

BT1500760  
STATE OF INDIANA )  
COUNTY OF LAKE )

SS:  
2015 073424

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
2015 OCT 30 AM 10:55

MICHAEL B. BROWN  
RECORDER

AFFIDAVIT OF SURVIVORSHIP

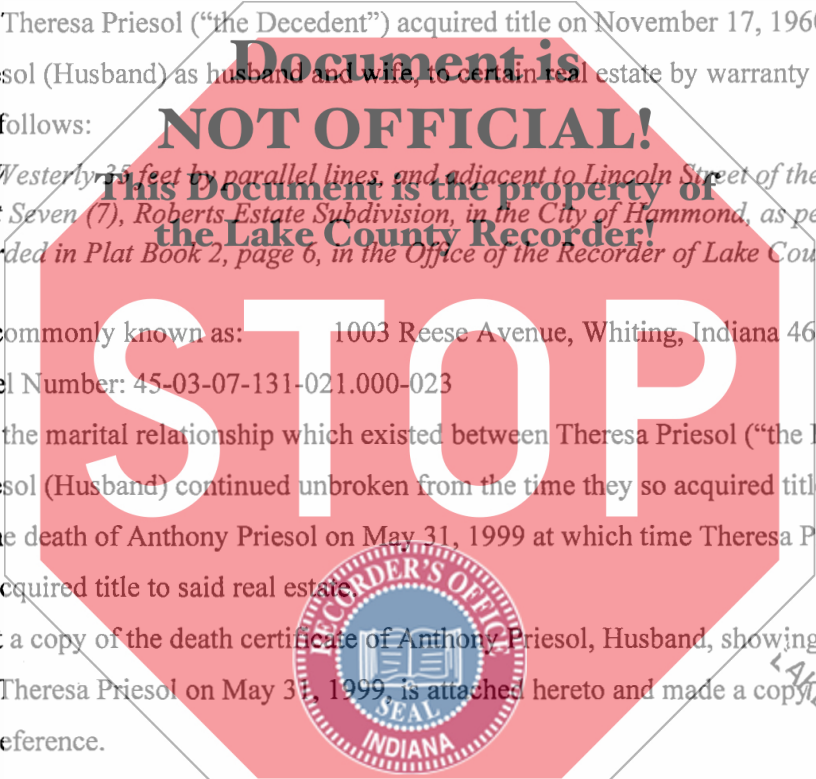
Robert Priesol ("Affiant"), being duly sworn upon his oath deposes and says:

1. That the Affiant is the son of Theresa Priesol and was born on December 6, 1945.
2. That the Affiant resides in Lake County, State of Indiana.
3. That Theresa Priesol ("the Decedent") acquired title on November 17, 1960 along with Anthony Priesol (Husband) as husband and wife, to certain real estate by warranty deed legally described as follows:

*The Westerly 25 feet by parallel lines, and adjacent to Lincoln Street of the Southerly half of lot Seven (7), Roberts Estate Subdivision, in the City of Hammond, as per plat thereof, recorded in Plat Book 2, page 6, in the Office of the Recorder of Lake County, Indiana.*

and commonly known as: 1003 Reese Avenue, Whiting, Indiana 46394  
Parcel Number: 45-03-07-131-021.000-023

4. That the marital relationship which existed between Theresa Priesol ("the Decedent") and Anthony Priesol (Husband) continued unbroken from the time they so acquired title to said real estate until the death of Anthony Priesol on May 31, 1999 at which time Theresa Priesol ("the Decedent") acquired title to said real estate.
5. That a copy of the death certificate of Anthony Priesol, Husband, showing he predeceased Theresa Priesol on May 31, 1999, is attached hereto and made a copy of this affidavit by reference.
6. That a copy of the death certificate of Theresa Priesol ("the Decedent"), showing her date of death to be January 10, 2013 is attached hereto and made a copy of this affidavit by reference.
7. That all debts, estate and inheritance taxes, funeral expenses, and expenses of the last illness of Anthony Priesol (Husband) have been fully paid and satisfied.
8. That the undersigned makes this affidavit for the purpose of showing that the said real estate became vested in, Theresa Priesol ("the Decedent") on May 31, 1999 and so that the County Recorder and County Auditor will show on their records that the above described real estate became vested solely in Theresa Priesol on May 31, 1999.
9. That the said Theresa Priesol, ("the Decedent"), never remarried after the death of her husband, Anthony Priesol on May 31, 1999.



CHICAGO TITLE INSURANCE COMPANY

FILED

OCT 28 2015

JOHN E. PETALAS  
LAKE COUNTY AUDITOR

22670

18-  
nm  
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am

10. That all of the above representations are true.

*Robert Priesol*

ROBERT PRIESOL

STATE OF INDIANA )  
 ) SS:  
COUNTY OF LAKE )

Before me, the undersigned, a Notary Public, in and for said County and State, personally appeared, Robert Priesol, who being first duly sworn by me upon an oath, states that the facts alleged in the foregoing Affidavit of Survivorship are true.

WITNESS MY HAND AND SEAL this 6<sup>th</sup> day of October 2015.

**Document is NOT OFFICIAL!**

*Dawn Marie Conner*  
NOTARY PUBLIC

**This Document is the property of the Lake County Recorder!**

DAWN MARIE CONNER  
Notary Public - Seal  
State of Indiana  
Lake County  
My Commission Expires May 28, 2023

DAWN MARIE CONNER  
PRINTED NAME OF NOTARY

PUBLIC

County of Residence: Lake

My Commission Expires: May 28, 2023

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.



*Joseph L. Curosh, Jr.*  
JOSEPH L. CUROSH, JR.

This instrument prepared by and after recording return to:

Joseph L. Curosh, Jr. - Attorney Number 3473-45  
Joseph L. Curosh III- Attorney Number 27074-45  
Curosh & Curosh  
1532- 119<sup>th</sup> Street  
Whiting, IN 46394

Mail tax bills to: Robert Priesol  
1347 - 119<sup>th</sup> Street  
Whiting, IN 46394

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

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.

CERTIFICATE OF DEATH

Local No. 460

June 11, 1999 Date Issued Hammond Health Commissioner

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

PRINT IN PERMANENT INK

IDENT

NTS

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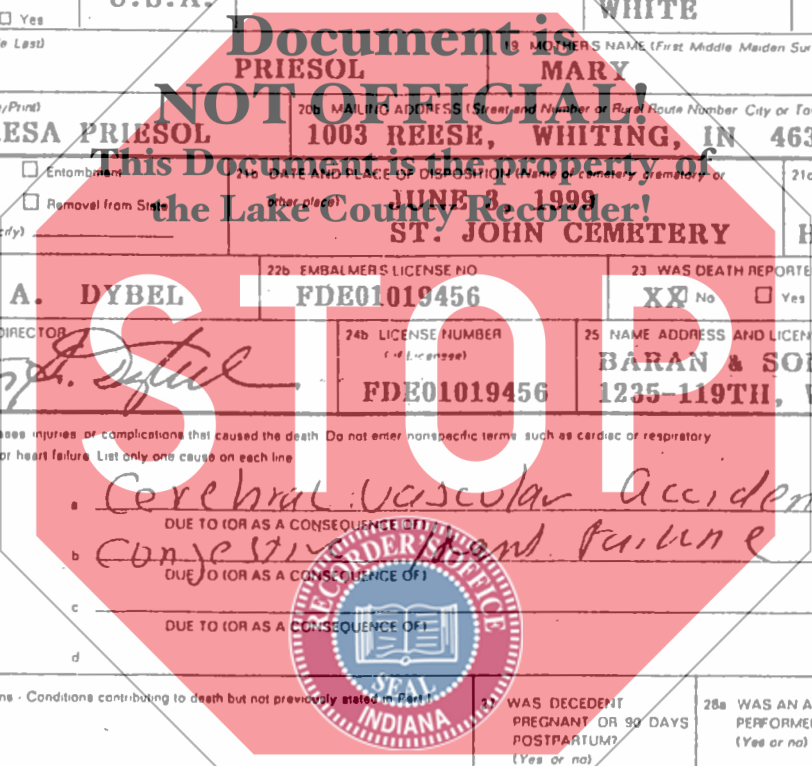
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1 DECEASED—NAME (First Middle, Last) <b>ANTHONY G. PRIESOL</b>				2 SEX <b>MALE</b>	3a TIME OF DEATH <b>6:00A M</b>	3b DATE OF DEATH (Month Day Year) <b>MAY 31, 1999</b>
4 *SOCIAL SECURITY NUMBER [REDACTED]		5a AGE—Last Birthday (Years) <b>85</b>	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo Day Yr.) <b>DEC. 28, 1913</b>	7 BIRTHPLACE (City and State or Foreign Country) <b>WHITING, INDIANA</b>
8a WAS DECEDENT A US VETERAN? <b>NO</b>	8b YEAR LAST SERVED IN US ARMED FORCES? <b>N/A</b>	9a PLACE OF DEATH (Check only one See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <b>XX Residence</b>				
9b FACILITY NAME (If not institution, give street and number) <b>1003 REESE AVENUE</b>			9c CITY TOWN OR LOCATION OF DEATH <b>HAMMOND</b>		9d COUNTY OF DEATH <b>LAKE</b>	
10 MARITAL STATUS (Specify) <b>MARRIED</b>		11 SURVIVING SPOUSE (If wife give maiden name) <b>THERESA RIMARCIK</b>		12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>INSULATOR</b>		12b KIND OF BUSINESS/INDUSTRY <b>AMOCO OIL COMPANY</b>
13a RESIDENCE—STATE <b>INDIANA</b>		13b COUNTY <b>LAKE</b>	13c CITY TOWN OR LOCATION <b>HAMMOND(WHITING P.O.)</b>		13d STREET AND NUMBER <b>1003 REESE AVENUE</b>	
13e ZIP CODE <b>46394</b>	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	15 WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes specify Cuban Mexican Puerto Rican etc)	16 RACE—American Indian Black White etc (Specify) <b>WHITE</b>	17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0 12) College (1 4 or 5 +) <b>12</b>	
18 FATHER'S NAME (First Middle Last) <b>GEORGE PRIESOL</b>			19 MOTHER'S NAME (First Middle Maiden Surname) <b>MARY MUDRONCIK</b>			
20a INFORMANT'S NAME (Type/Print) <b>MRS. THERESA PRIESOL</b>			20b MAILING ADDRESS (Street and Number or Rural Route Number City or Town State Zip Code) <b>1003 REESE, WHITING, IN 46394</b>		20c Relationship <b>WIFE</b>	
21a METHOD OF DISPOSITION <input type="checkbox"/> Entombment <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b DATE AND PLACE OF DISPOSITION (Specify cemetery, crematory or other place) <b>JUNE 3, 1999 ST. JOHN CEMETERY</b>		21c LOCATION—City or Town State <b>HAMMOND, INDIANA</b>		
22a EMBALMER'S NAME <b>MARTIN A. DYBEL</b>		22b EMBALMER'S LICENSE NO. <b>FDE01019456</b>		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a SIGNATURE OF FUNERAL DIRECTOR <i>Martin A. Dybel</i>		24b LICENSE NUMBER (If Licensee) <b>FDE01019456</b>	25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME <b>BARAN &amp; SON, INC., FDH83007267 1235-119TH, WHITING, IN 46394</b>			
28 PART I Enter the disease, 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. <b>Cerebral Vascular Accident</b> DUE TO (OR AS A CONSEQUENCE OF) b. <b>congestive heart failure</b> DUE TO (OR AS A CONSEQUENCE OF) c. _____ DUE TO (OR AS A CONSEQUENCE OF) d. _____ 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			24 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) <b>N/A</b>	25a WAS AN AUTOPSY PERFORMED? (Yes or no) <b>NO</b>	28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <b>N/A</b>	
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>Dr. Linda E. Rosenberg</i>				29c MEDICAL LICENSE NO. <b>351107884</b>	29d DATE SIGNED (Month Day Year) <b>JUNE 1, 1999</b>	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>LINDA E. ROSENBERG, M.D., 5500 HOHMAN AVENUE, HAMMOND, INDIANA 46320</b>						
31 HEALTH OFFICER'S SIGNATURE <i>Franklin S. Almeida M.D.</i>					32 DATE FILED (Month Day Year) <b>June 1, 1999</b>	
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		34a DATE OF INJURY (Month Day Year)	34b TIME OF INJURY	34c INJURY AT WORK? (Yes or no)	34d DESCRIBE HOW INJURY OCCURRED	
		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 PROHOUNCED DEAD (Month Day Year)		34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver passenger pedestrian etc				





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 000106

EDR No 00000300596

State No 001280

1. Decedent's Legal Name (First, Middle, Last) THERESA A PRIESOL
1a. Maiden Name (If female) RIMARCIK
2. Sex FEMALE
3. Time Of Death 07:43 PM
4. Date Of Death (Month/Day/Year) 01/10/2013
5. Social Security Number
6a. Age - Yrs 96
6b. Under 1 Year
6c. Under 1 Month
6d. Under 1 Day
6e. Under 1 Hour
7. Date of Birth (Month/Day/Year) 06/13/1916
8. Birthplace (City and State or Foreign Country) ZBOROVA, LO
9. Ever in U.S. Armed Forces?
10. If Death Occurred In A Hospital:
10a. If Death Occurred Somewhere Other Than A Hospital
11. Facility Name (If Not Institution, Give Street and Number) 1003 REESE AVENUE
12. City Or Town, State, And Zip Code WHITING, IN, 46394
13. County Of Death LAKE
14. Marital Status At Time Of Death
15. Surviving Spouse's Name
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 WHITING
18c. Street And Number 1003 REESE AVENUE
18d. Apt. No.
18e. Zip Code 46394
18f. Inside City Limits?
19. Decedent's Education 9TH - 12TH GRADE; NO DIPLOMA
20. Decedent Of Hispanic Origin NOT HISPANIC
21. Decedent's Race White
22. Father's Name (First, Middle, Last) JOSEPH RIMARCIK
23. Mother's Name (First, Middle, Last) SUSAN RIMARCIK
23a. Mother's Maiden Last Name RIMARCIK
24. Informant's Name MR ROBERT J PRIESOL
24a. Relationship To Decedent SON
24b. Marital Address (Street And Number, City, State, Zip Code) 1347 119TH STREET, WHITING, IN 46394
25a. Method Of Disposition
25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) ST JOHN CEMETERY
25c. Location - City, Town, And State HAMMOND, IN
26. Was Coroner Contacted?
27. Name And Complete Address Of Funeral Facility BARAN & SON INC, 1235 119TH STREET, WHITING, IN 46394
27a. Funeral Home License Number: FH83007267
27b. Signature Of Indiana Funeral Service Licensee: MARTIN A. DYBEL, BY ELECTRONIC SIGNATURE
27c. License Number (Of Licensee): FD01019456
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. MYOCARDIAL INFARCTION Due to (Or As A Consequence Of):
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 B. CORONARY ARTERY DISEASE Due to (Or As A Consequence Of):
C. ARTERIOSCLEROSIS Due to (Or As A Consequence Of):
D.
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause (Given in Part I) CEREBRAL VASCULAR ACCIDENT
29. Was An Autopsy Performed?
30. Were Autopsy Finding Available To Complete The Cause Of Death?
31. Did Tobacco Use Contribute To Death?
32. If Female:
33. Manner Of Death:
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) LAKE COUNTY HEALTH DEPARTMENT
37. Injury At Work?
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:
41. Signature, Of Person Certifying Cause Of Death: HERBERT ALAN JONES, BY ELECTRONIC SIGNATURE
42. Certifier (Check Only One)
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: HERBERT ALAN JONES, 929 RIDGE ROAD SUITE 7, MUNSTER, IN 46321
44. License Number 02000640A
45. Date Certified 01/11/2013
46. Additional Funeral Service Provider:
47. \*Akas:
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE
49. For Registrar Only - Date Filed (Month/Day/Year): JAN 14 2013

