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AFFIDAVIT

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

STATE OF INDIANA)
COUNTY OF LAKE) SS:
Tax I.D. No. 45-07-09-406-026.000-023

2013 028855

2013 APR 23 AM 10:49

MICHAEL B. BROWN
RECORDER

MARY PAQUIN, being first duly sworn upon oath, deposes and says:

1. That the Affiant is the daughter and has personal knowledge of the marital status of the Decedent.
2. That **MARY B. WIECHECKI** died on April 16, 2004, at Walnut Creek at Highland in Lake County, Indiana.
3. That the Decedent and **CLEMENS J. WIECHECKI** were duly and legally married at the time they acquired title as Husband and Wife in the following described real estate:

LOT FIVE (5), IN L.N. COOK'S ADDITION TO THE CITY OF HAMMOND, LAKE COUNTY, INDIANA.

4. 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 her death.
5. That all funeral expenses in connection with the death of said decedent have been paid in full.
6. That all of the assets of said decedent which would be included 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 saith naught.

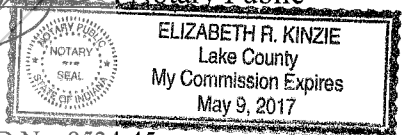
Mary Paquin
MARY PAQUIN

Subscribed and sworn to before me, a Notary Public this 17 day of april, 2013.

My Commission Expires: 5/9/17
County of Residence: Lake



Elizabeth R. Kinzie
Notary Public



This instrument prepared by **PATRICK J. McMANAMA**, Attorney-at-Law, Attorney ID No. 9534-45.
No legal opinion given or rendered. All information used in preparation of document was supplied by title company.

1402
num 120
CM
AM

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.

Peggy Holinga Katona
Signature of Preparer

FILED

APR 19 2013

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

Elizabeth Kinzie
Name of Preparer

12040

COMMUNITY TITLE COMPANY
FILE NO 133912

* 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. 1-907-04

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) MARY B. WIECHECKI		2. SEX Female		3a. TIME OF DEATH 4:50 AM		3b. DATE OF DEATH (Month Day, Yr.) April 16, 2004	
4. *SOCIAL SECURITY NUMBER [REDACTED]		5a. AGE—Last Birthday (Years) 89		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes	
6. DATE OF BIRTH (Mo Day, Yr.) January 4, 1915		7. BIRTHPLACE (City and State or Foreign Country) East Chicago, Indiana					
8a. WAS DECEDENT A U.S. VETERAN? No		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? N/A		9a. PLACE OF DEATH (Check only one. See instructions) <input type="checkbox"/> Hospital <input type="checkbox"/> Incident <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DDA <input checked="" type="checkbox"/> Other: <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence			
9b. FACILITY NAME (If not institution, give street and number) WALNUT CREEK AT HIGHLAND				9c. CITY, TOWN, OR LOCATION OF DEATH HIGHLAND		9d. COUNTY OF DEATH LAKE	
10. MARITAL STATUS (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) CLEMENS WIECHECKI		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 HAMMOND		13d. STREET AND NUMBER 7026 ARKANSAS AVENUE	
13e. ZIP CODE 46323		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? U.S.A.		15. WAS DECEDENT OF HISPANIC ORIGIN? (If yes specify Cuban, Mexican, Puerto Rican, etc.) <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) 12 College (13 or 3+) 1					
18. FATHER'S NAME (First Middle Last) MIJO STANKOVIC				19. MOTHER'S NAME (First Middle Maiden Surname) BARBARA OSTRICH			
20a. INFORMANT'S NAME (Type/Print) CLEMENS WIECHECKI				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 7026 ARKANSAS AVENUE, HAMMOND, IN 46323		20c. Relationship Husband	
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <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) Apr 20, 2004 MOUNT MERCY CEMETERY			21c. LOCATION—City or Town, State GARY IN		
22a. EMBALMER'S NAME JOSE G. CORONA		22b. EMBALMER'S LICENSE NO. FDO8601373		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Jose G. Corona</i>		24b. LICENSE NUMBER (of Licensee) FDO1042047		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME BOCKEN FUNERAL HOME, INC. FH83002801 7042 KENNEDY AVENUE, HAMMOND, IN			
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. Acute myocardial infarction due to (or as a consequence of) intermittent atrial fibrillation due to (or as a consequence of) arteriosclerotic cardiovascular disease due to (or as a consequence of) atrial fibrillation							
26. 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 <i>Susan W. Best, D.O.</i>		29c. MEDICAL LICENSE NO. 01026043		29d. DATE SIGNED (Month Day, Year) 4/30/2004	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) M. A. RAHMANY, M.D. 3801 RIDGE ROAD, HIGHLAND, IN 46322-							
31. HEALTH OFFICER'S SIGNATURE <i>Susan W. Best, D.O.</i>						32. DATE FILED (Month Day, Year) April 21, 2004	
33. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		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 AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT. APR 21 2004					
34g. DATE PRONOUNCED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.					