

COM 109076-81

JONES

Pioneer National Title Insurance Co.
Merrillville, Indiana

645653

AFFIDAVIT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Wasy J. Kleban, being first duly sworn upon oath, deposes and says:

1. That Affiant's spouse, Helen M. Kleban died (~~without leaving a will~~) (leaving a will) on May 9, 19 77 at Hobart, 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: Unit 25 Key # 41-159-24

The North 28.5 feet of Lot 15 and the South 23 feet of Lot 16 in Block 8 in Broadway Gardens, in the City of Gary, as per plat thereof, recorded in Plat Book 19 page 14, 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~~) (her) death.

4. That all funeral expenses in connection with the death of said decedent have been paid in full.

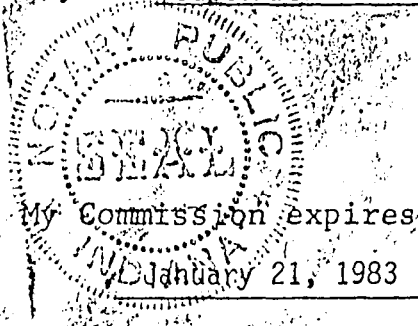
5. That all of the assets of said decedent which would be includable for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

Further affiant sayeth not.

STATE OF INDIANA, SS. NO
LAKE COUNTY
FILED FOR RECORD
SEP 30 8 45 AM '81
WILLIAM BIELSKI JR
RECORDER

Wasy J. Kleban
Wasy J. Kleban

Subscribed and sworn to before me, a Notary Public, this 25th day of September, 19 81.



Barbara J. Hall
Barbara J. Hall Notary Public

County of Residence:
Porter

This Instrument prepared by Wasy J. Kleban

FILED

SEP 29 1981

Louis O. Priddy
AUDITOR LAKE COUNTY

Pin 1179

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

Local No. **547-77**

State No. **0**

UNFADING INK
THIS IS A
PERMANENT
RECORD

PERMANENT INK
SEE HANDBOOK FOR
INSTRUCTIONS

FUNERAL HOME
No. **776**

DIRECTOR'S
LICENSE No. **367**

LICENSE No. **591**

Embalmer's Name
Ronald Mesarch

FUNERAL DIRECTOR'S
SIGNATURE
[Signature]

1. DECEASED—NAME FIRST MIDDLE LAST Helen M. Kleban		SEX Female	DATE OF DEATH (MONTH, DAY, YEAR) May 9, 1977
2. RACE White	3. AGE—LAST BIRTHDAY (YEARS) Mo. Da. 49	4. UNDER 1 YEAR Mo. Da. 5b.	5. UNDER 1 DAY Hours Min. 5c.
6. DATE OF BIRTH (MONTH, DAY, YEAR) Feb 5, 1928		7. COUNTY OF DEATH Lake	
8. CITY, TOWN, OR LOCATION OF DEATH Hobart		9. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) Mercy Medical Center	
10. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) Nebraska		11. CITIZEN OF WHAT COUNTRY USA	
12. SOCIAL SECURITY NUMBER 311-26-4162		13. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Housewife	
14. RESIDENCE—STATE COUNTY CITY, TOWN OR LOCATION Indiana Lake Hobart		15. INSIDE CITY LIMITS (SPECIFY YES OR NO) yes	
16. STREET AND NUMBER RR # Bracken Rd		17. TOWNSHIP Hobart	
18. FATHER—NAME FIRST MIDDLE LAST Milora Maximovich		19. MOTHER—MAIDEN NAME FIRST MIDDLE LAST Stella Zorich	
20. INFORMANT—NAME Wasy Kleban		21. RELATIONSHIP Husband	
22. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) RR # Bracken Rd. Hobart, In. 46342			

PART I DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]

18. IMMEDIATE CAUSE
 (a) **Basilar Artery Thrombosis**
 DUE TO, OR AS A CONSEQUENCE OF:
 (b) **Diabetes mellitus / years / Kimmelstiel-Wilson's Disease**
 DUE TO, OR AS A CONSEQUENCE OF:

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
16 days

PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A)
Diabetes mellitus / years / Kimmelstiel-Wilson's Disease

XEROCOPY YES NO

IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
 19b. YES NO

20. DATE & TIME OF DEATH MONTH DAY YEAR HOUR
May 8, 1977 7:27A M.

21. DATE SIGNED MONTH DAY YEAR
May 10 1977

22. PHYSICIAN'S NAME (TYPE OR PRINT) LAST IN ATTENDANCE
John T. Scully, M.D.

23. SIGNATURE OF PHYSICIAN
[Signature]

24. MAILING ADDRESS—PHYSICIAN STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP
1111 Harrison St. Merrillville Ind 46410

25. BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial

26. CEMETERY, CREMATORY, FUNERAL HOME LOCATION CITY OR TOWN STATE
Calumet Park Cemetery Merrillville, In.

27. DATE (MONTH, DAY, YEAR)
May 11, 1977

28. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)
Geisen Funeral Home, Inc 7905 Broadway, Merrillville, In. 46410

29. HEALTH OFFICER—SIGNATURE
[Signature]

30. DATE RECEIVED BY LOCAL HEALTH OFFICER
5-10-77

Disposition Permit Issued
 Provisional Certificate
 Yes No

Pioneer National Life Insurance Co. Merrillville, Indiana

BRUNSWICK DEPT
 411-159-24
 438 5th St. S. Brainerd
 232 116th Ave. S. Brainerd

109-076-81
 Jones