLETED	NOT HISPANIC	White

22. Father's Name (First, Middle, Last)	23. Mother's Name (First, Middle, Last)	23a. Mother's Maiden Last Name
EDWARD SYNECKI	AGNES SYNECKI	PAVLAK

24. Informant's Name	24a. Relationship To Decedent	24b. Mailing Address (Street And Number, City, State, Zip Code)
SHIRLEY HITZMAN	POA	349 EASTLAND CIRCLE, LOWELL, IN 46356

25. Place Of Disposition

25a. Method Of Disposition	25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place)	25c. Location - City, Town, And State
☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal From State ☐ Other (Specify):	CALVARY CEMETERY	STEGER, IL

26. Was Coroner Contacted?	27. Name And Complete Address Of Funeral Facility	27a. Funeral Home License Number:
☐ Yes ☒ No	KERR-PARZYGNOT FUNERAL HOME, 540 DIXIE HIGHWAY, CHICAGO HEIGHTS, IL 60411	FD20600021

27b. Signature Of Indiana Funeral Service Licensee:	27c. License Number (Of Licensee):
JOHN J. PARZYGNOT , BY ELECTRONIC SIGNATURE	FD20600021

Cause Of Death (See Instructions And Examples)

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 Additinal Lines If Necessary.

Approximate Interval: Onset To Death

Immediate Cause (Final Disease Or Condition Resulting In Death)
A. CAUSE OF DEATH PENDING
Due to (Or As A Consequence Of):

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.
Due to (Or As A Consequence Of):
C.
Due to (Or As A Consequence Of):
D.

I CERTIFY THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT
JAN 12 2011

Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Givin In Part I

29. Was An Autopsy Performed? ☐ Yes ☒ No

30. Were Autopsy Finding Available To Complete The Cause Of Death? ☐ Yes ☐ No

31. Did Tobacoo Use Contribute To Death?	32. If Female:	33. Manner Of Death:
☐ Yes ☐ Probably ☒ No ☐ Unknown	☐ Not Pregnant Within Past Year ☐ Pregnant At Time Of Death ☐ Not Pregnant, But Pregnant Within 42 Days Of Death ☐ Not Pregnant, But Pregnant 43 Days To 1 year Before Death ☐ Unknown If Pregnant Within The Past Year	☒ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ 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. Injury At Work?
			☐ Yes ☐ No

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:
	☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)

41. Signature, Of Person Certifying Cause Of Death:	42. Certifier (Check Only One)
ASRAR AHMED SHEIKH , BY ELECTRONIC SIGNATURE	☒ Certifying Physician ☐ Coroner ☐ Heath Officer

43. Name, Address And Zip Code Of Person Certifying Cause Of Death:	44. License Number	45. Date Certified
ASRAR AHMED SHEIKH , 17648 MORSE STREET, LOWELL, IN 46356	01060322A	01/12/2011

46. Additional Funeral Service Provider:	47. *Akas:

48. Signature of Local Health Officer:	49. For Registrar Only - Date Filed (Month/Day/Year):
, VIA ELECTRONIC SIGNATURE	JAN 12 2011

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

State Form 53395 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and there will be no penalty for refusal.