

STATE OF INDIANA )  
 ) SS:  
COUNTY OF LAKE )

651090

SURVIVOR'S AFFIDAVIT

EDWARD STAZINSKI, of the County of Lake, State of Indiana, being duly sworn upon his oath, alleges and says that ROSE STAZINSKI, died, intestate, in Lake County, Indiana, on the 14<sup>th</sup> day of November, 1979; that Rose Stazinski, and Edward Stazinski, were the joint tenants with rights of survivorship of the following described real estate:

*Unit 25 Key 45-212-25*  
Lots Twenty-Three (23) and Twenty-Four (24), in Block Three (3), Kelwood's Addition to Gary, Lake County, Indiana, recorded in Plat Book 13, Page 14, in the office of the Recorder of Lake County, Indiana.

That this affidavit is given to clear title to the name of the joint surviving tenant.

Further affiant sayeth not.

*Edward Stazinski*  
Edward Stazinski

STATE OF INDIANA )  
 ) SS:  
COUNTY OF LAKE )

Subscribed and sworn to before me, a Notary Public, in the County of Lake, State of Indiana, this 17<sup>th</sup> day of November, 1981.

My Commission expires:

January 3, 1982

*Matthew P. Dogan*  
Matthew P. Dogan, Notary Public  
Resident of Lake County

**DULY ENTERED  
FOR TAXATION**

This instrument prepared by MATTHEW P. DOGAN, ATTORNEY.

*626 W. Ridge Rd Gary*

NOV 18 1981

*Linda O. ...*  
AUDITOR LAKE COUNTY

STATE OF INDIANA'S S. NO  
LAKE COUNTY  
FILED FOR RECORD  
NOV 18 2 48 PM '81  
WILLIAM BIESKI JR  
RECORDER

Re: L. 8, B. 9, Geo. and Wm. Earle's 2nd G.P. Add. to Gary  
Lake Co., Ind. R. 9, p. 19.

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

Below for State Office Use

A \_\_\_\_\_  
B \_\_\_\_\_  
C \_\_\_\_\_  
D \_\_\_\_\_  
E \_\_\_\_\_  
F \_\_\_\_\_  
G \_\_\_\_\_  
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U \_\_\_\_\_  
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W \_\_\_\_\_  
X \_\_\_\_\_  
Y \_\_\_\_\_  
Z \_\_\_\_\_

Disposition Permit  
Issued / /  
Provisional  
Certificate

ALMER'S NAME James Gholston LICENSE No. 419

FUNERAL HOME No. 242  
FUNERAL DIRECTOR'S LICENSE No. 829  
FUNERAL DIRECTOR'S NAME John Palmer

Local No. 79-0893

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

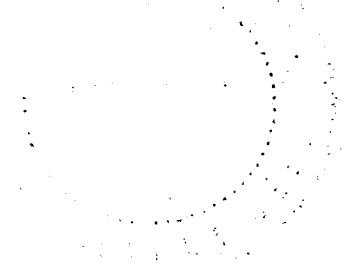
State No. \_\_\_\_\_

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK  
DECEASED  
USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

DECEASED—NAME 1. <b>Rose Stazinski</b>			SEX 2. <b>female</b>	DATE OF DEATH (MONTH, DAY, YEAR) 3. <b>Nov. 14, 1979</b>
RACE—No. 1. White, Black, American Indian, etc. (Specify) 4. <b>white</b>	AGE—Last Birthday (Mo., Day) 5a. <b>64</b>	UNDER 1 YEAR MOS. DAYS HOURS MIN. SEC. 5b. _____	DATE OF BIRTH (Mo., Day, Yr.) 6. <b>Oct. 22, 1915</b>	COUNTY OF DEATH 7. <b>Lake</b>
CITY, TOWN OR LOCATION OF DEATH 7b. <b>Gary</b>		HOSPITAL OR OTHER INSTITUTION—Name of inst., street and number 7c. <b>4416 Penn. St.</b>		IF HOSP. OR INST. Indicate DOA, Of Emer. Rm., Inpatient (Specify) 7d. _____
STATE OF BIRTH (If not in U.S.A. name country) 8. <b>Ind.</b>	CITIZEN OF WHAT COUNTRY 9. <b>U S A</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10. <b>widowed</b>	SURVIVING SPOUSE (If wife, give maiden name) 11. <b>--</b>	WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) 12. <b>no</b>
SPECIAL SECURITY NUMBER 13. <b>304-66-8058</b>	USUAL OCCUPATION (Give kind of work done during most or working life, even if seasonal) 14a. <b>Housewife</b>	KIND OF BUSINESS OR INDUSTRY 14b. <b>Self</b>		
RESIDENCE—STATE 15a. <b>Ind.</b>	COUNTY 15b. <b>Lake</b>	CITY, TOWN OR LOCATION 15c. <b>Gary</b>		
STREET AND NUMBER 15d. <b>4416 Penn. St.</b>		IS RESIDENCE ON A FARM? 15e. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INSIDE CITY LIMITS (Specify Yes or No) 15f. <b>yes</b>	
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 16. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
FATHER—NAME FIRST MIDDLE LAST 16. <b>Michael Pavletich</b>		MOTHER—MAIDEN NAME FIRST MIDDLE LAST 17. <b>Eva Lulich</b>		
INFORMANT—NAME (Type or print) 18a. <b>Edward Stazinski</b>		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 18b. <b>4416 Penn. St. Gary, Ind.</b>		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. <b>burial</b>		CEMETERY OR CREMATORY—FUNERAL HOME 19b. <b>Calmet Park Cem.</b>		LOCATION (CITY OR TOWN, STATE) 19c. <b>Merrillville, Ind.</b>
DATE (MONTH, DAY, YEAR) 20a. <b>Nov. 17, 1979</b>		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 20b. <b>Stilinovich, Palmer &amp; Wiatrolak 4213 Bdwy. Gary, Ind.</b>		
To the best of my knowledge, death occurred at the time, date and place stated in the General Statement 21a. Signature <b>Dr. L. Salberg MD</b>		DATE SIGNED (Mo., Day, Yr.) 21b. _____	HOUR OF DEATH 21c. _____	
NAME OF ATTENDING PHYSICIAN (Type or Print) 21c. <b>Dr. L. Salberg</b>		MAILING ADDRESS—PHYSICIAN 21d. <b>8585 Broadway, Merrillville, Ind.</b>		
HEALTH OFFICER—SIGNATURE 22. <b>E. N. Caldwell, M.D.</b>		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b. <b>NOV 15 1979</b>		
IMMEDIATE CAUSE 23. <b>Respiratory arrest</b>		OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (e.g., _____)		
MEDIUM TERM CAUSE 24. <b>Myocardial infarction</b>		OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (e.g., _____)		
LONG TERM CAUSE 25. <b>Arteriosclerosis</b>		OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (e.g., _____)		
CAUSE 26. _____		OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (e.g., _____)		

FILED  
NOV 18 1981

639



**VERIFIED COPY**  
*E. H. Caldwell, M.D.*  
**HEALTH COMMISSIONER**  
**CITY OF GARY, IND.**  
DATE NOV 15 1979