

3

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 051117

2014 AUG 26 AM 10:05

MICHAEL B. BROWN
Affidavit of Survivorship
RECORDER

State of Indiana

Count of Lake

I Patricia Zygowicz, residing at 1467 Ohio Avenue, Whiting, Indiana 46394, being of legal age, depose and say that:

1. On August 22, 2006 by Warranty Deed recorded in Book/volume 6, Page 29, of the Lake County records as document number 2006 076550 ("The Deed"), the Affiant and Stanley Zygowicz become owners of the following legally described property: **AKA STANLEY D. ZYGOWICZ**

Lot 36, in block 4, Standard Addition, in the City of Whiting and commonly known as 1467 Ohio Avenue, Whiting, IN 46394 **PROPERTY NUMBER 45-03-07-228-036-000-025**

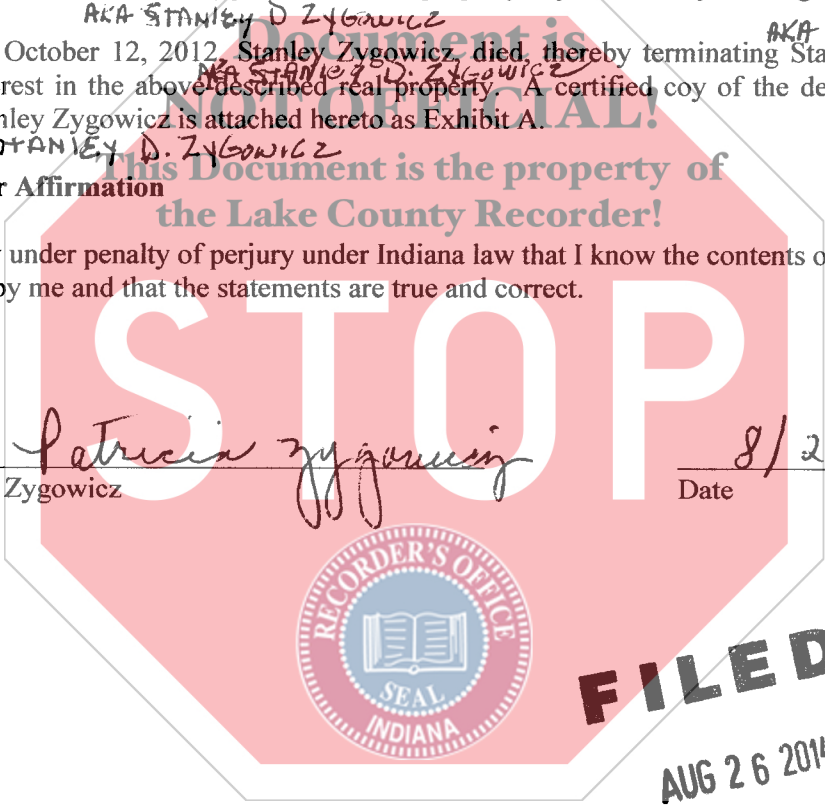
2. Affiant and Stanley Zygowicz own the property in joint tenancy with right of survivorship. **AKA STANLEY D. ZYGOWICZ**

3. On October 12, 2012, Stanley Zygowicz died, thereby terminating Stanley Zygowicz's interest in the above described real property. A certified copy of the death certificate of Stanley Zygowicz is attached hereto as Exhibit A. **AKA STANLEY D. ZYGOWICZ**

Oath or Affirmation

I certify under penalty of perjury under Indiana law that I know the contents of this affidavit signed by me and that the statements are true and correct.

Patricia Zygowicz 8/22/14
Patricia Zygowicz Date



25983

FILED
AUG 26 2014
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

\$16
CS
G

1Ref

STATE OF INDIANA, COUNTY OF LAKE, ss:

This affidavit was acknowledged before me on the 22 day of AUGUST,
2014 by Patricia Zygowicz, who, being first duly sworn on oath according to law,
deposes and says that she has read the foregoing Affidavit subscribed by her, and that the
matters stated herein are true to the best of her information, knowledge and belief.

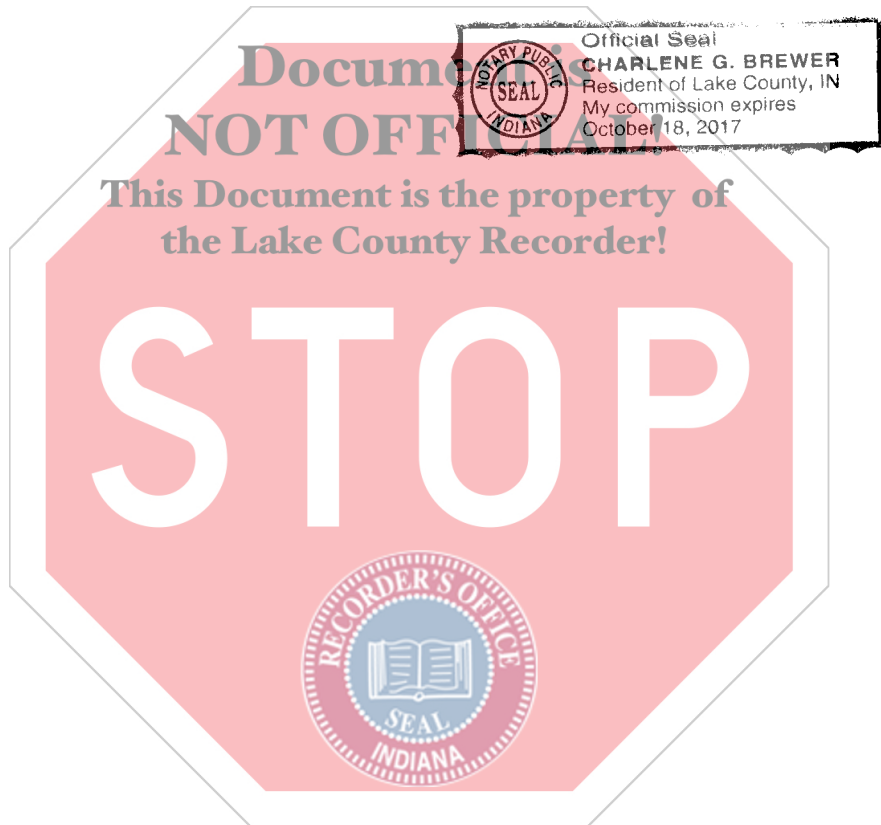
Charlene G Brewer

Notary Public

Operation Supervisor

Title (and Rank)

My commission expires 10-18-17



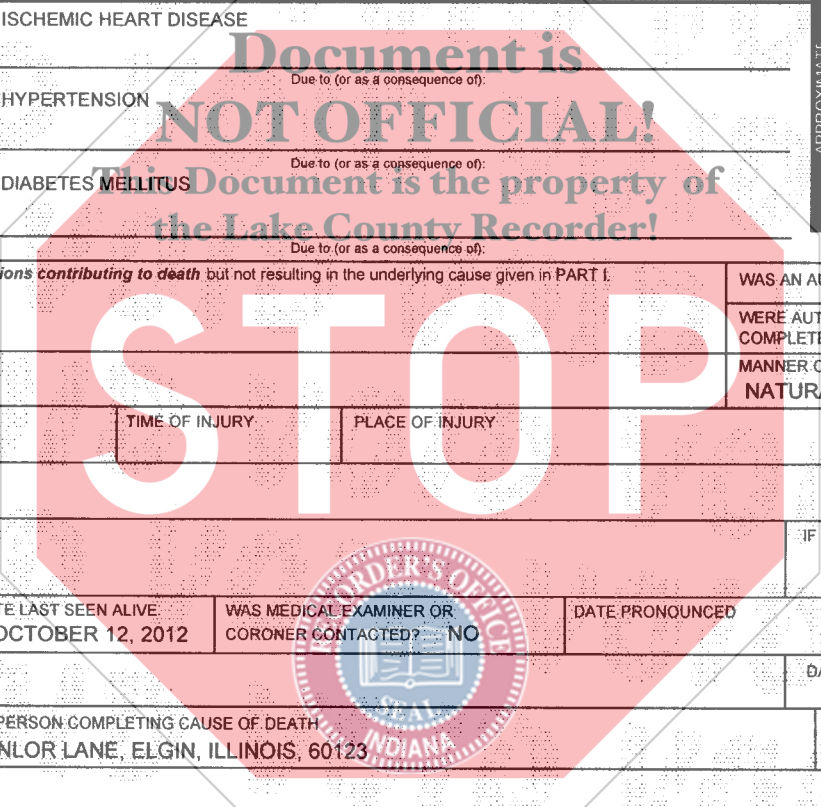
**KANE COUNTY CLERK REGISTRAR
GENEVA, ILLINOIS
MEDICAL CERTIFICATE OF DEATH**

STATE FILE NUMBER 2012 0076229

MEDICAL EXAMINER'S CASE NUMBER 12-2238

DATE ISSUED 10/15/2012

| | | | | | | |
|---|--|--|---|---|--|---------|
| DECEDENT'S LEGAL NAME STANLEY DAVID ZYGOWICZ | | | | SEX MALE | DATE OF DEATH OCTOBER 12, 2012 | |
| COUNTY OF DEATH KANE | | AGE AT LAST BIRTHDAY 72 YEARS | DATE OF BIRTH DECEMBER 30, 1939 | | | |
| CITY OR TOWN ELGIN | | | HOSPITAL OR OTHER INSTITUTION NAME SHERMAN HOSPITAL ASSOCIATION | | | |
| PLACE OF DEATH INPATIENT | | | | | | |
| BIRTHPLACE HAMMOND, IN | SOCIAL SECURITY NUMBER [REDACTED] | STATUS AT TIME OF DEATH MARRIED | | SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME PATRICIA DUDZIK | EVER IN U.S. ARMED FORCES? YES | |
| RESIDENCE 1467 OHIO AVENUE | | APT. NO. | CITY OR TOWN WHITING | | INSIDE CITY LIMITS? YES | |
| COUNTY LAKE | STATE IN | ZIP CODE 46394 | FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION BERNARD A ZYGOWICZ | MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION EMILY ZOLKOS | | |
| INFORMANT'S NAME PATRICIA ZYGOWICZ | | RELATIONSHIP WIFE | MAILING ADDRESS 1467 OHIO AVENUE, WHITING, IN, 46394 | | | |
| METHOD OF DISPOSITION CREMATION | | PLACE OF DISPOSITION HEIGHTS CREMATORY | LOCATION - CITY OR TOWN AND STATE CHICAGO HEIGHTS, IL | DATE OF DISPOSITION OCTOBER 15, 2012 | | |
| FUNERAL HOME RUZICH FUNERAL DIRECTORS, 816 - 119TH STREET, WHITING, IN, 46394 | | | | | | |
| FUNERAL DIRECTOR'S NAME JAMES F SEEBERG | | | | FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034015521 | | |
| LOCAL REGISTRAR'S NAME JOHN ANDREW CUNNINGHAM | | | | DATE FILED WITH LOCAL REGISTRAR OCTOBER 15, 2012 | | |
| CAUSE OF DEATH PART I. ISCHEMIC HEART DISEASE | | | | | | |
| IMMEDIATE CAUSE (Final disease or condition resulting in death) | | a. _____ Due to (or as a consequence of): | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH | UNKNOWN |
| | | b. HYPERTENSION Due to (or as a consequence of): | | | | UNKNOWN |
| | | c. DIABETES MELLITUS Due to (or as a consequence of): | | | | UNKNOWN |
| PART II: Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I. | | | | | | |
| | | | | WAS AN AUTOPSY PERFORMED? NO | | |
| | | | | WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A | | |
| FEMALE PREGNANCY STATUS NOT APPLICABLE | | MANNER OF DEATH NATURAL | | | | |
| DATE OF INJURY | TIME OF INJURY | PLACE OF INJURY | | INJURY AT WORK? | | |
| LOCATION OF INJURY | | | | | | |
| DESCRIBE HOW INJURY OCCURRED: | | | | IF TRANSPORTATION INJURY, SPECIFY: | | |
| ATTEND THE DECEASED? YES | DATE LAST SEEN ALIVE OCTOBER 12, 2012 | WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO | DATE PRONOUNCED | TIME OF DEATH 11:25 PM | | |
| CERTIFIER PHYSICIAN | | | | DATE CERTIFIED OCTOBER 15, 2012 | | |
| NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH BURKS, JAMES H, 1975 LINLOR LANE, ELGIN, ILLINOIS, 60123 | | | | PHYSICIAN'S LICENSE NUMBER 036076700 | | |



85486

This is to certify that this is a true and correct copy from the official death record filed with the Illinois Department of Public Health.

John A. Cunningham
John A. Cunningham
Kane County Clerk and Registrar



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE