

THIS AFFIDAVIT IS BEING RE-RECORDED AS THE
WAS NOT RECORDED PRIOR
SURVIVORSHIP AFFIDAVIT 22219

POWER OF ATTORNEY

2015 040423

NORTHWEST INDIANA TITLE
10 WASHINGTON STREET
WELL, IN 46356
219-696-0100

STATE OF INDIANA)
COUNTY OF LAKE)

On this 8th day of June, 2015, before me personally appeared Janice Poledziewski as power of attorney for Eleanor M. Juby, who being duly sworn on her oath states the following:

1. That the Affiant is the owner of the real estate located in Lake County, State of Indiana more particularly described as follows:

Lot 29 in Pheasant Hills Addition Unit 3, to the Town of Dyer, as per plat there recorded in Plat Book 41, Page 91 in the Office of the Recorder of Lake County, Indiana

Parcel ID: 45-10-13-426-021.000-034
Commonly known as: 2608 Osage Drive, Dyer, IN 46311

- That said premises were formerly owned as tenants by the entireties by John J. Juby and Eleanor M. Juby husband and wife.
- That said John J. Juby died on November 18, 2002, a resident of Lake County, Indiana leaving no Will.
- That by reason of the death of John J. Juby, there are no Federal Estate Taxes nor Indiana Inheritance Taxes due and payable by reason of the death of said Decedent.
- That on the date of the death of John J. Juby, said parties, namely, John J. Juby and Eleanor M. Juby, were husband and wife and have not been divorced.

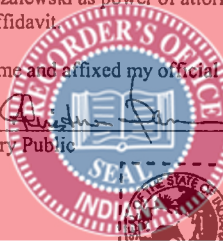
Further Affiant saith not.

Janice M. Poledziewski, as Power of Attorney for Eleanor M. Juby
Janice M. Poledziewski as power of attorney for Eleanor M. Juby

Subscribed and Sworn to before me, the undersigned, a Notary Public in and for said County and State, this 8th day of June, 2015, personally appeared Janice M. Polezaiewski as power of attorney for Eleanor M. Juby, and acknowledged the execution of the foregoing Affidavit.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my official seal.

M. Christina Gomez
Notary Public



My Commission Expires: 11-10-2022
County of Residence: Lake

This instrument was prepared by: Michelle Wendlinger, Attorney
900 Ridge Road, Munster, IN 46321

JOHN E. PETALAS
LAKE COUNTY AUDITOR

20620

FILED

AUG 16 2016

JOHN E. PETALAS
LAKE COUNTY AUDITOR

014649



2015 JUN 30 AM 11:41
MICHAEL B. BROWN
RECORDER
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2016 055539

2016 AUG 16 AM 10:41

MICHAEL B. BROWN
RECORDER

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

1 plat
15-00
NON-COM
M'E
#3071

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

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

Local No. 16-15-06

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

YPE/PRINT IN ERMANENT BLACK INK	1 DECEASED—NAME (First, Middle, Last) John Joseph Juby				2 SEX Male	3a TIME OF DEATH 2:50 P M	3b DATE OF DEATH (Month, Day, Year) November 18, 2002
	4 SOCIAL SECURITY NUMBER [REDACTED]		5a AGE—Last Birthday (Year) 79	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr) July 12, 1923	7 BIRTHPLACE (City and State or Foreign Country) Blue Island, Illinois
DECEDENT	8a WAS DECEDENT A U.S. VETERAN? Yes	8b YEAR LAST SERVED IN U.S. ARMED FORCES? 1945	9a PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify)				
	9b FACILITY NAME (If not institution, give street and number) St Margaret Mercy Hospital-South			9c CITY, TOWN OR LOCATION OF DEATH Dyer	9d COUNTY OF DEATH Lake		
ARENTS NFORMANT	10 MARITAL STATUS (Specify) Married	11 SURVIVING SPOUSE (If wife, give maiden name) Eleanor Kroll	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Sales Person		12b KIND OF BUSINESS/INDUSTRY Retail		
	13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY, TOWN OR LOCATION Dyer	13d STREET AND NUMBER 2608 Osage Dr.			
ROOF SIDENT	13e ZIP CODE 46311	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? USA	15 WAS DECEDENT OF HISPANIC ORIGIN? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If yes specify Cuban, Mexican, Puerto Rican, etc.)	16 RACE—American Indian, Black, White, etc. (Specify) White	17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 12	
	18 FATHER'S NAME (First, Middle, Last) John Joseph Juby			19 MOTHER'S NAME (First, Middle, Maiden Surname) Helen Jaglowicz			
ROOF SIDENT	20a INFORMANT'S NAME (Type/Print) Eleanor Juby		20b MAILING ADDRESS (Street and Number, or Rural Route Number, City or Town, State, Zip Code) 2608 Osage Dr, Dyer, Indiana 46311		20c Relationship Wife		
	21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) November 21, 2002 Holy Cross Cemetery		21c LOCATION—City or Town, State Calumet City, Illinois		
ROOF SIDENT	22a EXAMINER'S NAME Edward F. Mullaney		22b EXAMINER'S LICENSE NO. 650-1007176	23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
	24a SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>		24b LICENSE NUMBER (of Director) FDO 1006015	25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Faeryn Miller Funeral Home, Inc 1920 Hart St Dyer, Indiana 46311 FH83001504			
ROOF SIDENT	26 PART I: Enter the diseases, 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.						Approximate Interval Between Onset and Death
	IMMEDIATE CAUSE (Final disease or condition resulting in death) Cerebral hemorrhage		DUE TO (OR AS A CONSEQUENCE OF)		[REDACTED]		(THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT.) NOV 20 2002
ROOF SIDENT	CONDITIONS IF ANY WHICH GAVE RISE TO THE IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE FIRST		DUE TO (OR AS A CONSEQUENCE OF)		[REDACTED]		
	PART II: Other significant conditions - Conditions contributing to death but not previously stated in Part I		27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) No		28a WAS AN AUTOPSY PERFORMED? (Yes or no) No		28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) -
ROOF SIDENT	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>[Signature]</i>		29c MEDICAL LICENSE NO. 20223102		29d DATE SIGNED (Month, Day, Year) 7 26 NOV 02		
ROOF SIDENT	30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH ITEM 261 (Type/Print) D.K. Patchford 425 U.S. Highway 30 Suite 400 Dyer IN 46311						
	31 HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>		32 DATE FILED (Month, Day, Year) November 18, 2002				
ROOF SIDENT	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 PRONOUNCED DEAD (Month, Day, Year)		34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc.					

SDH06-004 State Form 10110 (R5/1-99)