

782315

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

RETURN TO: MATTHEW P. DOGAN
626 W. Ridge Rd. Gary, In. 46408



2

SURVIVOR'S AFFIDAVIT

ADOLPH PERICAK and EMMA J. DUMBSKY of the County of Lake,
State of Indiana, being duly sworn upon their oaths, allege and state that
THERESA PERICAK died, testate, a resident of Lake County, Indiana,
on the 19th day of August, 1984; that she was their mother; that to the
best of affiants' knowledge, there is no Federal Estate Tax due and owing
due to her death and the Indiana State Inheritance Tax due and owing due
to her death has been paid.

The following described real estate was owned by Adolph Pericak
and Emma J. Dumbsky, in common, with a life estate in the decedent
(Death Certificate attached), and this affidavit is given for purposes of
clearing title to said real estate:

The West 50 feet of Lot No. 17, as marked and laid
down on the recorded plat of Mott and Wilstee's
Calumet Ave. Addition to Hammond, in Lake County
Indiana.

Key # 35-122-16

STATE OF INDIANA/S.S. NO.
LAKE COUNTY
FILED FOR RECORD
NOV 30 2 28 PM '84
WILLIAM BIELSKI JR
RECORDER

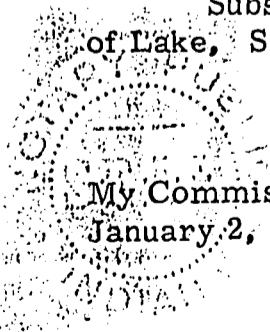
Further affiants sayeth not.

Adolph Pericak
Adolph Pericak

Emma J. Dumbsky
Emma J. Dumbsky

STATE OF INDIANA)
COUNTY OF LAKE) SS:

Subscribed and sworn to before me, a Notary Public, in the County
of Lake, State of Indiana, this 28th day of November, 1984.



My Commission expires:
January 2, 1986

Matthew P. Dogan
Matthew P. Dogan, Notary Public

Resident of Lake County

This instrument prepared by MATTHEW P. DOGAN, ATTORNEY.

1340

cl 1450 5-50

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

Below for State Office Use

- A _____
- B _____
- C _____
- D _____
- E _____
- F _____
- G _____
- H _____
- I _____
- J _____
- K _____
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- 11 _____
- 12 _____

Re: W. 50' of L. 17, Mott and Wilstee's Calumet Ave. Add. to Hammond, Lake Co., Indiana.

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. _____

Local No. 1571-84

FUNERAL HOME
No. 289

EMBALMER'S NAME Mary Solan LICENSE No. 409
FUNERAL DIRECTOR'S SIGNATURE Mary Solan LICENSE No. 849

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

PARENTS

DISPOSITION

M. D. OR D. O.

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH DAY YEAR)	
1		Theresa	H.	Pericak	Female	Aug. 19, 1984	
RACE—(a) White (b) Black (c) American Indian (d) Other (Specify)	AGE—Last Birthday (Year)	UNDER 1 YEAR		UNDER 1 DAY		DATE OF BIRTH (Month Day Year)	
4 White	5a 87	5b	5c	5d		6 Feb. 18, 1897	
CITY, TOWN OR LOCATION OF DEATH				HOSPITAL OR OTHER INSTITUTION (Name if not in other give street and number)		IF HOSP OR INST. indicate DOA (Specify Yes or No)	
7b Dyer				7c Regency Place		7d Inpatient	
STATE OF BIRTH (a) For use in U.S.A. (Specify)	CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDDED, DIVORCED (Specify)		SURVIVING SPOUSE (If wife give maiden name)		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)
8 Yugoslavia	9 USA		10 Widow		11 none		12 no
SOCIAL SECURITY NUMBER				USUAL OCCUPATION (Specify kind of work done during most of working life, even if seasonal)		KIND OF BUSINESS OR INDUSTRY	
13 306-01-5104				14a Housewife		14b Homemaker	
RESIDENCE—STATE		COUNTY		CITY, TOWN OR LOCATION			
15a Indiana		15b Lake		15c Hammond			
STREET AND NUMBER					IS RESIDENCE ON A FARM?		INSIDE CITY LIMITS (Specify Yes or No)
15d 834 - 170th Street					15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		15f yes
16 IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC.							
16a YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
FATHER—NAME			FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME	
16						17	
INFORMANT—NAME (Type or print)		RELATIONSHIP		MAILING ADDRESS (Street or R.F.D. No. City or Town State ZIP)			
18a Adolph Pericak—Son		18b		838 - 170th Street, Hammond, Indiana 46324			
BURIAL, CREMATION, REMOVAL, OTHER (Specify)				CEMETERY OR CREMATORY—FUNERAL HOME		LOCATION (City or Town State)	
19a Burial				19b St. John Cemetery		19c Hammond, Ind.	
DATE (Month Day Year)				FUNERAL HOME—NAME AND ADDRESS (Street or R.F.D. No. City or Town State ZIP)			
20a Aug. 22, 1984				20b Solan Funeral Home, 7109 Calumet Ave., Hammond, In 46324			
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated					DATE SIGNED (Month Day Year)		HOUR OF DEATH
21a (Signature) <u>Adela Perez</u>					21b		21c 46324
21d NAME OF ATTENDING PHYSICIAN (Type or Print)							
21d Adela Perez, M. D.							
MAILING ADDRESS—PHYSICIAN							
21e 2156 Hart Street Dyer, Indiana 46311							
HEALTH OFFICER—SIGNATURE <u>Debra Johnson</u>						DATE RECEIVED BY LOCAL HEALTH OFFICER	
22a						22b 8-20-84	
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR 1a-1c AND 1d)							
PART I (a) <u>Cerebral aneurysm</u> Interval between onset and death							
(b) DUE TO OR AS A CONSEQUENCE OF Interval between onset and death							
(c) DUE TO OR AS A CONSEQUENCE OF Interval between onset and death							
PART II OTHER SIGNIFICANT CONDITIONS (Conditions contributing to death but not related to cause given in PART I)						AUTOPSY (Specify Yes or No)	
24						no	

1984