

COM 117553-83
Cruz

TICOR TITLE INSURANCE
Crown Point, Indiana
H. O.

741142

AFFIDAVIT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Walter Josefaski, being first duly sworn upon oath, deposes and says:

1. That Affiant's spouse, Sue Josefaski died (without leaving a will) (~~Leaving a will~~) on 4-14-71 1971 at Walparaiso, IN

2. That they were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

Lot 9, except the East 21 feet thereof, all of Lot 10 and the East 15 feet of Lot 11 in Block 4 in South Gary Subdivision, in the City of Gary, as per plat thereof, recorded in Plat Book 7 page 13, in the Office of the Recorder of Lake County, Indiana.

#47-93-10

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.

FILED

STATE OF INDIANA, S. C.
LAKE COUNTY
FILED FOR RECORD
JAN 13 8 55 AM '83
WILLIAM BIELSKI JR
RECORDER

Further affiant sayeth not.

JAN 11 1983

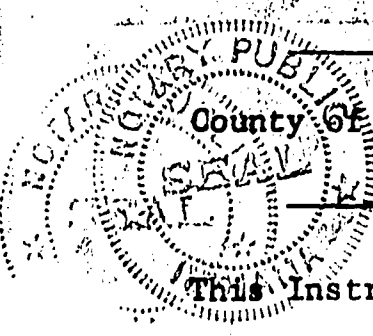
James O. Priddy
NOTARY LAKE COUNTY

Walter Josefaski
Walter Josefaski

Subscribed and sworn to before me, a Notary Public, this 30th day of December, 1983.

Barbara J. Hall
Barbara J. Hall Notary Public

My Commission expires: 1/21/87



County of Residence: Porter

This Instrument prepared by Walter Josefaski

384

1-51-83

com. 117 553-83

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

INDIANA STATE BOARD OF HEALTH
DIVISION OF VITAL RECORDS
MEDICAL CERTIFICATE OF DEATH

State No. **336**

Local No. _____

PERMANENT INK
SEE HANDBOOK FOR
INSTRUCTIONS

1. DECEASED—NAME Sue Jose FASKI			2. SEX Fe	3. DATE OF DEATH (MONTH, DAY, YEAR) 4/14/1971	
4. RACE (SPECIFY) White		5a. AGE—LAST BIRTHDAY (YEARS) 33	5b. UNDER 1 YEAR MO. DAYS	5c. UNDER 1 DAY HOURS MIN.	6. DATE OF BIRTH (MONTH, DAY, YEAR) 7/23/1917
7a. CITY, TOWN, OR LOCATION OF DEATH VAIPARAISO			7b. INSIDE CITY LIMITS (SPECIFY YES OR NO) yes	7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) PORTER MEM. HOSP	
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) PENN		9. CITIZEN OF WHAT COUNTRY U.S.A.		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) MARRIED	11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) WAITER
12. SOCIAL SECURITY NUMBER 307-20-3560		13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Housewife		13b. KIND OF BUSINESS OR INDUSTRY AT Home	
14a. RESIDENCE—STATE IND	14b. COUNTY LAKE	14c. CITY, TOWN OR LOCATION GARY		14d. INSIDE CITY LIMITS (SPECIFY YES OR NO) yes	14e. TOWNSHIP CALUMET
14f. STREET AND NUMBER 858 E. 35th COURT					14g. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

15. FATHER—NAME John HUTMAN			16. MOTHER—MAIDEN NAME UNKNOWN		
17a. INFORMANT—NAME WAITER Jose FASKI			17b. RELATIONSHIP		17c. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 858 E. 35th Ct. GARY 46409

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

18. IMMEDIATE CAUSE (a) FAR ADVANCED OVARIAN CARCINOMA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 6 months
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST	
(b) DUE TO, OR AS A CONSEQUENCE OF:	
(c) DUE TO, OR AS A CONSEQUENCE OF:	

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A)

19a. AUTOPSY (YES OR NO) yes	19b. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH yes
--	--

20a. DEATH OCCURRED (HOUR) 11:45 A.M.	20b. THE DECISION WAS PRONOUNCED DEAD MONTH DAY YEAR 4/14/1971	21a. DATE SIGNED (MONTH, DAY, YEAR) 4/16/71
---	---	---

22a. CERTIFIER—NAME (TYPE OR PRINT) DR. CHARLES GRIFFIN M.D.		22b. SIGNATURE Charles S. Griffin MD	
23. MAILING ADDRESS—CERTIFIER 101 Glendale		23. CITY OR TOWN STATE ZIP VAIPARAISO IND 46383	

24a. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL		24b. CEMETERY, CREMATORY, FUNERAL HOME CALVARY		24c. LOCATION CITY OR TOWN STATE FUNERAL HOME NUMBER PORTAGE, IND. 241	
24d. DATE (MONTH, DAY, YEAR) 4/17/1971		24e. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) Geisen Funeral Home INC. 3805 Adams St GARY, IND		24f. FUNERAL DIRECTOR—SIGNATURE William C Geisen	
25b. HEALTH OFFICER—SIGNATURE E. J. ...		25a. DATE RECEIVED BY LOCAL HEALTH OFFICER 4-20-71		26b. 4-20-71	

Auth Mary Ann
#10
#47-93-10
#47-93-10
#47-93-10

DECEASED
JAN 11 1983

EMBALMER'S NAME
LICENSE No. 336

FUNERAL DIRECTOR'S LICENSE No. 336

Disposition Permit Issued / /

Provisional Certificate

Yes No

