

AFFIDAVIT

STATE OF INDIANA )  
COUNTY OF LAKE ) SS:

Tax I.D. No. 45-07-28-229-008.000-026

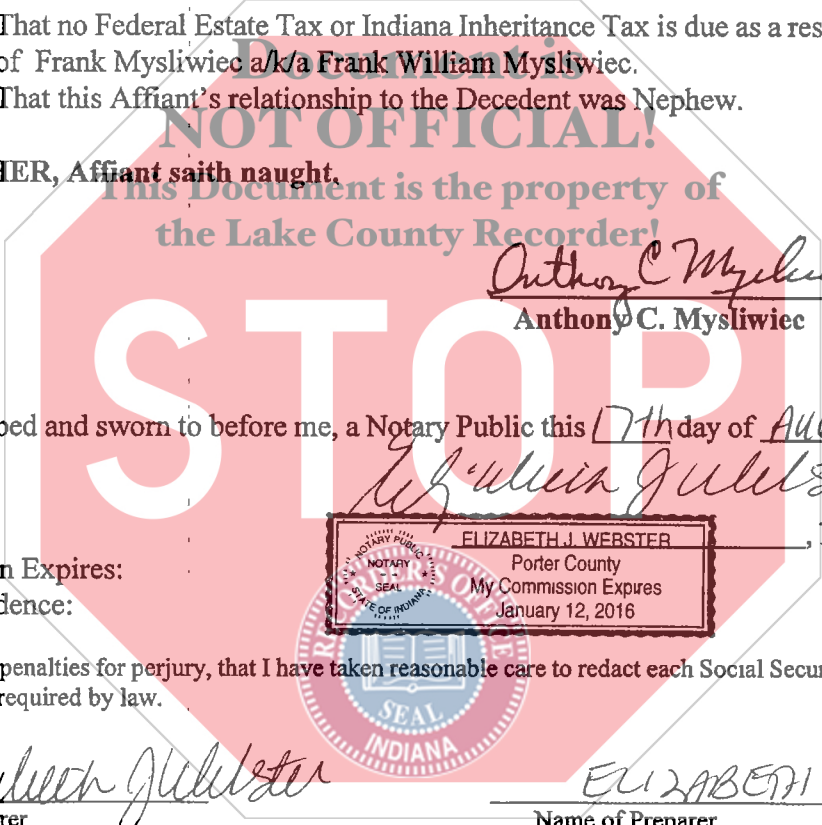
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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

MICHAEL J. PEJMAN  
RECORDER

- ANTHONY C. MYSLIWIEC, being first duly sworn upon oath, depose(s) and says:
1. That **FRANK MYSLIWIEC a/k/a FRANK WILLIAM MYSLIWIEC**, died on the 31st day of December, 2000 at The Community Hospital, in Lake County, Indiana.
  2. That at the time of his death, he held a Life Estate interest in the following described real estate:  
**LOT THREE (3), BLOCK ONE (1), FIFTH STREET ESTATES THIS ADDITION TO THE TOWN OF HIGHLAND, AS SHOWN IN PLAT BOOK 31, PAGE 93, IN LAKE COUNTY, INDIANA.**
  3. That no Federal Estate Tax or Indiana Inheritance Tax is due as a result of the death of Frank Mysliwicz a/k/a Frank William Mysliwicz.
  4. That this Affiant's relationship to the Decedent was Nephew.

FURTHER, Affiant saith naught,



*Anthony C Mysliwicz*  
Anthony C. Mysliwicz

Subscribed and sworn to before me, a Notary Public this 17th day of AUGUST, 2012.

*Elizabeth J Webster*  
ELIZABETH J. WEBSTER  
Porter County  
My Commission Expires  
January 12, 2016  
Notary Public

My Commission Expires:  
County of Residence:

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.

*Elizabeth J Webster*  
Signature of Preparer

ELIZABETH J WEBSTER  
Name of Preparer

This instrument prepared by PATRICK J McMANAMA, Attorney-at-Law, Attorney ID No. 953473.  
No legal opinion given or rendered. All information used in preparation of document was supplied by title company.

**FILED**  
AUG 29 2012

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Ao  
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COMMUNITY TITLE COMPANY  
FILE NO 122807 LAKE CO.

003538

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

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

State No .....

Local No. 3055-00

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

|   |  |  |   |   |  |   |   |
|---|--|--|---|---|--|---|---|
| 1 DECEASED—NAME (First, Middle, Last)<br><b>FRANK WILLIAM MYSLIWIEC</b>   |  |  | 2 SEX<br><b>MALE</b>  |   | 3a TIME OF DEATH<br><b>8:35 A M</b>                          | 3b DATE OF DEATH (Month, Day, Year)<br><b>DECEMBER 31, 2000</b>   |   |
| 4 *SOCIAL SECURITY NUMBER<br><b>315-09-9801</b>   |  | 5a AGE—Last Birthday (Years)<br><b>80</b>  | 5b UNDER 1 YEAR<br>Months: Days   | 5c UNDER 1 DAY<br>Hours: Minutes  | 6 DATE OF BIRTH (Mo, Day, Yr)<br><b>MAY 11, 1920</b>         |   | 7 BIRTHPLACE (City and State or Foreign Country)<br><b>WHITING, INDIANA</b> |
| 8a WAS DECEDENT A U.S. VETERAN?<br><b>YES</b>   |  | 8b YEAR LAST SERVED IN U.S. ARMED FORCES?<br><b>1944</b>   |   | 9a PLACE OF DEATH (Check only one. See instructions)<br>HOSPITAL <input checked="" type="checkbox"/> Inpatient<br><input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA<br>OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify)<br><input type="checkbox"/> Residence |  |   |   |
| 9b FACILITY NAME (If not institution give street and number)<br><b>THE COMMUNITY HOSPITAL</b>   |  |  |   | 9c CITY, TOWN, OR LOCATION OF DEATH<br><b>MUNSTER</b>   |  | 9d COUNTY OF DEATH<br><b>LAKE</b>   |   |
| 10 MARITAL STATUS (Specify)<br><b>NEVER MARRIED</b>   |  | 11 SURVIVING SPOUSE (If wife give maiden name)<br><b>N/A</b>   |   | 12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)<br><b>INSTRUMENT REPAIRMAN</b>   |  | 12b KIND OF BUSINESS/INDUSTRY<br><b>OIL COMPANY</b>   |   |
| 13a RESIDENCE—STATE<br><b>INDIANA</b>   |  | 13b COUNTY<br><b>LAKE</b>  |   | 13c CITY, TOWN, OR LOCATION<br><b>HIGHLAND</b>  |  | 13d STREET AND NUMBER<br><b>8949 O'DAY DRIVE</b>  |   |
| 13e ZIP CODE<br><b>46322</b>  |  | 13f INSIDE CITY LIMITS<br><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes  |   | 14 CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>  |  | 15 WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.)<br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |   |
| 16 RACE—American Indian, Black, White, etc. (Specify)<br><b>WHITE</b>   |  | 17 DECEDENT'S EDUCATION (Specify only highest grade completed)<br>Elementary/Secondary (0-12) <b>12</b> College (14 or 5+) <b>12</b> |   |   |  |   |   |
| 18 FATHER'S NAME (First, Middle, Last)<br><b>ALBERT MYSLIWIEC</b>   |  |  |   | 19 MOTHER'S NAME (First, Middle, Maiden Surname)<br><b>THEODORA WIERZBICKI</b>  |  |   |   |
| 20a INFORMANT'S NAME (Type/Print)<br><b>CHARLES M. MYSLIWIEC</b>  |  |  | 20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)<br><b>8207 GRACE ST. HIGHLAND, IN. 46322</b> |   |  | 20c Relationship<br><b>BROTHER</b>  |   |
| 21a METHOD OF DISPOSITION<br><input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State<br><input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)  |  | 21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place)<br><b>JANUARY 4, 2001<br/>HOLY GROSS CEMETERY</b>     |   |   | 21c LOCATION—City or Town, State<br><b>CALUMET CITY, IL.</b> |   |   |
| 22a EMBALMER'S NAME<br><b>EDWARD MULLANEY</b>   |  | 22b EMBALMER'S LICENSE NO.<br><b>FDO1007176</b>  |   | 23 WAS DEATH REPORTED TO CORONER?<br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  |  |   |   |
| 24a SIGNATURE OF FUNERAL DIRECTOR<br><i>Edward Mullaney</i>   |  | 24b LICENSE NUMBER (of Licensee)<br><b>FDO1006015</b>  |   | 25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME<br><b>FAGEN-MILLER FUNERAL HOME FH83003035<br/>2828 HIGHWAY AVE. HIGHLAND, IN. 46322</b>   |  |   |   |
| 28. 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.<br><b>SEPSIS</b><br>DUE TO (OR AS A CONSEQUENCE OF) <b>Small Bowel Obstruction</b>   |  |  |   |   |  |   | Approximate Interval Between Onset and Death                                |
| 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)<br><b>NO</b>  |  | 28a WAS AN AUTOPSY PERFORMED? (Yes or no)<br><b>NO</b>   |   | 28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)<br><b>NO</b>   |  |   |   |
| 29a CERTIFIER (Check only one)<br><input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) as stated.<br><input type="checkbox"/> 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.<br><input type="checkbox"/> 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. |  |  |   |   |  |   |   |
| 29b SIGNATURE AND TITLE OF CERTIFIER<br><i>Joseph DeJoan M.D.</i>   |  |  |   | 29c MEDICAL LICENSE NO.<br><b>0104626269</b>  |  | 29d DATE SIGNED (Month, Day, Year)<br><b>January 4th 2001</b>   |   |
| 30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 25) (Type/Print)<br><b>JOSEPH DEJOAN M.D. 7905 CALUMET AVE</b>   |  |  |   | THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THIS CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT.   |  |   |   |
| 31 HEALTH OFFICER'S SIGNATURE<br><i>Joseph H. Fortson, M.D.</i>   |  |  |   | 32 DATE FILED (Month, Day, Year)<br><b>January 4, 2001</b>  |  |   |   |
| 33 MANNER OF DEATH<br><input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation<br><input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide<br><input type="checkbox"/> Could not be Determined   |  | 34a DATE OF INJURY (Month, Day, Year)  |   | 34b TIME OF INJURY  |  | 34c INJURY AT WORK? (Yes or no)   |   |
|   |  | 34d PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)   |   | 34e DESCRIBE HOW INJURY OCCURRED<br><b>JAN 4 2001</b>   |  |   |   |
| 34g DATE PRONOUNCED DEAD (Month, Day, Year)   |  |  | 34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.   |   |  |   |   |

COMMUNITY TITLE COMPANY  
FILE NO. 122807 LAKE CO.