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AFFIDAVIT

STATE OF INDIANA)
COUNTY OF LAKE) SS:

Tax I.D. No. 45-03-29-177-041.000-024

Chester Bielak, Kathy A. Ruble and Steven T. Bielak. as joint tenants,
being first duly sworn upon their oath, depose and say:

1. That Evelyn H. Bielak died on the 25th of May, 2013, at St. Catherine Hospital, Inc. in Lake County, Indiana.
2. That at the time of her death, Chester Bielak, Evelyn Bielak, Kathy A. Ruble and Steven T. Bielak were the co-owners in joint tenancy of the following described real estate:

Lot 35 and the South one-half of Lot 36 in Block 7, in a subdivision of the NW ¼ of Section 29, Township 37 North, Range 9 West of the Second Principal Meridian in the Recorder's Office of said County and State, as the same appears of record in Plat Book 2, page 13, in Lake County, Indiana.

3. That no Federal Estate Tax is due as a result of the death of Evelyn H. Bielak.
4. That these Affiants' relationship to the Decedent was children.
5. That all funeral expenses in connection with the death of said decedent have been paid in full.

FURTHER, Affiants saith naught.

Chester Bielak
Chester Bielak

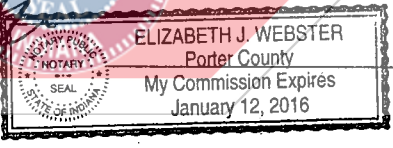
Steven T. Bielak
Steven T. Bielak

Kathy A. Ruble
Kathy A. Ruble

Subscribed and sworn to before me, a Notary Public this 3RD day of DECEMBER, 2013.

My Commission Expires:
County of Residence:

Elizabeth J. Webster



STATE OF INDIANA
 LAKE COUNTY
 FILED FOR RECORD
 2013 DEC 10 AM 10:34
 MICHAEL S. BROWN
 RECORDER

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.

COMMUNITY TITLE COMPANY
 FILE NO 135106 LAKE CO. NON-COM
\$14.00 16853
C.M.E
M.E

FILED
 DEC 09 2013

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

843298

Local No 000128

EDR No 00000325433

State No

| | | | | | | | | | |
|---|----------------------------|--|---|--|--|---|---|--|--|
| 1. Decedent's Legal Name (First, Middle, Last) EVELYN H BIELAK | | | | 1a. Maiden Name (If female) FARRELL | | 2. Sex FEMALE | 3. Time Of Death 07:35 AM | 4. Date Of Death (Month/Day/Year) 05/25/2013 | |
| 5. Social Security Number [REDACTED] | 6a. Age - Yrs 93 | 6b. Under 1 Year Months | 6c. Under 1 Month Days | 6d. Under 1 Day Hours | 6e. Under 1 Hour Minutes | 7. Date of Birth (Month/Day/Year) 01/18/1920 | | 8. Birthplace (City and State or Foreign Country) HANOVER, KS | |
| 9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown | | 10. If Death Occurred In A Hospital: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival | | | | 10a. If Death Occurred Somewhere Other Than A Hospital <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify) | | | |
| 11. Facility Name (If Not Institution, Give Street and Number) ST CATHERINE HOSPITAL INC | | | | | | | | | |
| 12. City Or Town, State, And Zip Code EAST CHICAGO, IN, 46312 | | | | | 13. County Of Death LAKE | | 14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown | | |
| 15. Surviving Spouse's Name CHESTER S BIELAK | | | 15a. (If Wife) Give Maiden Last Name | | | 16. Decedent's Usual Occupation HOMEMAKER | | 17. Kind Of Business/Industry OWN HOME | |
| 18. Residence - State INDIANA | | 18a. County LAKE | | 18b. City Or Town EAST CHICAGO | | 18d. Apt. No. | 18a. Zip Code 46312 | 18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 18c. Street And Number 4338 BARING AVENUE | | | 19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED | | 20. Decedent Of Hispanic Origin NOT HISPANIC | | 21. Decedent's Race White | | |
| 22. Father's Name (First, Middle, Last) THOMAS FARRELL | | | | 23. Mother's Name (First, Middle, Last) CHRISTINA FARRELL | | | 23a. Mother's Maiden Last Name NESPOR | | |
| 24. Informant's Name KATHY RUBLE | | 24a. Relationship To Decedent DAUGHTER | | 24b. Mailing Address (Street And Number, City, State, Zip Code) 453 BELLFLOWER DRIVE, VALPARAISO, IN 46383 | | | | | |
| 25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify): | | | 25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) REGIONAL CREMATION SERVICE | | | 25c. Location - City, Town, And State MUNSTER, IN | | | |
| 26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | 27. Name And Complete Address Of Funeral Facility FIFE FUNERAL HOME, INC., 4201 INDIANAPOLIS BLVD., EAST CHICAGO, IN 46312 | | | | | 27a. Funeral Home License Number: FH83001512 | | |
| 27b. Signature Of Indiana Funeral Service Licensee: JOHN P. FIFE, BY ELECTRONIC SIGNATURE | | | | | | 27c. License Number (Of Licensee): FD01020366 | | | |
| 28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) A. ATRIAL FIBRILLATION Due to (Or As A Consequence Of): B. CEREBRAL VASCULAR ACCIDENT Due to (Or As A Consequence Of): C. _____ Due to (Or As A Consequence Of): D. _____ Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last | | | | | | | | | |
| 28. Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I | | | | | | 29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | 30. Were Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown | | 32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year | | | 33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined | | | | |
| 34. Date Of Injury (Month/Day/Year) | | 35. Time Of Injury | | 36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area) | | | 37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 38. Location Of Injury - State | | 38a. City Or Town | | 38b. Street & Number | | 38c. Apt. No. | | 38d. Zip Code | |
| 39. Describe How Injury Occurred | | | | | | 40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) | | | |
| 41. Signature, Of Person Certifying Cause Of Death: JAIME EDUARDO RUIZ-MONTERO, BY ELECTRONIC SIGNATURE | | | | | | 42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer | | | |
| 43. Name, Address And Zip Code Of Person Certifying Cause Of Death: JAIME EDUARDO RUIZ-MONTERO, 4320 FIR STREET, SUITE 410, EAST CHICAGO, IN 46312 | | | | | | 44. License Number 01052348A | | 45. Date Certified 05/28/2013 | |
| 46. Additional Funeral Service Provider: | | | | | | 47. *Akas: | | | |
| 48. Signature of Local Health Officer: ARVIND KAKODKAR, VIA ELECTRONIC SIGNATURE | | | | | | 49. For Registrar Only - Date Filed (Month/Day/Year): MAY 28 2013 | | | |

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

COMMUNITY TITLE COMPANY

STATE OF INDIANA
COMMUNITY TITLE COMPANY
FILE NO 135106 LAKECO

VOID IF ALTERED OR ERASED - NOT VALID UNLESS CERTIFIED BY HEALTH DEPARTMENT

