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STATE OF INDIANA
COUNTY OF LAKE

2016 005913

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2016 JAN 27 AM 10:03

MICHAEL B. BROWN
RECORDER

ESTATE OF

EVELYN S. CZUPRYN,
DECEASED

SURVIVORSHIP AFFIDAVIT

On this 15th day of January, 2016 before me personally appeared KATHLEEN MASON to me personally known, who being duly sworn on oath did say that:

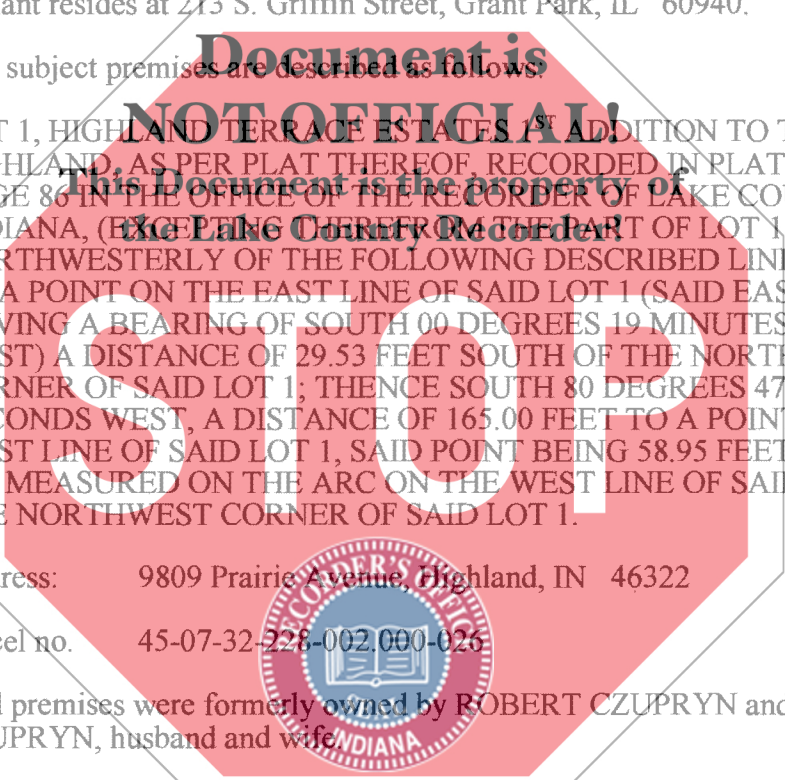
1. Affiant is KATHLEEN MASON, daughter of EVELYN S. CZUPRYN.
2. Affiant resides at 213 S. Griffin Street, Grant Park, IL 60940.
3. The subject premises are described as follows:

LOT 1, HIGHLAND TERRACE ESTATES, 1ST ADDITION TO THE TOWN OF HIGHLAND, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 75, PAGE 86 IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA, (BEGINNING CORNER ON THE PART OF LOT 1 LYING NORTHWESTERLY OF THE FOLLOWING DESCRIBED LINE): BEGINNING AT A POINT ON THE EAST LINE OF SAID LOT 1 (SAID EAST LINE HAVING A BEARING OF SOUTH 00 DEGREES 19 MINUTES 40 SECONDS WEST) A DISTANCE OF 29.53 FEET SOUTH OF THE NORTHEAST CORNER OF SAID LOT 1; THENCE SOUTH 80 DEGREES 47 MINUTES 32 SECONDS WEST, A DISTANCE OF 165.00 FEET TO A POINT ON THE WEST LINE OF SAID LOT 1, SAID POINT BEING 58.95 FEET SOUTHERLY (AS MEASURED ON THE ARC ON THE WEST LINE OF SAID LOT 1) OF THE NORTHWEST CORNER OF SAID LOT 1.

Address: 9809 Prairie Avenue, Highland, IN 46322

Parcel no. 45-07-32-228-002.000-026

4. Said premises were formerly owned by ROBERT CZUPRYN and EVELYN CZUPRYN, husband and wife.
5. ROBERT CZUPRYN died in Highland, Indiana on December 26, 2011. A copy of his Death Certificate is attached.



15-
FW
RM

FIDELITY NATIONAL
TITLE COMPANY

98015-3220

Fidelity - Highland
-1- 920153220

FILED

JAN 22 2016

20385

JOHN E. PETALAS
LAKE COUNTY AUDITOR

6. ROBERT CZUPRYN and EVELYN S. CZUPRYN were never divorced and the marriage was terminated by the death of ROBERT CZUPRYN.

Affiant's Signature: Kathleen Mason
Printed Name: KATHLEEN MASON
Address: 213 S. Griffin Street, Grant Park, Illinois

SUBSCRIBED AND SWORN TO

BEFORE ME THIS 15TH DAY

OF JANUARY, 2016.



Marcia L. Clegg
Notary Public

Document is NOT OFFICIAL!

I, Marcia L. Clegg, 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.

Document Prepared by and mail to:
Marcia L. Clegg
CLEGG & FAULKNER, P. C.
15 Lawndale Street,
Hammond, IN 46324
(219) 853-1851





**INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH**

Local No **003979**

EDR No **00000235969**

State No **056558**

1. Decedent's Legal Name (First, Middle, Last) ROBERT R CZUPRYN				1a. Maiden Name (If female)		2. Sex MALE		3. Time Of Death 02:35 PM		4. Date Of Death (Month/Day/Year) 12/26/2011			
5. Social Security Number		6a. Age - Yrs 77		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) 06/17/1934		8. Birthplace (City and State or Foreign Country) CHICAGO, IL			
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 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 checked="" type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)							
11. Facility Name (If Not Institution, Give Street and Number) MUNSTER MED-INN													
12. City Or Town, State, And Zip Code MUNSTER, IN, 46321						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 EVELYN S CZUPRYN				15a. (If Wife) Give Maiden Last Name POLFUS				16. Decedent's Usual Occupation PURCHASING AGENT		17. Kind Of Business/Industry STEEL			
18. Residence - State INDIANA			18a. County LAKE			18b. City Or Town HIGHLAND			18d. Apt. No.		18e. Zip Code 46322		
18c. Street And Number 9809 PRAIRIE AVENUE										18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
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) JOHN CZUPRYN				23. Mother's Name (First, Middle, Last) ANNA CZUPRYN				23a. Mother's Maiden Last Name PABIN					
24. Informant's Name EVELYN S CZUPRYN			24a. Relationship To Decedent WIFE			24b. Mailing Address (Street And Number, City, State, Zip Code) 9809 PRAIRIE AVENUE, HIGHLAND, IN 46322							
25. Place Of Disposition													
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) COMMUNITY CREMATION SERVICE				25c. Location - City, Town, And State SCHERERVILLE, IN						
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility ANTHONY & DZIADOWICZ FUNERAL HOME, INC. - MUNSTER, 9449 CALUMET AVE, MUNSTER, IN 46321						27a. Funeral Home License Number: FH83002916					
27b. Signature Of Indiana Funeral Service Licensee: LARRY D. ANTHONY, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD00001447							
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.										Approximate Interval: Onset To Death			
Immediate Cause (Final Disease Or Condition Resulting In Death)										A. ADULT FAILURE TO THRIVE <small>Due to (Or As A Consequence Of)</small>		1 MONTH	
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. END STAGE RENAL DISEASE <small>Due to (Or As A Consequence Of)</small>		9 MONTHS	
										C. _____ <small>Due to (Or As A Consequence Of)</small>			
										D. _____ <small>Due to (Or As A Consequence Of)</small>			
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I CEREBRAL VASCULAR ACCIDENT 20 YEARS AGO						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"/> Undetermined							
34. Date Of Injury (Month/Day/Year)		35. Time Of Injury		36. Place Of Injury, ETC. Decedent's Home, Cons (Or On Site) Residence		37. This Certificate of Death is Being Filed With the LAKE COUNTY HEALTH DEPARTMENT <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: JOSELITO SANTIAGO NAVARRO, 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: JOSELITO SANTIAGO NAVARRO, 7905 CALUMET AVENUE, MUNSTER, IN 46321						44. License Number 01052047A		45. Date Certified 12/27/2011					
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): DEC 27 2011							
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)													