3

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2013 051318

2013 JUL 16 AM 9:32

MICHAEL B. BROWN
RECORDER

Mail To: Law Office of Meghann LaBadie, P. O. Box 1898, Highland, IN 46322

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

AFFIDAVIT AS TO
TENANCY BY ENTIRETIES

Janet M. Olesek, being first duly sworn upon oath, deposes and says:

That she is an adult and the surviving spouse of **Richard J. Olesek**, who died on August 31, 2003.

That she and the decedent were owners by the entireties of the following described real estate, to-wit:

Lot numbered Forty-two (42) in Havenwood Subdivision, Unit Three B, an Addition to the Town of Cedar Lake, as per plat thereof, recorded in Plat Book 81 page 66, in the office of the Recorder of Lake County, Indiana, and amended by a certain "Certificate Of Correction" recorded February 6, 1997 as Document No. 97007593.

Commonly known as: 8410 Raven Way
Cedar Lake, IN 46303

New Parcel Number: 45-15-22-208-010.000-014
Old Parcel Number: 30-24-0200-0009

That said parties were husband and wife when they took title to the above described real estate; and that both remained in title and lived continuously together as husband and wife until his death, intestate, on the date above given.

Affiant further states the she knows of her own knowledge that the value of the gross estate of the above decedent, at the time of his death, within the meaning of the Federal Estate laws, was less than that required for the filing of a Federal Estate Tax Return, and that the estate of said decedent was not subject to any Federal Estate taxes.

FILED

24224

JUL 11 2013

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

AMOUNT $ 15 -
CASH____CHARGE____
CHECK# 1139
OVERAGE____
COPY____
NON-CONF____
DEPUTY KC

Affiant further states that all outstanding debts and obligations of the decedent, including funeral expenses and expense of last illness were fully paid and discharged and that there is no estate proceeding pending and there are no outstanding claims or obligations against said decedent.

Janet M. Olesek

Janet M. Olesek

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public for Lake County, State of Indiana, personally appeared **Janet M. Olesek** executed the foregoing Affidavit as to Tenancy by Entireties as a free and voluntary act.

Witness my hand and Notarial Seal this 27th of June, 2013.

My Commission Expires: March 28, 2015

MEGHANN E. LABADIE
MY COMMISSION EXPIRES
March 28, 2015
NOTARY SEAL
LAKE COUNTY
NOTARY PUBLIC, STATE OF INDIANA

Meghann LaBadie

Meghann LaBadie/Notary Public
Resident of Lake County

This Instrument Prepared By:
Meghann E. LaBadie (Atty #26441-49)
The Law Office of Meghann LaBadie, LLC
P.O. Box 1898
Highland, IN 46322
Phone: (219) 629-6765

10-CC TVE 1

ATTENTION ESTATE: The Social Security # is ing requested by this state agency in order to rsue its statutory responsibility. Disclosure is luntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

ocal No. 2067-03 State No. .....

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

1. DECEASED—NAME (First, Middle, Last): RICHARD J. OLESEK			2. SEX: MALE	3a. TIME OF DEATH: 5:12 A.M.	3b. DATE OF DEATH (Month, Day, Yr.): AUGUST 31, 2003
4. *SOCIAL SECURITY NUMBER: 310-52-1753	5a. AGE—Last Birthday (Years): 56	5b. UNDER 1 YEAR: Months / Days	5c. UNDER 1 DAY: Hours / Minutes	6. DATE OF BIRTH (Mo, Day, Yr): Aug. 31, 1947	7. BIRTHPLACE (City and State or Foreign Country): Hammond, Indiana
8a. WAS DECEDENT A U.S. VETERAN? Yes	8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1967	9a. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☒ DOA	OTHER: ☐ Nursing Home ☐ Other (Specify) ☐ Residence		
9b. FACILITY NAME (If not institution, give street and number): St. Anthony Medical Center			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): Janet Engelhart		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Quality Control	12b. KIND OF BUSINESS/INDUSTRY: Steel	
13a. RESIDENCE—STATE: Indiana	13b. COUNTY: Lake	13c. CITY, TOWN, OR LOCATION: Cedar Lake		13d. STREET AND NUMBER: 8410 Raven Way	
13e. ZIP CODE: 46303	13f. INSIDE CITY LIMITS: ☐ No ☒ Yes	13g. ON A FARM? ☒ No ☐ Yes	14. CITIZEN OF WHAT COUNTRY: USA	15. WAS DECEDENT OF HISPANIC ORIGIN? ☒ No ☐ Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16. RACE—American Indian, Black, White, etc. (Specify): White
17. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12	College (1-4 or 5 +):				
18. FATHER'S NAME (First, Middle, Last): Joseph Olesek			19. MOTHER'S NAME (First, Middle, Maiden Surname): Lottie Pachowicz		
20a. INFORMANT'S NAME (Type/Print): Janet Olesek	20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 8410 Raven Way Cedar Lake, IN 46303			20c. Relationship: Wife	
21a. METHOD OF DISPOSITION: ☐ Entombment ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)	21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Sept. 5, 2003 Kelly-Carroll Cremation			21c. LOCATION—City or Town, State: Gary, Indiana	
22a. EMBALMER'S NAME: Jason Frazier	22b. EMBALMER'S LICENSE NO.: FD21000062		23. WAS DEATH REPORTED TO CORONER? ☒ No ☐ Yes		
24a. SIGNATURE OF FUNERAL DIRECTOR: [signature]	24b. LICENSE NUMBER (of Licensee): FD20200020		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: STILINOVICH & WIATROLIKFH8300445 7535 Taft St. Merrillville, IN 4641		

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.

IMMEDIATE CAUSE (Final disease or condition resulting in death)

a. Acute ventricular Fibrillation — Approximate Interval Between Onset and Death: Seconds

DUE TO (OR AS A CONSEQUENCE OF)

b. Coronary thrombosis — Approximate Interval Between Onset and Death: Acute

DUE TO (OR AS A CONSEQUENCE OF)

c. Coronary Atherosclerosis — Approximate Interval Between Onset and Death:

DUE TO (OR AS A CONSEQUENCE OF)

d. Hypertension / Hypercholesterolemia — Approximate Interval Between Onset and Death: Years

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)	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	NO

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.

☐ 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.

☐ 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	29c. MEDICAL LICENSE NO.	29d. DATE SIGNED (Month, Day, Year)
[signature]	25010	9/4/3

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): Wm. Pierce, M.D. 210 E. 90th. Ave. Merrillville, IN 46410 219-738-2008

31. HEALTH OFFICER'S SIGNATURE: [signature] D.O.

32. DATE FILED (Month, Day, Year): September 4, 200

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

SDH06-004 State Form 10110 (R5/1-99)