

CO 111907-82

Return: Michael Balas
5712 Jackson St.
Merrillville, In. 46410

677830

AFFIDAVIT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Michael Balas, being first duly sworn upon oath, deposes and says:

1. That Affiant's spouse, Mary Balas died (without leaving a will) (~~XXXXXXXXXXXX~~) on 4-22-74 19 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:

Key 47-246-12
Lot 12 and the South 8 1/3 feet, by parallel lines, of Lot 11 in Wildermuth and Carnduff's First Addition to Gary, as per plat thereof, recorded in Plat Book 9 page 3, 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.

Michael Balas
Michael Balas

Subscribed and sworn to before me, a Notary Public, this 3rd day of August, 1982.

Barbara J. Hall
Barbara J. Hall Notary Public

My Commission expires:
1-21-83

County of Residence: Porter

County of Residence: Porter

FILED
AUG 12 1982

This Instrument prepared by Michael Balas

Lula O. Smith
ANDERSON LAKE COUNTY

PIONEER NATL. TITLE INS. CO.

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
AUG 16 11 05 AM '82
WILLIAM BIELSKI JR
RECORDER

CO 11907-82

TYPE OR PRINT
PLAINLY WITH
UNFADING INK

THIS IS A
PERMANENT
RECORD

Below for State Office Use

AUG 12 1961

Office of State
Funeral Home
LAKES COUNTY

PLEASE RETURN - WEST
GARY

INDIANA STATE BOARD OF HEALTH

Local No. 394-74

TO 292402

MEDICAL CERTIFICATE OF DEATH

State No.

418A

PERMANENT INK
SEE HANDBOOK FOR
INSTRUCTIONS

1. DECEASED—NAME FIRST MARY MIDDLE BALAS LAST			2. SEX FEMALE		3. DATE OF DEATH (MONTH, DAY, YEAR) APRIL 22, 1974						
4. RACE WHITE		5a. AGE—LAST BIRTHDAY (YEARS) 76		5b. UNDER 1 YEAR MOS. DAYS		5c. HOURS MIN.		6. DATE OF BIRTH FEB. 3, 1898		7a. COUNTY OF DEATH LAKE	
7b. CITY, TOWN, OR LOCATION OF DEATH HOBART				7c. INSIDE CITY LIMITS (SPECIFY YES OR NO) YES		7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) ST. MARY MERCY HOSPITAL SOUTH					
8. STATE OF BIRTH (IF NOT IN U.S.A., GIVE COUNTRY) CZECHOSLOVAKIA				9. CITIZEN OF WHAT COUNTRY U.S.A.		10. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) MICHAEL		11. WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>			
12. SOCIAL SECURITY NUMBER				13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) HOUSEWIFE				13b. KIND OF BUSINESS OR INDUSTRY SELF			
14a. RESIDENCE—STATE INDIANA		14b. COUNTY LAKE		14c. CITY, TOWN OR LOCATION MERRILLVILLE		14d. INSIDE CITY LIMITS (SPECIFY YES OR NO) YES		14e. TOWNSHIP ROSS			
14f. STREET AND NUMBER 5712 JACKSON STREET						14g. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) NO		14h. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			

15. FATHER—NAME FIRST ANDREW MIDDLE POLAK LAST			16. MOTHER—MAIDEN NAME FIRST TERICK MIDDLE ZUZIE LAST					
17a. INFORMANT—NAME MICHAEL BALAS			17b. RELATIONSHIP HUSBAND			17c. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 5712 Jackson St. Merr., Ind. 46410		

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

18. IMMEDIATE CAUSE	
(a) Cerebral Thrombosis	DUE TO, OR AS A CONSEQUENCE OF:
(b)	DUE TO, OR AS A CONSEQUENCE OF:
(c)	DUE TO, OR AS A CONSEQUENCE OF:

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A)
Atherosclerotic Heart Disease & Atrial Fibrillation

Diaphragmatic Pneumonitis

19. DATE & TIME OF DEATH April 22 1974 11:28 P.M.				20. DATE SIGNED April 24 1974			
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22a. PHYSICIAN'S NAME (TYPE OR PRINT) LAST IN ATTENDANCE Dr. J. Scully			22b. SIGNATURE OF PHYSICIAN J. Scully, M.D.			PHY. CODE NO.		
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23. MAILING ADDRESS—PHYSICIAN 6111 Harrison			STREET OR R.F.D. NO.			CITY OR TOWN Merrillville, Indiana			STATE INDIANA			ZIP		
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24a. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial			24b. CEMETERY, CREMATORY, FUNERAL HOME Calvary Cem.			24c. LOCATION Portage, Indiana					
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24d. DATE (MONTH, DAY, YEAR) April 25, 1974			25a. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) Stilinovich, Palmer & Wiatrolik 4213 Broadway Gary,					
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25b. HEALTH OFFICER—SIGNATURE Peter Stey, M.D.			DATE SIGNED April 25, 1974			26b. LOCAL HEALTH OFFICER		
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July 47-246-12
Will be much & cause death
x 8 1/2 ft of 28 11
all of 28 2120

EMBALMER'S NAME Erwin B. Cook LICENSE No. 5371

FUNERAL DIRECTOR'S NAME [Signature] LICENSE No. 968

FILED

MAR 17 1975
J. Scully
ADULTOR LAKE COUNTY

STATE OF INDIANA
LAKE COUNTY
FILED FOR RE-
MAR 17 44 PM '75
VICENKO

Disposition Permit Issued / /

Provisional Certificate
 Yes No

K-# 15-82-24 Rexville subd. L 24 Bl. 2