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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2011 069660

2011 DEC -5 AM 9:57



Chicago Title Insurance Company

SURVIVORSHIP AFFIDAVIT

620113640 LD

On this 11/9/11 before me personally appeared
(insert date)
William A. Piechota

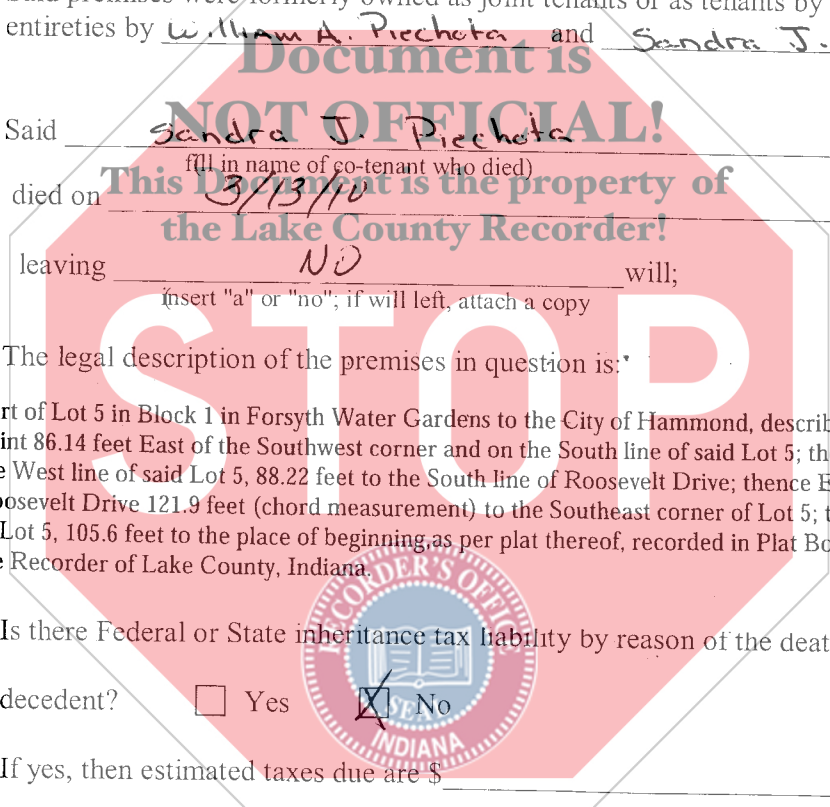
to me personally known, who being duly sworn on oath did say that:

- Affiant resides at the address given below affiant's signature:
- Affiant is Owner
state interest of affiant in the above premises as "owner", "son of owner", etc.
- Said premises were formerly owned as joint tenants or as tenants by the entireties by William A. Piechota and Sandra J. Piechota
- Said Sandra J. Piechota
(fill in name of co-tenant who died)
died on 3/13/10
leaving NO will;
(insert "a" or "no"; if will left, attach a copy)

5. The legal description of the premises in question is:
Part of Lot 5 in Block 1 in Forsyth Water Gardens to the City of Hammond, described as follows: Beginning at a point 86.14 feet East of the Southwest corner and on the South line of said Lot 5; thence Northerly and parallel to the West line of said Lot 5, 88.22 feet to the South line of Roosevelt Drive; thence Easterly along the South line of Roosevelt Drive 121.9 feet (chord measurement) to the Southeast corner of Lot 5; thence West along the South line of Lot 5, 105.6 feet to the place of beginning, as per plat thereof, recorded in Plat Book 14 page 19, in the Office of the Recorder of Lake County, Indiana.

6. Is there Federal or State inheritance tax liability by reason of the death of said decedent? Yes No
- If yes, then estimated taxes due are \$ _____
- The taxes due are paid or unpaid..

Chicago Title Insurance Company



004583

FILED

DEC 02 2011

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

#15
CT
CW

7. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced? NO

(If answer is "Yes", identify the divorce proceedings:

_____):

8. Affiant's relationship to the deceased was Spouse
Signature: William Piechota
Printed Name William A. Piechota
Address: 654 Roosevelt Drive
Whiting, IN 46394

Subscribed and sworn to before me by the affiant

This November 9, 2011
(insert date)

Marc A. Zubeck
Notary Public

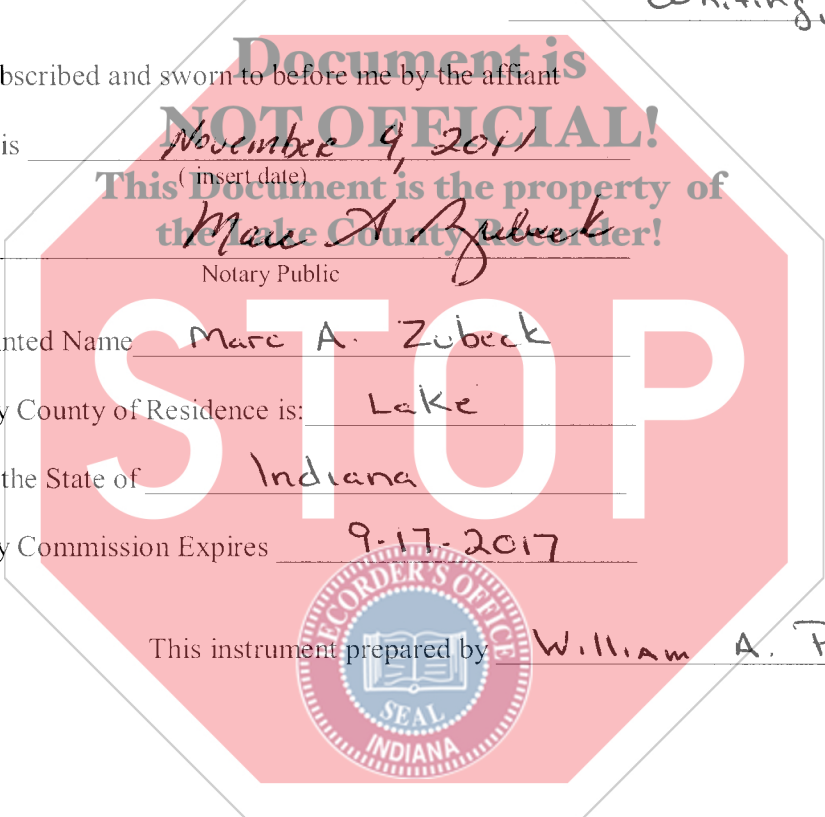
Printed Name Marc A. Zubeck

My County of Residence is: Lake

In the State of Indiana

My Commission Expires 9-17-2017

This instrument prepared by William A. Piechota





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 799-10

State No.

1. Decedent's Legal Name (First, Middle, Last) SANDRA JOAN PIECHOTA				1a. Maiden Last Name (if Female) CHRISTOPHERSON		2. Sex F	3. Time Of Death 8:43 A.M.	4. Date Of Death (Month/Day/Year) MARCH 13, 2010	
5. Social Security Number 310-38-5257	6a. Age - Yrs 71	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) FEB. 13, 1939		8. Birthplace (City And State Or Foreign Country) CHICAGO, ILLINOIS	
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No-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) 654 ROOSEVELT DRIVE									
12. City Or Town, State, And Zip Code HAMMOND, INDIANA 46394				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 WILLIAM A. PIECHOTA			15a. (if Wife) Give Maiden Last Name		16. Decedent's Usual Occupation DESIGNER		17. Kind Of Business/Industry SELF-EMPLOYED		
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town HAMMOND (WHITING P.O.)					
18c. Street And Number 654 ROOSEVELT DRIVE				18d. Apt. No.		18e. Zip Code 46394		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education SOME COLLEGE, NO DEGREE			20. Decedent Of Hispanic Origin NO, NOT HISPANIC			21. Decedent's Race WHITE			
22. Father's Name (First, Middle, Last) JOHN CHRISTOPHERSON				23. Mother's Name (First, Middle, Last) ERNA CHRISTOPHERSON			23a. Mother's Maiden Last Name VATER		
24. Informant's Name MR. WILLIAM A. PIECHOTA		24a. Relationship To Decedent HUSBAND		24b. Mailing Address (Street And Number, City, State, Zip Code) 654 ROOSEVELT DRIVE, WHITING, IN 46394					
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) CHAPEL LAWN MEM. GARDENS			25c. Location - City, Town, And State SCHERERVILLE, INDIANA				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility BARAN & SON, INC., 1235-119TH ST, WHITING, IN 46394				27a. Funeral Home License Number: FDH83007267			
27b. Signature Of Indiana Funeral Service Licensee: <i>[Signature]</i>						27c. License Number (Of Licensee): FDE01019456			
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. MULTI ORGAN SYSTEM FAILURE Due To (Or As A Consequence Of):									
B. BREAST CANCER Due To (Or As A Consequence Of):									
C. _____ Due To (Or As A Consequence Of):									
D. _____ Due To (Or As A Consequence Of):									
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 checked="" type="checkbox"/> Probably No <input 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)		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.		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>[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: M.F. KEVIN, M.D. 7905 CALUMET AVENUE MUNSTER, INDIANA 46321				44. License Number 01036785		45. Date Certified MAR. 16, 2010			
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): March 16, 2010			

