

588622

Subst. Fee: 104197-80 Ret. to: David J. Wilcox

2 588622

AFFIDAVIT

STATE OF INDIANA )  
COUNTY OF LAKE ) SS:

Christina Stammis being first duly sworn upon oath, deposes and says:

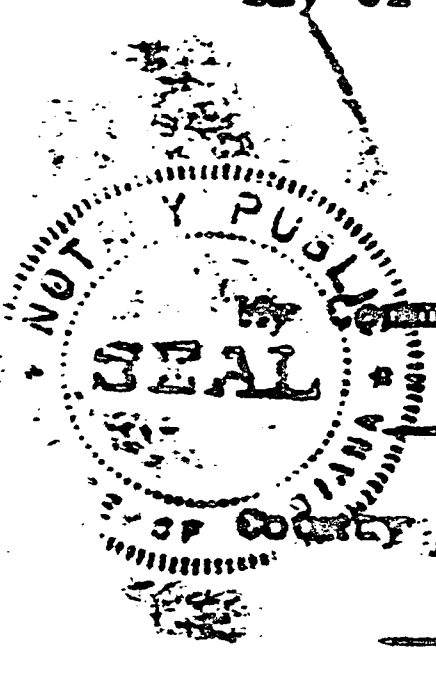
1. That Affiant's spouse, John Stammis died (without leaving a will) (~~testate~~) on August 6th 1970 at Griffith, Indiana
2. That they were duly and legally married at the time they acquired title as husband and wife to the following described real estate:  
  
Lots One (1), Two (2), Three (3), and Four (4), in Block Two (2), in Jansen's Oak Grove Addition to Griffith, being a subdivision of the Southeast Quarter of the Northeast Quarter of Section 35, Township 36 North, Range 9 West of the 2nd P.M., in Lake County, Indiana, as the same appears of record in Plat Book 22 page 19, in the Recorder's Office in said County. # 26-79-1,3,4
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) (her) 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 were not sufficient to necessitate payment of Federal Estate Tax.

Further affiant sayeth not.

Christina Stammis  
Christina Stammis

Subscribed and sworn to before me, a Notary Public, this 19th day of May, 1980.

Edwin A. Johnson  
Edwin A. Johnson Notary Public



Commission expires: **FILED**  
1/13/84 JUN 20 1980  
County of Residence: Porter

This Instrument prepared by Christina Stammis

PIONEER NAT'L. TITLE INS. CO.

STATE OF INDIANA'S S. NO  
LAKE COUNTY  
FILED FOR RECORD  
JUN 21 8 48 AM '80  
WILLIAM BIELSKI JR  
RECORDER

588622

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

How For State Office Use

James Oak Grove and  
 Health Services  
 612  
 79-4-344  
 1970  
 HEALTH SERVICES  
 612  
 79-4-344  
 1970

Disposition Permit  
Issued  
Provisional  
Certificate  
 Yes  No

FUNERAL HOME  
 LICENSE NO. 1010  
 SIGNATURE

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

Ref to: David J. Wilcox

Local No. 462-70

State No.

PERMANENT INM SEE HANDBOOK FOR INSTRUCTIONS		DECEASED - NAME 1. <b>John</b> <b>Stammis</b>			SEX 2. <b>Male</b>	DATE OF DEATH (MONTH, DAY, YEAR) 3. <b>August 6, 1970</b>
RACE 4. <b>White</b>		AGE - LAST BIRTHDAY (YEARS) 5a. <b>70</b>	UNDER 1 YEAR MOB. DATE 5b.	UNDER 1 DAY HOURS MIN. 5c.	DATE OF BIRTH (MONTH, DAY, YEAR) 6. <b>7/9/1900</b>	COUNTY OF DEATH 7. <b>Lake</b>
CITY, TOWN, OR LOCATION OF DEATH 8. <b>Griffith</b>		INSIDE CITY LIMITS (SPECIFY YES OR NO) 7c. <b>Yes</b>	HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7d. <b>644 North Oakwood, Griffith, Ind. 46319</b>			
STATE OF BIRTH (IF NOT IN U.S.A., GIVE COUNTRY) 9. <b>Holland</b>		CITIZEN OF WHAT COUNTRY 10. <b>U.S.A.</b>		MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 11. <b>Mrs. Christine Reeder</b>		
RESIDENCE BEFORE ADMISSION 12a. <b>Indiana</b>		RESIDENCE - STATE 12b. <b>Lake</b>		CITY, TOWN OR LOCATION 12c. <b>Griffith</b>		INSIDE CITY LIMITS (SPECIFY YES OR NO) 12d. <b>Yes</b>
STREET AND NUMBER 13a. <b>644 North Oakwood St.</b>		COUNTY 13b. <b>Lake</b>		CITY, TOWN OR LOCATION 13c. <b>Griffith</b>		TOWNSHIP 13d. <b>Calumet</b>
FATHER - NAME 15. <b>Martin</b>		MOTHER - MAIDEN NAME 16. <b>Gerretje</b>		14g. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input type="checkbox"/> If yes, give war or dates of service <b>No</b>		
MIDDLE 15. <b>Stammis</b>		MIDDLE 16. <b>Vaandering</b>		14h. IS RESIDENCE ON A FARM? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
LAST 15. <b>Stammis</b>		LAST 16. <b>Vaandering</b>		17a. <b>Mrs. Christine Stammis</b>		
RELATIONSHIP 17b. <b>Wife</b>		17c. <b>644 North Oakwood, Griffith, Ind.</b>				
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))						
18. IMMEDIATE CAUSE		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
(a) <b>Adverse reaction of prostate</b>		<b>7-20-68</b>				
(b) <b>with generalized metastases</b>		<b>6</b>				
(c)		<b>8-6-70</b>				
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDER- LYING CAUSE LAST						
PART II. OTHER SIGNIFICANT CONDITIONS						
CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE		AUTOPSY 19a. YES <input type="checkbox"/> NO <input type="checkbox"/>		IF YES WERE FINDINGS CON- SIDERED IN DETERMINING CAUSE OF DEATH 19b. YES <input type="checkbox"/> NO <input type="checkbox"/>		
DATE & TIME OF DEATH						
MONTH	DAY	YEAR	HOUR	DATE SIGNED	MONTH	DAY
<b>8</b>	<b>6</b>	<b>1970</b>	<b>9:45</b>	<b>5</b>	<b>6</b>	<b>1970</b>
20. PHYSICIAN'S NAME (TYPE OR PRINT) LAST IN ATTENDANCE 21a. <b>Dr. Richard J. Purcell M.D.</b>				21b. SIGNATURE OF PHYSICIAN (DEGREE OR TITLE) <b>D. Richard J. Purcell M.D.</b>		
22a. MAILING ADDRESS - PHYSICIAN STREET OR R.F.D. NO. <b>145 North Griffith Blvd.</b>				22b. CITY OR TOWN <b>Griffith</b>		
23. HOSPITAL, OPERATING, REMOVAL (SPECIFY) 24a. <b>Burial</b>				24b. CEMETERY, CREMATORY, FUNERAL HOME <b>Hope Cemetery</b>		24c. LOCATION CITY OR TOWN <b>Highland</b>
24a. DATE (MONTH, DAY, YEAR) <b>August 10, '70</b>				24c. STATE <b>Indiana</b>		
25a. <b>August 10, '70</b>				25b. <b>Kuiper Funeral Home, 9039 Kleinman Rd., Highland, Ind.</b>		25c. DATE RECEIVED BY LOCAL HEALTH OFFICE <b>August 7, 1970</b>
25b. HEALTH OFFICER'S SIGNATURE <b>D. F. [Signature]</b>				25c. DATE RECEIVED BY LOCAL HEALTH OFFICE <b>August 7, 1970</b>		

FILED

JUN 20 1980

PIONEER NAT'L BURIAL & CREM. INC. CO.

THIS IS A TRUE AND  
 CORRECT COPY OF DEATH  
 CERTIFICATE

SIGNATURE