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2 STATE OF INDIANA)
COUNTY OF LAKE) SS:

AFFIDAVIT OF SURVIVORSHIP

STATE OF INDIANA, S.S. NO
LAKE COUNTY
FILED FOR RECORD
AUG 12 4 10 PM '82
WILLIAM STELSKI JR
RECORDER

Comes now MARGARET KADELAK, being duly sworn upon oath and states as follows:

1. That affiant resides at the address below her signature and is the owner in fee simple of the following real estate located in Lake County, Indiana, more particularly described as follows: *Unit 25 Key #46-577-17*
Lot 17, Block 1, Meadowdale Second Subdivision, in the City of Gary, as per plat thereof, recorded in Plat Book 31 page 62, in the Office of the Recorder of Lake County, Indiana.

2. Said premises were formerly owned as tenants by the entireties by MARGARET KADELAK and MICHAEL KADELAK, Husband and Wife, and they acquired title by deed of conveyance dated the 21st day of August, 1964, and recorded on the 31st day of August, 1964.

3. That the marital relationship which existed between this affiant and MICHAEL KADELAK continued unbroken from the time they so acquired title to said real estate until the death of MICHAEL KADELAK on 4th day of March, 1981, at which time this affiant acquired title to the real estate as surviving tenant by the entireties.

4. That the total gross value of the estate of the decedent, MICHAEL KADELAK as determined for the purpose of Federal Estate Taxes, was less than the value required for the filing and the decedent's estate was not subject to Federal Estate Tax.

Margaret Kaddak
MARGARET KADELAK, Affiant
401 W. 52nd Place
Merrillville, IN 46410

Subscribed and sworn to before me by the affiant this 29th day of July, 1982.

Paula J. Machnik
PAULA J. MACHNIK, Notary Public
Resident of Lake County, Indiana

My Commission Expires: July 26, 1985

FILED
AUG 13 1982
STATE OF INDIANA
James O. Thum
AUDITOR LAKE COUNTY

This Instrument Prepared By: *Paula J. Machnik*, Attorney at Law
8315 Virginia Suite 27
Merrillville, IN 46410

550
490

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

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State
No.

491

Local No. 392-81

DECEASED—NAME 1. Michael Kadelak			SEX 2. Male	DATE OF DEATH (MONTH DAY YEAR) 3. March 4, 1981
RACE—(a) White, Black, American Indian, etc. (Specify)	AGE—Last Birthday (Yrs.) 4. Ca 5a 68	UNDER 1 YEAR MOB 5b	UNDER 1 DAY HOURS 5c	DATE OF BIRTH (Mo., Day, Yr.) 6. Sept. 23, 1912
CITY, TOWN OR LOCATION OF DEATH 7a. Crown Point		HOSPITAL OR OTHER INSTITUTION—(Name if not in other give street and number) 7c. St. Anthony's Hospital		IF HOSP. OR INST. (Indicate DOA, OP, Emer. Rm., Institution (Specify)) 7d. Inpatient
STATE OF BIRTH (If not in U.S.A. name country) 8. Pennsylvania	CITIZEN OF WHAT COUNTRY 9. U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10. Married	SURVIVING SPOUSE (If wife give maiden name) 11. Margaret Praschak	
SOCIAL SECURITY NUMBER 13. 306-09-8949		USUAL OCCUPATION (Give kind of work done during most of working life even if retired) 14a. Retired Steelworker		KIND OF BUSINESS OR INDUSTRY 14b. U.S. Steel Co.
RESIDENCE—STATE 15a. Ind.	COUNTY 15b. Lake	CITY, TOWN OR LOCATION 15c. Gary		IS RESIDENCE ON A FARM? 15e. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
STREET AND NUMBER 15d. 410 W. 52nd Place, Gary, Ind.			INSIDE CITY LIMITS (Specify YES OR NO) 15f. Yes	
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 16g. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
FATHER—NAME 16. Alex Kadelak			MOTHER—MAIDEN NAME 17. Mary Karpiak	
INFORMANT—NAME (Type or print) 18a. Margaret Kadelak		MAILING ADDRESS 18b. 410 W. 52nd Place, Gary, Indiana 46408		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Burial		CEMETERY OR CREMATORY—FUNERAL HOME 19b. Calumet Park Cemetery		LOCATION 19c. Merrillville, Ind.
DATE (MONTH, DAY, YEAR) 20a. March 7, 1981		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP) 20b. Bendina Funeral Home, 5100 Cleveland St. Gary, Ind. 46404		
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated 21a. (Signature) <i>[Signature]</i>			DATE SIGNED (Mo., Day, Yr.) 21b. 3/9/81	HOUR OF DEATH 21c.
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d. Robert T. Woodburn M.D.				
MAILING ADDRESS—PHYSICIAN 21e. 8127 Perrigo Rd. Merrillville Ind.				
HEALTH OFFICER—SIGNATURE 22a. <i>[Signature]</i>			DATE RECEIVED BY LOCAL HEALTH OFFICER 22b. 3-10-81	
23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) PART I (a) Out cell lung cancer DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO OR AS A CONSEQUENCE OF (c)				
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) renal failure				

Local No. 392-81
DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED; IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

LAKE COUNTY HEALTH DEPARTMENT
M.D. OR D.O.

CAUSE

FUNERAL HOME 2
781
FUNERAL DIRECTOR'S LICENSE No. 2424
EMBALMER'S NAME Anthony S. Bendina Jr.
FUNERAL DIRECTOR'S SIGNATURE *[Signature]*
LAKE COUNTY HEALTH DEPARTMENT

FILED

1040

LICENSE No. MAR 10 1981

Disposition Permit Issued
Provisional Certificate
 Yes No

Unit 25 Hwy #46-577-17
THIS CERTIFICATE AND SUBSTITUTION COMPLETE COPY OF THIS CERTIFICATE WITH THE LAKE

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