SURVIVORSHIP AFFIDAVIT	<u> </u>
STATE OF INDIANA) COUNTY OF LAKE)	J = 0
On this 30 th day of January, 2014 before me personally appeared Ruth Ann	Czysczon to me
personally known, who being duly sworn on oath did say that:	FILED
1. Affiant resides at the address given below Affiant's signature:	FEB 1 1 2014
2. Affiant is the owner of the property below;	
3. Said premises described as follows: (legal description)	EGGY HOLINGA KATONA IKE COUNTY AUDITOR
Lot number Twelve (12), Block two (2), KNICKERBOCKER MANOR TENTH (1	Oth) ADD to the
Town of Munster, Lake County, Indiana, as shown in Plat Book 37, Page 43	RECEDENCE OF THE PROPERTY OF T
4. Said premises were formerly owned as tenants by the entireties, by Ev	erest D. & Ruth And
5. Said (name of co-tenant who died) Everest D. Czysczon, died on Octobe Leaving X a will or no will 1111	7 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
 6. Where this affidavit relates to a tenancy by the entireties, were the payers or No If the answer is Yes, identify the divorce proceedings N/A 7. Affiant's relationship to the deceased was Husband 	rties ever divorced?
8. See attached copy of death certificate LYNN E KERR NOTARY PUBLIC SEAL LAKE COUNTY, STATE OF INDIANA COMMISSION NO. 832775 MY COMMISSION EXPIRES FEBRUARY 08, 2020 Affiant's Signature Ruth Ann Czysczon Address 254 Maple Lane Munster, Indiana 4632 (219)	1 Superior
Subscribed and sworn before me by the Affiant this day of February, 2014 My Commission expires: 2/6/20 LYMPE FERRILLARE	Notary Public Printed name & County
This instrument was prepared by	
*I affirm, under the penalties for perjury, that I have taken reasonable care to red number in this document, unless required by law.	act each social security
(Signature) June (Name printed) LYKN E	KERR
CASH	00000
ρβ	,



INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

1. Decedent's Legal Name (First, Middle,	03572			DR No 000	000331	ひひき		Star	IG MO	<u>0502</u>	.00		
T. Decedent's Cago: Harrio (First, Middio).	Last)		5	ta, Maiden Na			2. Sex	3	. Time Of	Death	4. Date	Of Death	(Month/Day/Yea
EVEREST DONALD CZYS	CZON						· MA	LE	05:0	1 AM	1	10/30	0/2013
5. Social Security Number 6a. Age - Yo	s 6b. Under	1 Year 60	c. Under 1 Ma	onth 6d. Under 1 Day	Bo. Under 1 Ho	ur 7. Dat	e of Birth (Mo	nth/Day/Yes	r) 8. B	inhplace (Ci	ty and State	or Foreig	n Country)
78	Months	Di	äys	Hours	Minutos		06/02/1	935	НА	MMONI	D, IN		
9. Ever in U.S. Armed Forces? 10, II	Death Occurred (n A Hospital	:		10a, If Death C		newhere Othe Decedent's He		•	ome/Long-ter	- Cara Faa	dition.	
			rtment Outpat	tient Dead on Arriv	al Other (Spec		Jecedeni s A	3110	vursing ric	and/corig-tar			_
Facility Name (If Not Institution, Give OMMUNITY HOSPITAL City Or Town, State, And Zip Code	Suder and remov	ar)			13 Cou	nty Of Death			11	4. Marital St	atus At Time	e Of Deat	h
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MUNSTER, IN, 46321					LAKE								d Unknow
5. Surviving Spouse's Name				15a. (If Wife)Give.Maio	ien Last Name		l '	ients Usual (MISSIOI		n	17, Kind	3 Of Busin	ess/Industry
RUTH ANN CZYSCZON				KUIPERS	•			INTEND			PUBLI	C UTI	LITY
8. Residence - State		18a. Cou	unty		18b. City Or	Town							
NDIANA		LAKE			MUNSTE	R							
Sc. Street And Number	•					-		16d. Apt.	No.	18e. Zip	Code	187.	Inside City Limit:
54 MAPLE LANE										46	321	🗵	Yes 🗌 No
9. Decedent's Education			ecedent Of Hi	spanic Origin	2	1. Decedent	s Race			1 70	UZ-1	<u> </u>	·
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DEGREE 2. Father's Namo (First, Middle, Last)		ΙΝΟΙ	HISPAN	110	23. Mother's Na	hite ne (First, Mic	idle, Last)			23a.	Mother's Ma	aiden Las	t Name
OSEPH CZYSCZON		1 47	4n Oalntin	nip To Decedent	LOUISE C			City State	Zip Code		BACKI		
4, Informant's Name		ļ		sh to nacensur			,	• • • • • • • • • • • • • • • • • • • •					
RUTH ANN CZYSCZON		IM	ИFE	35.0	254 MAPLI	LANE,	MUNSI	ER, IN 4	6321				
5a. Mathod Of Disposition		25b. Place (Of Disposition	(Name Of Cemetery, C	lace Of Disposition crematory, Other Pto	ice) 25c.	Location - Cit	y, Town, And	State				
Burist Cremation Donation [] Entombment												
Removal From State Other (Specify):		HOLVO	noce 6	CARTERY		CAL	INVEXIC	H VTE					
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