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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2012 067034

2012 SEP 24 AM 10:48

MICHELLE R. FAJMAN
RECORDER

SURVIVORSHIP AFFIDAVIT

STATE OF Indiana)
)
COUNTY OF Lake) SS:

Alexander A. Zaleski being first duly sworn upon oath, deposes and says:

1. That Sharon M. Zaleski died on Mar 19 20 07 at Crown Point, IN
(City/State)
2. That Alexander A. Zaleski and Sharon M. Zaleski were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

756 Pettibone St., Crown Point, IN 46307

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 affiants sayeth not.

NOT OFFICIAL!
This Document is the property of
the Lake County Recorder!

Alexander A. Zaleski
Alexander A. Zaleski (Affiant Signature)

STATE OF Indiana)
)
COUNTY OF Lake) SS: **ACKNOWLEDGEMENT**

Before me, a Notary Public in and for said County and State, personally appeared Alexander A. Zaleski 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 31st day of August, 2012.

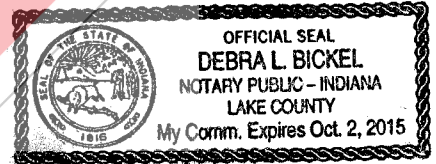
Resident of Lake County, Indiana. Signature *Debra L. Bickel*
My Commission Expires: 10-2-2015 Printed Debra L. Bickel

I affirm, under the penalties for perjury, that I have taken reasonable care to record each Social Security number in this document, unless required by law. ALEXANDER A. ZALESKI
(Name)

This instrument prepared by ALEXANDER A. Zaleski

HOLD FOR MERIDIAN TITLE CORP

12-29461



#15
MT
Cox

FILED

SEP 20 2012

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

003921

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* 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

Local No. 772-07
691477

State No.

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) Sharon M. Zaleski		2. SEX Female		3a. TIME OF DEATH 4:26 PM		3b. DATE OF DEATH (Month, Day, Yr.) March 19, 2007	
4. *SOCIAL SECURITY NUMBER 325-36-5556		5a. AGE - Last Birthday (Years) 64		5b. UNDER 1 YEAR Months: _____ Days: _____		5c. UNDER 1 DAY Hours: _____ Minutes: _____	
6a. WAS DECEDENT A U.S. VETERAN? No		6b. YEAR LAST SERVED IN U.S. ARMED FORCES? N/A		6. DATE OF BIRTH (Mo., Day, Yr.) March 14, 1943			
7. BIRTHPLACE (City and State or Foreign Country) Chicago, Illinois				PLACE OF DEATH (Check only one - See instructions) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input checked="" type="checkbox"/> Residence <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify)			
9b. FACILITY NAME (If not institution, give street and number) 756 Pettibone				9c. CITY, TOWN, OR LOCATION OF DEATH Crown Point		9d. COUNTY OF DEATH Lake	
10. MARITAL STATUS (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Alexander Zaleski		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Homemaker		12b. KIND OF BUSINESS/INDUSTRY Own Home	
13a. RESIDENCE - STATE Indiana		13b. COUNTY Lake		13c. CITY, TOWN OR LOCATION Crown Point		13d. STREET AND NUMBER 756 Pettibone	
13e. ZIP CODE 46307-		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? USA		15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	
13g. ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		16. RACE - American Indian, Black, White, etc. (Specify) White		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 11 College (1-4 or 5+)			
18. FATHER'S NAME (First, Middle, Last) John Rabetz				19. MOTHER'S NAME (First, Middle, Maiden Surname) Wanda Baranski			
20a. INFORMANT'S NAME (Type/Print) Alexander Zaleski				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 756 Pettibone Crown Point, IN 46307-		20c. Relationship Husband	
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) March 23, 2007 St. Mary Cemetery				21c. LOCATION - City or Town, State Crown Point, Indiana	
22a. EMBALMER'S NAME Kevin Knaga		22b. EMBALMER'S LICENSE NO. FD20400005		23. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
24a. SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>		24b. LICENSE NUMBER (of License) ED09000013		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Gelsen Funeral Home 109 N East St. Crown Point, Indiana 46307- FR19900060			
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. X CHE CAD Dill type 2 HTN Approximate Interval Between Onset and Death							
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. DUE TO (OR AS A CONSEQUENCE OF): b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): d. _____ Conditions, if any, which gave rise to the immediate cause stating the underlying cause last							
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) No		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) No	
28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) No							
29a. CERTIFIER (Check only one) <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. <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. <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) and manner as stated.							
29b. SIGNATURE AND TITLE OF CERTIFIER X <i>[Signature]</i>				29c. MEDICAL LICENSE NO. 01049149		29d. DATE SIGNED (Month, Day, Year) 032307	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Radosveta Ivanova, M.D. 155 W. 86th Ave Unit B, Merrillville, IN 46410							
31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>							
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <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. LOCATION (Street and Number or Rural Route Number, City or Town, State) MAR 26 2007			
34g. DATE PRONOUNCED DEAD (Month, Day, Year)				34h. MOTOR VEHICLE ACCIDENT? (Yes or No) If yes, specify driver, passenger, pedestrian, etc.			

EXHIBIT "A"

Property Address: 756 Pettibone, Crown Point, IN 46307

Lot Numbered Thirty-six (36) in Greenmeadow Manor Unit No. 3 in the City of Crown Point as per plat thereof recorded in Plat Book 35, page 10 in the Office of the Recorder of Lake County, Indiana.

45-16-17-2291-002.000-042

