Samuel Furlew Milly 464-10

641558

AFFIDAVIT

STATE OF INDIANA SS: COUNTY OF LAKE)

ELEANOR POLASKI, being first duly sworn upon her oath, deposes and says:

That Affiant and her spouse, Frank M. Polaski, entered into a Promissory Note and Real Estate Mortgage on January 31, 1976, on the following legally described real estate in the State of Indiana,

Lot 16 in Block 13 in Meadowdale Subdivision as per plat thereof recorded in Plat Book 31, page 52 in the Office of the Recorder of Lake County, Indiana,

for the sum of One Thousand Two Hundred (\$1,200.00) Dollars, wherein the mortgagee was the mother of the Affiant, to-wit: Kathryn Szappan.

- 2. That Affiant's mother, Kathryn Szappan, died without leaving a will on December 8, 1976, that a copy of her death certificate is
- That on January 31, 1976, and thereafter, Kathry zappan was married to Michael Szappan, the father of this Affian &
- 4. That Affiant's father, Michael Szappan, the spouge of Kathryn Szappan, died without leaving a will on January 6, 2972, of Which a convert first a will on January 6, 2972, of the convert first a will on January 6, 2972, of the convert first a will on January 6, 2972, of the convert first a will on January 6, 2972, of the convert first a will on January 6, 2972, of the convert first a will on January 6, 2972, of the convert first a will on January 6, 2972, of the convert first a will on January 6, 2972, of the convert first a will on January 6, 2972, of the convert first a will on January 6, 2972, of the convert first a will on January 6, 2972, of the convert first a will on January 6, 2972, of the convert first a will on January 6, 2972, of the convert first a will on January 6, 2972, of the convert first a will on January 6, 2972, of the convert first a will on January 6, 2972, of the convert first a will on January 6, 2972, of the convert first a will on January 6, 2972, of the convert first a will on January 6, 2972, of the convert first a will on January 6, 2972, of the convert first a will on January 6, 2972, of the convert first a will on January 6, 2972, of the convert first a will on January 6, 2972, of the convert first a will on January 6, 2972, of the convert first a will on the will be converted for the will which a copy of his death certificate is attached hereto and made as part hereof as if fully set out herein, and marked Affiant's Exhibita.
- 5. That the marital relationship which existed between Kathryn Szappan and Michael Szappan at the time of the attached mortgage on January 31, 1976, remained in effect and unbroken until the death of Kathryn Szappan.
- That Michael Szappan never remarried since the death of Kathryn Szappan.
- That Affiant was the sole child and only heir of both Kathryn Szappan and Michael Szappan.
- That all funeral expenses in connection with the death of Kathryn Szappan and Michael Szappan have been paid in full. That the total asset of Kathryn Szappan and Michael Szappan was the attached mortgage in the sum of One Thousand Two Hundred (\$1,200.00) Dollars.
- That all of the assets of Kathryn Szappan and Michael Szappan which would be includable for Federal Estate Tax purposes, including the attached mortgage in the sum of One Thousand Two Hundred (\$1,200.00) Dollars were not sufficient to necessitate the payment of Federal Estate Taxes or any other kind of tax.
- That this affidavit is made for the purpose of Eleanor Polaski releasing the attached Real Estate Mortgage executed on January 31, 1976.

Further Affiant sayeth not.

lanar Polaski

AUG 24 1981

AUDITOR LAKE COUNTY

ubscribed and sworn to before me, a Notary Public, this ____ / O to

August day of

Notary Public SAMUEL A FURLIN County of Residence: Verenso

Commission Expires:

This Instrument Prepared By: SAMUEL J. FURLIN Attorney at Law 8396 Mississippi Street Merrillville, Indiana 46410 Telephone: (219) 769-2323

INDIANA STATE BOARD OF HEALTH

TYPE OR PRINT	. :	•	INDIANA STATE BOARD OF HEALTH
PLAINLY WITH		rant Ma	MEDICAL CERTIFICATE OF DEATH State
UNFADING INK		Local No	MEDICAL CERTIFICATE OF DEATH No.
THIS IS A	<u>ස</u>	PERMANENT INK SEE HANDBOOK FOR	DECEASED_NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)
PERMANENT	HOME ©	INSTRUCTIONS	1. Kathryn Szappan Female 12/8/1976
RECORD 💆			RACE AGE-LAST UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH 3/5/ COUNTY OF DEATH
Eclow for State Office Use	AL 77		4. white 50. 77 Sb. Sc. 6. (WEAR) 70. POTTER
delow for State Officerness	UNER.		CITY, TOWN, OR LOCATION OF DEATH INSIDE CITY LIMITS HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) TO VES 7. L'anterdury Place Hursing Facility
A	ď.	DECEASED	76. Valegraiso . 7c. yes 7d. Canterbury Place Nursing Facility STATE OF BIRTH (IF NOT IN U.S.A., CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
, OE	<u>⊬4</u>	USUAL RESIDENCE	NAME COUNTRY) 11 S ii 10. (vi chael Szannan
B		WHERE DECEASED	SOCIAL SECURITY NUMBER USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING KIND OF BUSINESS OR INDUSTRY
		OCCURRED IN INSTITUTION, GIVE	
L W	•••	RESIDENCE BEFORE ADMISSION.	RESIDENCE—STATE COUNTY CITY, TOWN OR LOCATION INSIDE CITY LIMITS TOWNSHIP
D	36.7		14a. Indiana 14b. Lake 14c. Herrillville 14d. Yes 14e. Hoss
E 05	ŢŢ		STREET AND NUMBER [14g. WAS DECEASED EVER IN U. S. ARMED FORCES? IS RESIDENCE ON A FARM? [Yes, no, or unknown] [If yes, give war or dates of service]
	DIRECTOR'S		14f. 5620 Pierce Street NU 14h. YES NO ME FATHER—NAME FIRST MIDDLE LAST MOTHER—MAIDEN NAME FIRST MIDDLE LAST
F_ 2	io S	PARENTS	
G	→		15. Nichael L. Spotilla 16. Anna Kukoly INFORMANT—NAME RELATIONSHIP MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)
· · · · · · · · · · · · · · · · · · ·	_ <u>E</u> ≥		170. Michael Szappan 176. Husband 17c 5620 Pierce Merrillville Indiana
	FUNEI		PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)] APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
<u> </u>	<u> </u>		18. IMMEDIATE CAUSE
3			10) Carter consider recent t
	\		CONDITIONS, IF ANY. WHICH GAVE RISE TO IMMEDIATE CAUSE (A). (b)
ή.			STATING THE UNDER- LYING CAUSE LAST DUE TO, OR AS A CONSEQUENCE OF:
· / · · · · · · · · · · · · · · · · · ·	.}	CAUSE	(c)
2 P	. B		PART II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE AUTOPSY IF YES WERE FINDINGS CONSIDERED IN DETERMINING
of the state of th	100		CAUSE OF DEATH 19a. 19b. YES □ NO □.
Sar	B		
<u> </u>	tc		DATE & TIME OF DEATH MONTH DAY YEAR HOUR DATE SIGNED MONTH DAY YEAR
		<u>.</u>	12 8 1976 5.30 A D
981 981	XX	()	PHYSICIAN S NAME (TYPE OR PRINT) SIGNATURE OF PHYSICIAN PHY CODE NO
() E	1 8º	M. D.	220. Holwerda 22b. Mores to place in 2
4 31		OR D. O.	MAILING ADDRESS-PHYSICIAN STREET OR R.F.D. NO CITY OR TOWN STATE ZIP
CT	Sec.		23.
3			BURIAL, CREMATION, REMOVAL CEMETERY, CREMATORY, FUNERAL HOME LOCATION CITY OR TOWN STATE 15PECTEY) 245 Burial Calvary Cemetery 246 Portage Indiana
Disposition Permit v	浴罩,	DISPOSITION	DATE (MONTH, DAY: YEAR) FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 46410
Issued / /		2.3. 3311101	24d. 12/10/1976 25c. Geisen Funeral Home, Inc. 7905 Broadway Merrillville, Indiana
Issued / / Provisional Certificate No	TY2		HEALTH OFFICER DATE RECEIVED BY LOCAL HEALTH OFFICER
☐ Yes ☐ No	NERAI	₹ Z	25b. 26b. 26b. 22-15-76
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TYPE OR PRINT	: :										्रें न		
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THIS IS A	டி	Local No					III OI		110				
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RECORD	H /2	IN PERMANENT INK	RACE—le g. White, Black, American Indian, etc.) (Specify)	AGE—Last Birthday	UNDER 1 YEAR	Szappan UNDER 1 DAY	DATE OF BIRTH (MA	2 male	3. January	0, 19/9			
Below for State Office Use	SAI	FOR INSTRUCTIONS	Indian, etc.) ISpecifyi 4 White	5. 91	MOS DAYS	HOURS MINS	¬,	1	Lake		•		
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	F. U.S.		₇₆ Crown Point		7c.	St Anthon	y Medical	Center		7dinpatien	t 🧸		
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c 5		† (50CIAL SECURITY NUMBER 313-07-4109		1	boilermake	ren if retired)	_	US Steel				
5	S	USUAL RESIDENCE WHERE DECEASED	RESIDENCE-STATE	COUNTY	148.	OWN OR LOCATION		1:3	J				
	TOR'S 367	LIVED IF DEATH OCCURRED IN INSTITUTION, GIVE	154 Indiana	15h Lake	15c.	Merril							
	ir ec	RESIDENCE BEFORE ADMISSION	STREET AND NUMBER 5620 Pie	rce St			i i	S RESIDENCE ON A FA		INSIDE CITY LIMITS ISPECIEV VES OR HOI 151			
Francisco S	No.	3771 2001	IS DECEASED OF SPANISH DESC	CENT? IF YES SPECIFY M	EXICAN, CUBAN, PUER	O RICAN, ETC							
G C	RAI SE		150 YES NO NO				T				··		
7-10 1-10	N N N N N N N N N N N N N N N N N N N	PARENTS	FATHER NAME FIRE	si Unknown	DOLE	LAST	MOTHERMAIDE	N NAME	Unknown	CF - LAST			
The same of the sa		5 <u>1.</u>	INFORMANT—NAME (Type or print))			ET OR R F D. NO			STATE ZIP			
		17.2	ns Eleanor Polaski 5620 Pierce St Merrillville, Indiana 46410										
J	0		BURIAL CREMATION, REMOVAL	OTHER (Specify)	,	RY OR CREMATORY—FUR							
	7	DISPOSITION	DATE (MONTH, DAY, YEAR)							Portage, Indiana			
	13		January	9, 1979					05 Broadway M	errillville	e, Ind		
	1/2		To the best of my knowledge, death occur causeful stated	hed at the time, date and planning	d due to fin		DATE SIGNED (Me. Der		HOUR OF DEA		46410		
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Mes Section 1	0	OR D.O.	Jeralf N. Chip MD 7863 Broadway, Merrillville, Indiana 46410										
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150000	5 发:		PART OTHER SIGNIFICANT COND	ITIONS Conditions contributing t	o death but not related to cau	e given in PART I (a)	th ai	tema		AUTOPSY ISPOCALTOR OF NA	,		
Yes No	FUN		SBH 06-003 REV. 10/77	· · · · · · · · · · · · · · · · · · ·	<u>~~~</u>								