2. .

Fidelity National Title
Insurance Company

2012 040806

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

JOHN WOJTOWICZ, being first duly sworn upon oath, deposes and says:

1. That Ludwik Wojtowicz died on August 12, 1995 in Merrillville, Indiana 46410.
2. That Ludwik Wojtowicz and Helena Wojtowicz were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

   Lot 1 in Block 16 and that part of Jefferson Street, now vacated, lying Northerly of the Northerly right of way line of Nickel Plate Railroad and South of the South line of 40th Avenue and lying between said Lot 1 in Block 16 and Lots 9 and 10 in Block 15 except the East 4 feet of said vacated Jefferson Street, all in George and William Earle's Second Glen Park Addition to Gary, as per plat thereof, recorded in Plat Book 9, page 19, in the Office of the Recorder of Lake County, Indiana.

   Key #: 42-242-1

   Commonly known as: 4000 Jefferson Street, Gary, Indiana 46408

2012 JUN 20 PM 1:44
MICHAEL B. BROWN
RECORDER
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

3. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of (his) (her) death.
4. That all funeral expenses in connection with the death of said decedent have been paid in full.
5. That all of the assets of said decedent which would be includable for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

Further affiant sayeth not.

Helena Wojtowicz By Her Attorney in Fact
John Wojtowicz

Helena Wojtowicz, Affiant Signature
By her Attorney in Fact, John Wojtowicz
Pursuant to Power of Attorney recorded
June 18, 2012 as Document #2012-040117

STATE OF INDIANA)
)SS: **ACKNOWLEDGEMENT**
COUNTY OF LAKE)

Before me, a Notary Public in and for said County and State, personally appeared John Wojtowicz for Helena Wojtowicz who acknowledged the execution of the foregoing instrument, and who, having been duly sworn, stated that any representations therein contained are true. Witness my hand and Notary Seal this 20th day of June, 20 12.

Resident of Porter County, Indiana.

Signature JESSICA R. COLBURN My Commission Expires: 6-25-2015 Printed

$14
CK# 14235 CA
NON Conf

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.

FILED

Alex Woloshansky
[Name]

JUN 20 2012
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

This instrument prepared by: Alex Woloshansky
9219 Broadway
Merrillville, IN
219-769-3333 46410

JESSICA R. COLBURN
Notary Public, State of Indiana
Porter County
My Commission Expires
June 25, 2015

24013

ITTENTION ESTATE: Disclosure of the SS# we need to pursue our responsibilities voluntary and there will be no penalty for fusal."

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

xcal No. 1826-95 State No. .....

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

YPE/PRINT IN ERMANENT BLACK INK

1. DECEASED—NAME (First, Middle, Last)		2. SEX	3a. TIME OF DEATH	3b. DATE OF DEATH (Month, Day, Yr.)
LUDWIK	WOJTOWICZ	Male	9:15 PM	August 12, 1995

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)
311-32-2215	78			May 4, 1917	Poland

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.)
No	--	HOSPITAL ☒ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☐ Other (Specify) ☐ Residence

CEDENT

9b. FACILITY NAME (If not institution, give street and number)	9c. CITY, TOWN, OR LOCATION OF DEATH	9d. COUNTY OF DEATH
Methodist Hospital - Southlake Campus	Merrillville	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	Helena Horoszkiewicz	Press Operator	Budd Co. - Automotive

13a. RESIDENCE—STATE	13b. COUNTY	13c. CITY, TOWN, OR LOCATION	13d. STREET AND NUMBER
Indiana	Lake	Gary	4356 Georgia

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)	
						Elementary/Secondary (0-12)	College (1-4 or 5+)
46409	☒ No ☐ Yes	☒ No ☐ Yes	Poland	☒ No ☐ Yes	White	8	

RENTS

18. FATHER'S NAME (First, Middle, Last)	19. MOTHER'S NAME (First, Middle, Maiden Surname)
Sylwester Wojtowicz	Maria Jurek

FORMANT

20a. INFORMANT'S NAME (Type/Print)	20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	20c. Relationship
Helena Wojtowicz	4356 Georgia Street, Gary, IN 46409	Wife

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)	August 16, 1995 Calumet Park Cemetery	Merrillville, Indiana

SPOSITION

22a. EMBALMER'S NAME	22b. EMBALMER'S LICENSE NO	23. WAS DEATH REPORTED TO CORONER?
Charles W. Wells	1042372	☒ No ☐ Yes

24a. SIGNATURE OF FUNERAL DIRECTOR	24b. LICENSE NUMBER (of Licensee)	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME
John L. Gregan	1007231	PRUZIN BROS. FUNERAL SERVICE #3002453 6360 Broadway, Merrillville, IN 46410

USE OF ATH

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. CARDIAC ARREST

DUE TO (OR AS A CONSEQUENCE OF): b. GALL Bladder Ca

Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last: DUE TO (OR AS A CONSEQUENCE OF): c.

DUE TO (OR AS A CONSEQUENCE OF): d.

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

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	

TIFIER

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. ☐ MEDICAL EXAMINER OR 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) as stated. ☐ ACTING MEDICAL EXAMINER OR 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.

Alexander D. Williams, M.D. LAKE COUNTY HEALTH COMMISSIONER

29b. SIGNATURE AND TITLE OF CERTIFIER	29c. MEDICAL LICENSE NO	29d. DATE SIGNED (Month, Day, Year)
M.D. S. Gasparis	0103751.5	8-16-95

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): Milton S. Gasparis, M.D., 1400 South Lake Park Avenue, Suite 301, Hobart, IN 46342

LTH FICER

31. HEALTH OFFICER'S SIGNATURE: Alexander D. Williams, M.D. — 32. DATE FILED (Month, Day, Year): August 17, 1995

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.

SDH08-004 State Form 10110 (R4/3-93) Deathcer/PD 1