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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2012 040765

2012 JUN 20 AM 10:44

MICHAEL S. FAJMAN
RECORDER

AFFIDAVIT of SURVIVORSHIP

Tax: I.D. NO. 45-11-18-155-022.000-034

James S. Rusczyk, being first duly sworn upon oath, deposes and says:


1. That **Judy Viero a/k/a Judy A. Viero**, died on the 14th day of May, 2008, at Chicago, Cook County, Illinois.
2. That at the time of her death, she was co-owner as Joint Tenant with Stanley F. Rusczyk and James S. Rusczyk in the following described real estate:

LOT 34, UNIT 1 PINWOOD ESTATES ADDITION TO THE TOWN OF DYER, RECORDED IN PLAT BOOK 48, PAGE 98, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY.

Commonly known as: **2450 FLAT ROCK ROAD, DYER, IN 46311**

3. That no Federal Estate Tax or Indiana Inheritance Tax is due as a result of the death of Judy Viero a/k/a Judy A. Viero.
4. That this Affiant's relationship to the Decedent was brother.

FURTHER, your Affiant saith naught.

Document is NOT OFFICIAL

 JAMES S. RUSCZYK

STATE OF INDIANA, COUNTY OF Lake SS:
Subscribed and sworn to before me, a Notary Public this 14 day of June, 2012.

My Commission Expires: 5-10-17 Signature Darleen S. Birchel
County of Residence: Lake Printed Darleen S. Birchel, Notary Public

This instrument prepared by **PATRICK J. McMANAMA**, Attorney-at-Law, Attorney ID No. 953
No legal opinion given or rendered. All information used in preparation of document was supplied by title company.

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.


Signature of Preparer
Darleen S. Birchel
Printed Name of Preparer

FILED
JUN 20 2012
RECORDER OF DEEDS
LAKE COUNTY
SEAL

Official Seal
DARLEEN S. BIRCHEL
Resident of Lake County, IN
My commission expires
May 10, 2017

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

002532

#13
CM
CX

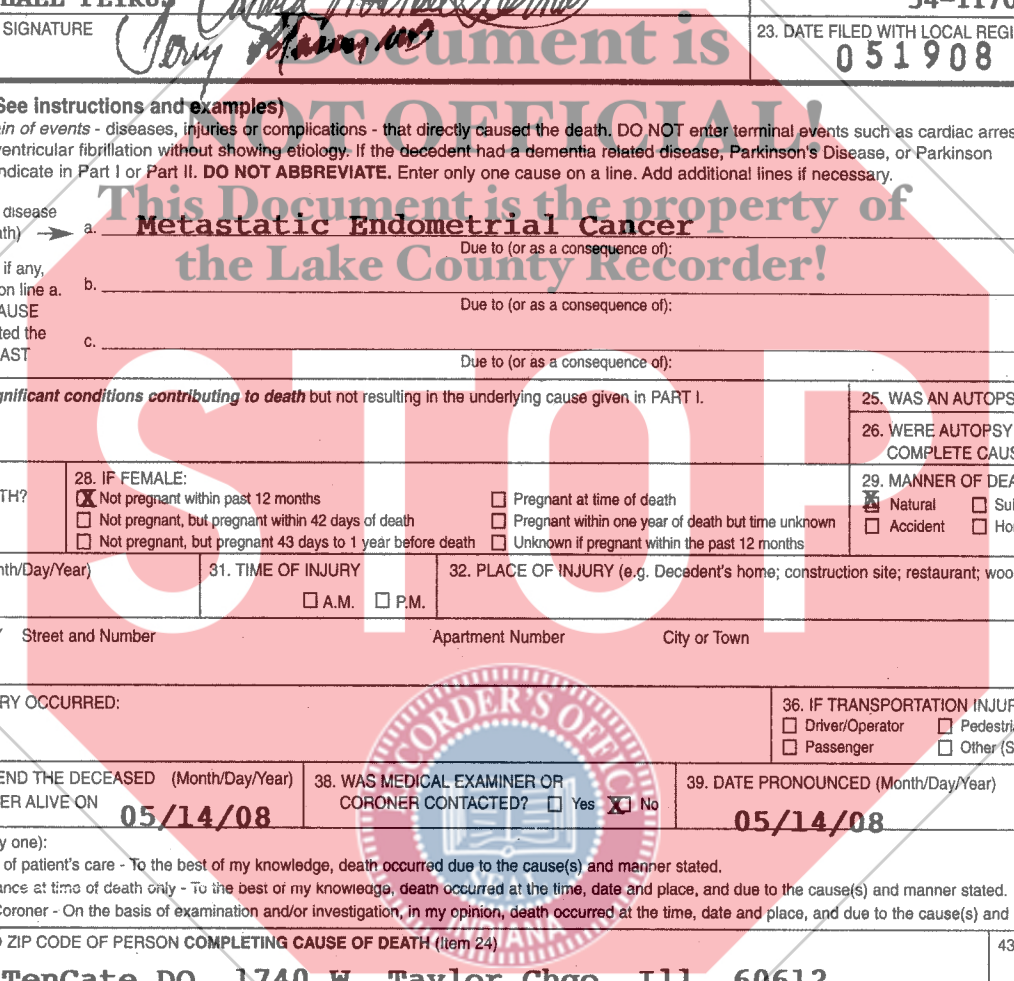
CERTIFICATION OF VITAL RECORD

REGISTRATION DISTRICT NO. 16.10		STATE OF ILLINOIS CERTIFICATE OF DEATH				STATE FILE NUMBER
LOCAL FILE NUMBER 606723						
1. DECEDENT'S LEGAL NAME (Include AKAs if any) (First, Middle, Last) Judy Viero			2. SEX Female	3. DATE OF DEATH (Month/Day/Year) (Spell Month) May 14, 2008		
4. COUNTY OF DEATH Cook	5a. AGE AT LAST BIRTHDAY (Years) 66	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Month/Day/Year) May 06, 1942		
7a. CITY OR TOWN Chicago		7b. HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give street and number) University Of Illinois Hospital				
7c. PLACE OF DEATH (Check only one: see instructions)						
IF DEATH OCCURRED IN A HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival			IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing Home/Long-term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify):			
8. BIRTHPLACE (City and State or Foreign Country) CHICAGO, IL.	9. SOCIAL SECURITY NUMBER 337 34 9001	10. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		11. SURVIVING SPOUSE'S NAME (If wife, give full name prior to first marriage) FRANK J. VIERO	12. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
13a. RESIDENCE (Street and Number) 1138 Alpine Lane		13b. APT. NO.	13c. CITY OR TOWN Lemont		13d. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
13e. COUNTY COOK	13f. STATE Ill	13g. ZIP CODE 60439	14. FATHER'S NAME (First, Middle, Last) STANLEY RUCZYK		15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) MARY FABRY	
16a. INFORMANT'S NAME Carol Butler		16b. RELATIONSHIP Hospital Records		16c. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code) 1740 W. Taylor, Chgo., Ill 60612		
17. METHOD OF DISPOSITION: <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input checked="" type="checkbox"/> Entombment <input type="checkbox"/> Other (Specify):		18. PLACE OF DISPOSITION (Name of cemetery, crematory, other) RESURRECTION CEMETERY		19. LOCATION - CITY, TOWN AND STATE ROMEVILLE, ILLINOIS		20. DATE OF DISPOSITION (Month/Day/Year) MAY 17th, 2008
21a. FUNERAL HOME NAME PETKUS LEMONT FUNERAL HOME, 1240 W. ARCHER AVENUE, LEMONT, ILLINOIS 60439		STREET AND NUMBER		CITY OR TOWN		STATE ZIP
21b. FUNERAL DIRECTOR'S SIGNATURE DONALD MICHAEL PETKUS			21c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 34-11702			
22. LOCAL REGISTRAR'S SIGNATURE <i>Jerry McLean MD</i>			23. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year) 051908			
CAUSE OF DEATH (See instructions and examples)						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
24. 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 etiology. If the decedent had a dementia related disease, Parkinson's Disease, or Parkinson Dementia Complex, indicate in Part I or Part II. 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. Metastatic Endometrial Cancer Due to (or as a consequence of):						
Sequentially list conditions, if any, leading to the cause listed on line a. b. _____ Due to (or as a consequence of):						
Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST c. _____ 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.						
25. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
26. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No						
27. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		28. IF FEMALE: <input checked="" type="checkbox"/> Not pregnant within past 12 months <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Pregnant within one year of death but time unknown <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past 12 months		29. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation		
30. DATE OF INJURY (Month/Day/Year)		31. TIME OF INJURY <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.		32. PLACE OF INJURY (e.g. Decedent's home; construction site; restaurant; wooded area)		33. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No
34. LOCATION OF INJURY Street and Number Apartment Number City or Town				State ZIP Code		
35. DESCRIBE HOW INJURY OCCURRED:				36. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)		
37. I (DID) (DID NOT) ATTEND THE DECEASED (Month/Day/Year) AND LAST SAW HIM/HER ALIVE ON 05/14/08		38. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		39. DATE PRONOUNCED (Month/Day/Year) 05/14/08		40. TIME OF DEATH 05:50 A.M. <input type="checkbox"/> P.M.
41. CERTIFIER (Check only one): <input checked="" type="checkbox"/> Physician in charge of patient's care - To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Physician in attendance at time of death only - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/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 stated.						
42. NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 24) Veronica TenCate, DO., 1740 W. Taylor, Chgo., Ill 60612					43. PHYSICIAN'S LICENSE NUMBER 125-050261	
44. TITLE OF CERTIFIER		45. DATE CERTIFIED (Month/Day/Year)		46. SIGNATURE OF CERTIFIER <i>Cherry McLean MD</i>		

Based on the 2003 U.S. Standard Certificate

Illinois Department of Public Health - Division of Vital Records

VR200 (Rev. 1/08)



CITY OF CHICAGO
DEPARTMENT OF PUBLIC HEALTH

THIS CERTIFICATE COPY VALID WHEN
EMBOSSSED SEAL IS APPLIED OVER
REGISTRAR'S SIGNATURE.

Cherry McLean MD

VERONICA TENCATE, M.D., LOCAL
REGISTERER OF VITAL STATISTICS OF
THE CITY OF CHICAGO. THIS
CERTIFICATE IS VALID FOR THE
RECORDS OF BIRTH, STILLBIRTHS
AND DEATHS FOR THE CITY OF CHICAGO
AND FOR THE STATE OF ILLINOIS.
THE CITY OF CHICAGO AND THE REGISTERER OF
VITAL STATISTICS OF THE CITY OF CHICAGO
DO NOT GUARANTEE THE ACCURACY OF THIS
CERTIFICATE. A TRUE COPY OF A RECORD
MAY BE OBTAINED FROM THE REGISTERER
OF VITAL STATISTICS.

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO
051908

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE