

571244

P. O. Box 386
Portage, Ind. 46368

571244

AFFIDAVIT

STATE OF INDIANA
COUNTY OF PORTER

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STATE OF INDIANA S. NO. 1000
LAKE COUNTY
FILED FOR REC'D
JAN 30 9 15 AM '80
WILLIAM DIELSKI JR.
RECORDER

Nina Galli
oath deposes and says:

1. That her husband (~~his~~ ^{her} ~~wife~~), Rocco Galli died without leaving a Will on 9/5/72 at Methodist Hospital
2. That they were duly and legally married at the time they acquired title as husband and wife to the following described real estate:
Lots 25 and 26 in Block 7 in Grand Calumet Addition to Gary, as per plat thereof, recorded in Plat Book 16, page 5, in the Office of the Recorder of Lake County, Indiana.
3. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of his death.
4. That all funeral expenses in connection with the death of said decedent have been paid in full.
5. That all of the assets of said decedent which would be includable for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life, did not equal or exceed \$60,000.00.

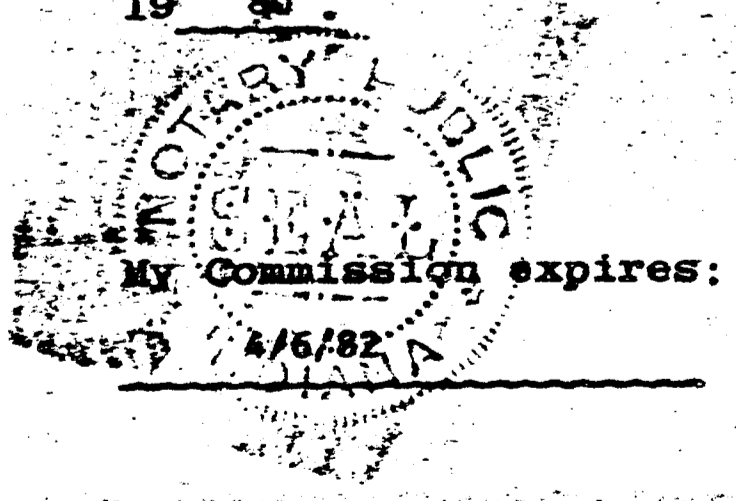


43-321-25

Further affiant sayeth not.

Nina Galli
Nina Galli

subscribed and sworn to before me this 22nd day of January, 19 80.



Dana M. Shocaroff
Dana M. Shocaroff
Notary Public
Resident of Porter County

This instrument prepared by: Nina Galli

FILED
JAN 29 1980
Gene O. [Signature]
RECORDER LAKE COUNTY

571244

TYPE OR PRINT
PLAINLY WITH
UNFADING INK
THIS IS A
PERMANENT
RECORD

Below for State Office Use

Local No. **72-1319**

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

Pioneer Nat'l Title Ins. Co.
P. O. Box 386
State No. Portage, Ind. 46368

PERMANENT INK
SEE HANDBOOK FOR
INSTRUCTIONS
FILED
JAN 20 1980

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)
Rocco (Gallichio) Galli					Male	Sept. 5, 1972
RACE	AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR MOS. DAYS	UNDER 1 DAY HOUR MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF DEATH	
1. Cau	5a. 78	5b.	5c.	Jan. 8, 1894	7c. Lake	
CITY, TOWN, OR LOCATION OF DEATH			INSIDE CITY LIMITS (SPECIFY YES OR NO)	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)		
7b. Gary			7c. Yes	7d. Methodist Hospital		

STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)	CITIZEN OF WHAT COUNTRY	7d. Methodist Hospital
8. Italy	9. U.S.A.	10. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
SOCIAL SECURITY NUMBER	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)	11. Nina Sklespovitch
12. 912-23-9594	13b. Retired Shoemaker	11b. WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>

RESIDENCE—STATE	COUNTY	CITY, TOWN OR LOCATION	INSIDE CITY LIMITS (SPECIFY YES OR NO)	TOWNSHIP
14a. Ind.	14b. Lake	14c. Gary	14d. Yes	14e. Calumet
FATHER—NAME FIRST MIDDLE LAST		MOTHER—MAIDEN NAME FIRST MIDDLE LAST		
15. Anthony Gallichio		16. Francesca Yula		

INFORMANT—NAME	RELATIONSHIP	MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)
17a. Nina Galli	17b. Wife	17c. 5320 W. 3rd Ave. Gary, Ind. 46406

PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. (a) Cerebral hemorrhage		3 hrs.
(b) Arteriosclerosis		
(c) Heart muscle		20 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A)		AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
		19b. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH YES <input type="checkbox"/> NO <input type="checkbox"/>

DATE & TIME OF DEATH	MONTH	DAY	YEAR	HOUR	DATE SIGNED	MONTH	DAY	YEAR
					21a. [Signature]			Sept. 7, 1972

PHYSICIAN'S NAME (TYPE OR PRINT)	SIGNATURE OF PHYSICIAN
20. J. J. [Signature]	21b. [Signature]
22a. Mailing Address—Physician	22b. City or Town, State, ZIP
3656 Grant St.	Gary, Ind.

BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY, CREMATORY, FUNERAL HOME	LOCATION
24a. Burial	24b. Chapel Lawn Mem. Gardens	24c. Schererville, Ind.
DATE (MONTH, DAY, YEAR)	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)	
24d. Sept. 8, 1972	25a. Hendine Funeral Home, 456 Clark Rd. Gary, Ind. 46406	

HEALTH OFFICER'S SIGNATURE	DATE RECEIVED BY LOCAL HEALTH OFFICER
[Signature]	SEP 11 1972

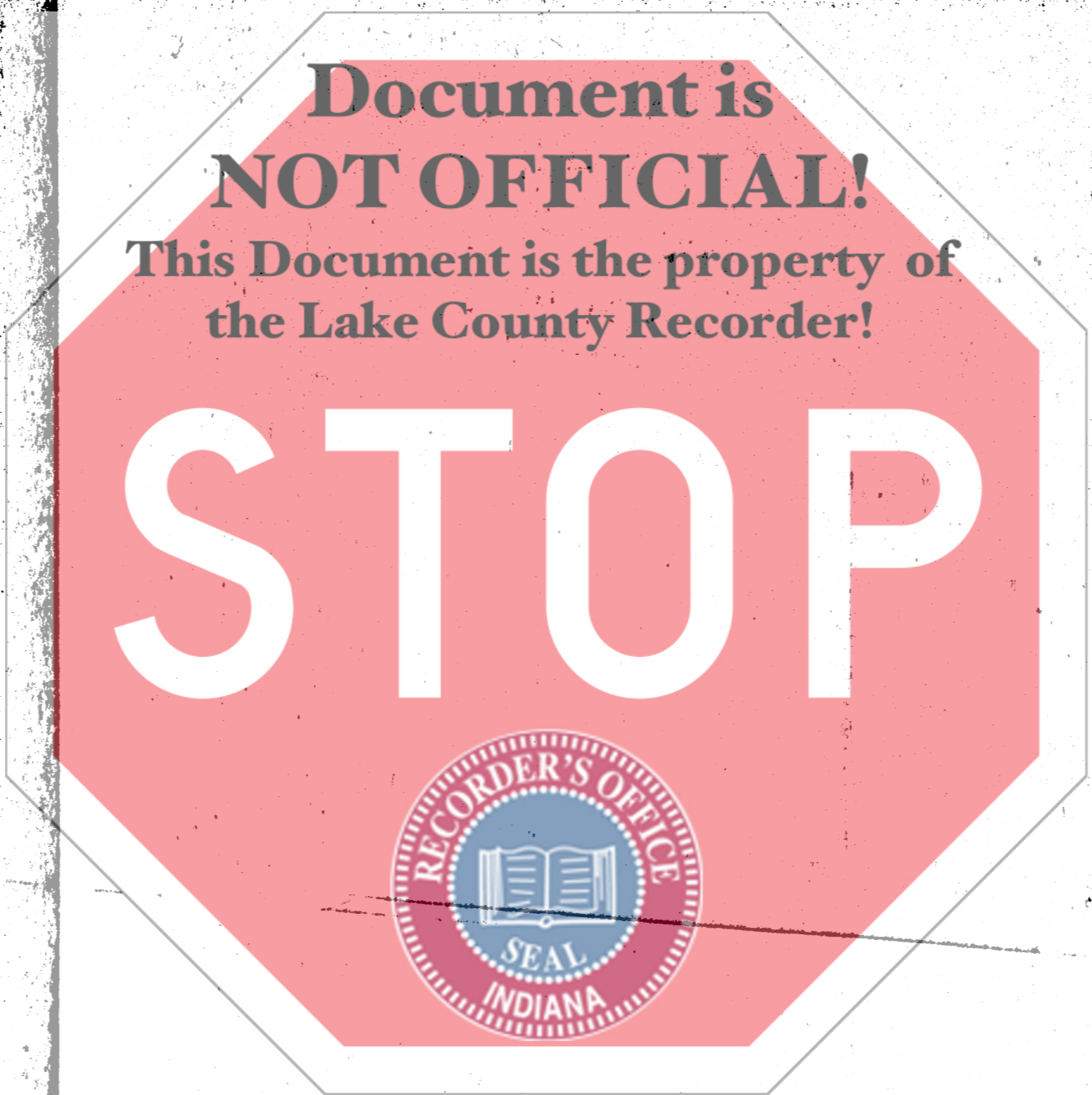
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Brand Volume 1
Ch. 25826 Bl. 2
43321-25
ADAM J. [Signature]
FURNAL DIRECTOR'S
LICENSE No. 1120
FURNAL DIRECTOR'S
LICENSE No. 2224

Disposition Permit Issued / /
Provisional Certificate Yes No
EMBALMER'S NAME
FURNAL DIRECTOR'S SIGNATURE



571244



P.N. 3⁵⁰

Handwritten signature
HEALTH COMMISSIONER
CITY OF GARY, IND.
DATE SEP 7 1972