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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2011 074236

2011 DEC 22 AM 9:52

MICHELLE R. FAJMAN
RECORDER

STATE OF INDIANA)
) SS:
COUNT OF LAKE)

SURVIVORSHIP AFFIDAVIT

BT 1100777

I, Catherine Underwood, this 8 day of DECEMBER, 2011, being first duly sworn upon oath, states as follows:

CHICAGO TITLE INSURANCE COMPANY

1. That I am the guardian of the person and estate of Benedict P. Stodola.

2. That Benedict P. Stodola is the surviving spouse of Margaret Stodola, Deceased.

3. That Margaret Stodola, passed away on the 18th day of June 2011. A copy of said Margaret Stodola's death certificate is attached hereto as Exhibit A.

4. That Benedict P. Stodola and Margaret Stodola were duly and legally married at the time they acquired an interest in the following real estate:

   LOT 16 AND 17 IN BLOCK 2 IN F.C. MCLAUGHLIN'S ADDITION, TO THE CITY OF HAMMOND, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 18, PAGE 27, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

   Key No.: 45-07-07-476-003.000-023
   45-07-07-476-002.000-023

   Commonly known as: 7111 Chestnut Avenue, Hammond, Indiana 46324

5. That the marital relationship which existed between Benedict P. Stodola and Margaret Stodola at the time they acquired an interest in said real estate remained in effect and unbroken until the date of Margaret Stodola's death.

6. That all funeral expenses in connection with the death of Margaret Stodola have been paid in full; and

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AMOUNT $ 15
CASH ____ CHARGE CT
CHECK # ____
OVERAGE ____
COPY ____
NON-COM ____
CLERK AG

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PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

7. That no estate was opened for Margaret Stodola, and no individual received property from Margaret Stodola, either by way of Joint Tenancy, Small Estates Affidavit or other summary proceeding in excess of the exemption for Indiana Inheritance Tax purposes.

8. That the estate of Margaret Stodola did not necessitate the filling of a Federal Estate Tax Return.

FURTHER AFFIANT SAYETH NOT.

Catherine Underwood

STATE OF INDIANA)
) SS:
COUNT OF LAKE)

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Subscribed and sworn to before me, a Notary Public, in and for said County and State, this 8 day of DECEMBER, 2011.

My commission expires: 8/1/2015

Notary Public

ROBERT F. TWEEDLE

Resident of COOK County

Printed Name of Notary Public

"OFFICIAL SEAL"
ROBERT F. TWEEDLE
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 8/1/2015

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. Robert F. Tweedle

Return Recorded Document to:
Robert F. Tweedle
2842 – 45th Street, Suite A
Highland, IN 46322

This instrument prepared by:
Robert F. Tweedle, #20411-45
2842 - 45th Street, Suite A
Highland, IN 46322 / 219-924-0770

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 001884 EDR No 000000204712 State No 027115

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)
MARGARET STODOLA	PALONEY	FEMALE	10:57 AM	06/18/2011

5. Social Security Number	6a. Age - Yrs	6b. Under 1 Year	6c. Under 1 Month	6d. Under 1 Day	6e. Under 1 Hour	7. Date of Birth (Month/Day/Year)	8. Birthplace (City and State or Foreign Country)
[redacted]	82	Months	Days	Hours	Minutes	09/18/1928	HAMMOND, 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): 7111 CHESTNUT AVENUE

12. City Or Town, State, And Zip Code: HAMMOND, IN, 46324

13. County Of Death: LAKE

14. Marital Status At Time Of Death: ☒ Married ☐ Married, But Separated ☐ Divorced ☐ Widowed ☐ Never Married ☐ Unknown

15. Surviving Spouse's Name: BENEDICT STODOLA

15a. (If Wife)Give Maiden Last Name:

16. Decedent's Usual Occupation: SALES CLERK

17. Kind Of Business/Industry: MARSHALL FIELDS

18. Residence - State: INDIANA

18a. County: LAKE

18b. City Or Town: HAMMOND

18c. Street And Number: 7111 CHESTNUT AVENUE

18d. Apt. No.:

18e. Zip Code: 46324

18f. Inside City Limits? ☒ Yes ☐ No

19. Decedent's Education: 9TH - 12TH GRADE; NO DIPLOMA

20. Decedent Of Hispanic Origin: NOT HISPANIC

21. Decedent's Race: White

22. Father's Name (First, Middle, Last): MICHAEL PALONEY

23. Mother's Name (First, Middle, Last): MARY PALONEY

23a. Mother's Maiden Last Name: HORVATH

24. Informant's Name: ELIZABETH A ZDINAK

24a. Relationship To Decedent: NIECE

24b. Mailing Address (Street And Number, City, State, Zip Code): 163 HOFFMAN FARM ROAD, WINDBER, PA 15963

25. Place Of Disposition

25a. Method Of Disposition: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal From State ☐ Other (Specify):

25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place): ELMWOOD CEMETERY

25c. Location - City, Town, And State: HAMMOND, IN

26. Was Coroner Contacted? ☒ Yes ☐ No

27. Name And Complete Address Of Funeral Facility: SOLAN-PRUZIN FUNERAL SERVICE INC. DBA SOLAN-PRUZIN, 14 KENNEDY AVENUE, SCHERERVILLE, IN 46375

27a. Funeral Home License Number: FH10200037

27b. Signature Of Indiana Funeral Service Licensee: JOHN PRUZIN SR, BY ELECTRONIC SIGNATURE

27c. License Number (Of Licensee): FD01007231

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. VASCULAR COLLAPSE — UNKNOWN

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 ARTERIOSCLEROTIC HEART AND VASCULAR DISEASE

Due to (Or As A Consequence Of):

C.

Due to (Or As A Consequence Of):

D.

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? ☐ Yes ☐ Probably ☐ No ☒ Unknown

32. If Female: ☐ 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

33. Manner Of Death: ☒ 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: DONNA MELYON , BY ELECTRONIC SIGNATURE

42. Certifier (Check Only One) ☐ Certifying Physician ☒ Coroner ☐ Heath Officer

43. Name, Address And Zip Code Of Person Certifying Cause Of Death: DONNA MELYON , 2900 WEST 93RD AVENUE, CROWN POINT, IN 46307

44. License Number:

45. Date Certified: 06/21/2011

46. Additional Funeral Service Provider:

47. *Akas:

48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE

49. For Registrar Only - Date Filed (Month/Day/Year): JUN 22 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.

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