

Schafer + Schafer
5847 Birdy
man.

108135-81

AFFIDAVIT

636011

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

GEORGE ZELENAK, being first duly sworn upon oath, deposes and says:

1. That Affiant's spouse, ANNA ZELENAK died (~~without leaving a will~~) (leaving a will) on November 4 1975 at Merrillville, Lake County, 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 14 and 15 in Block 1 in Bormann's Second Addition to Tolleston as per plat thereof, recorded in Plat Book 7, page 17; in the Office of the Recorder of Lake County, Indiana

41-95-7

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.

George Zelenak

WILLIAM WIELSKI JR
RECORDER

JUL 13 8 43 AM '81

STATE OF INDIANA
LAKE COUNTY
OFFICE OF RECORDER

GEORGE ZELENAK

Subscribed and sworn to before me, a Notary Public, this 7th day of July, 1981.

Deborah L. Lyon Stone
Notary Public

DEBORAH L. LYON STONE

Resident of Lake County

My Commission expires:

October 5, 1981

This instrument was prepared by Timothy S. Schafer

FILED

JUL 9 1981

362

James O. ...
AUDITOR LAKE COUNTY

P. N. ...

RECORDED NATL TITLE INS. CO.

591148

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. 5067
Date of Death: NOVEMBER 4, 1975

1. DECEASED—NAME: ANNA ZELENAK
 2. SEX: FEMALE
 3. DATE OF DEATH (MONTH, DAY, YEAR): NOVEMBER 4, 1975
 4. RACE: WHITE
 5a. AGE—LAST BIRTHDAY (YEARS): 82
 5b. UNDER 1 YEAR MOS.:
 5c. UNDER 1 DAY HOURS MIN.:
 6. DATE OF BIRTH (MONTH, DAY, YEAR): MAY 5, 1893
 7a. COUNTY OF DEATH: LAKE
 7b. CITY, TOWN, OR LOCATION OF DEATH: MERRILLVILLE
 7c. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): ROSS CARE CENTER
 8. STATE OF BIRTH (IF NOT IN U.S.A.): Czechoslovakia
 9. CITIZEN OF WHAT COUNTRY: U.S.A.
 10. MARRIED NEVER MARRIED SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): George
 11. DIVORCED
 12. WIDOWED
 13a. SOCIAL SECURITY NUMBER: 303 70 4335
 13b. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE (IF RETIRED)): HUSBAND
 13c. KIND OF BUSINESS OR INDUSTRY: Self
 14a. RESIDENCE—STATE: Indiana
 14b. COUNTY: Lake
 14c. CITY, TOWN OR LOCATION: Gary
 14d. INSIDE CITY LIMITS (SPECIFY YES OR NO): YES
 14e. TOWNSHIP: Calumet
 14f. STREET AND NUMBER: 3784 Polk Street
 14g. FATHER—NAME: Michael Surmanek
 14h. MOTHER—MAIDEN NAME: Maria Ulicni
 14i. RELATIONSHIP: Husband
 14j. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 3784 Polk St. Gary, Indiana 46408
 14k. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))
 14l. IMMEDIATE CAUSE: Myocardial infarction
 14m. DUE TO, OR AS A CONSEQUENCE OF: (a) 30 min
 14n. DUE TO, OR AS A CONSEQUENCE OF: (b) Compensational
 14o. DUE TO, OR AS A CONSEQUENCE OF: (c) 40 yrs

15. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A):
 16. DATE & TIME OF DEATH: 11:30 AM 11 4 75 11:30 AM
 17. PHYSICIAN'S NAME (TYPE OR PRINT): Dr. G. Lutz
 18. SIGNATURE OF PHYSICIAN: [Signature]
 19. MAILING ADDRESS—PHYSICIAN: 504 Broadway, Gary, Indiana
 20. STREET OR R.F.D. NO.: 504 Broadway
 21. CITY OR TOWN: Gary, Indiana
 22. STATE: Indiana
 23. CEMETERY, CREMATORY, REMOVAL (SPECIFY): Calvary Cem
 24. FUNERAL HOME—NAME AND ADDRESS: St. J. & W. atrolnik 4213 Broadway Gary, IN
 25. DATE (MONTH, DAY, YEAR): Nov. 7, 1975
 26. HEALTH OFFICER—SIGNATURE: [Signature]
 27. DATE RECEIVED: 11-10-75

28. DISPOSITION: Issued / Provisional Certificate
 29. EMBALMER'S NAME: Erwin B. Cook
 30. SIGNATURE: [Signature]
 31. FURNERAL DIRECTOR'S SIGNATURE: [Signature]
 32. DECEASED'S SIGNATURE: [Signature]

TYPE OR PRINT PLAINLY WITH UNFADING INK
THIS IS A PERMANENT RECORD
Below for State Office Use

Disposition Permit Issued / Provisional Certificate Yes No
Erwin B. Cook
FURNERAL DIRECTOR'S SIGNATURE
DECEASED'S SIGNATURE

FILED

NOV 11 1975

LAKE COUNTY

HEALTH DEPARTMENT

5371

GENERAL HOME

242

PERMANENT INK FOR INSTRUCTIONS

113-3