

787532

*Leonard Holajter
9006 Bristol Blvd
Highland*

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

A F F I D A V I T

I, JAMIE A. GILL, being first duly sworn state:

1. That I am the daughter of John Stefko and Florence Stefko.

2. That John Stefko and Florence Stefko were the owners of the following described real estate as tenants by the entireties:

Lots Numbered Eleven (11) and Twelve (12), in Block No. Three (3), as marked and laid down on the recorded plat of Walter Addition to Hammond, Lake County, Indiana, as the same appears of record in Plat Book 10, page 1, in the Recorder's Office of Lake County, Indiana.

#36-296-8

3. That John Stefko died on October 12, 1984, as is evidenced by the attached copy of the death certificate.

4. That by reason of the death of John Stefko, Florence Stefko is now the sole owner of the real estate described in paragraph 2 above.

Jamie A. Gill

Jamie A. Gill

SUBSCRIBED AND SWORN to before me this 3rd day of January, 1985.

Leonard M. Holajter

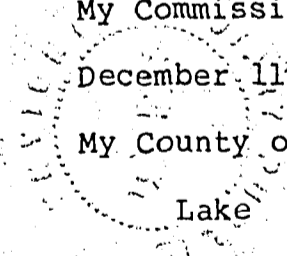
Leonard M. Holajter
Notary Public

My Commission Expires:

December 11, 1987

My County of Residence:

Lake



STATE OF INDIANA/S.S. NO.
LAKE COUNTY
FILED FOR R. 0890
JAN 8 2 14 PM '85
RUDOLPH CLAY
RECORDER

FILED

JAN 3 1985

Jessie O. Quinn
AUDITOR LAKE COUNTY

000284

59
54

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

FILED

Local No. 709

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. _____

Below for State Office Use

AUDITOR

HAMMOND HEALTH COMMISSIONER

LICENSE No. 5184

FUNERAL DIRECTOR'S LICENSE No. 2141

Date Issued

EMBALMER'S NAME Anthony Solan

FUNERAL DIRECTOR'S SIGNATURE Anthony Solan

TYPE PRINT IN PERMANENT INK FOR INSTRUCTIONS 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 1 John Stefko		SEX 2 Male	DATE OF DEATH (MONTH DAY YEAR) 3 Oct. 12, 1984
RACE—(e.g. White, Black, American Indian, etc.) (Specify) 4 White	AGE—Last Birthday (Year) 5a 61	UNDER 1 YEAR MOS. DATES 5b	UNDER 1 DAY HOURS MINS. 5c
CITY, TOWN OR LOCATION OF DEATH 7b Hammond		HOSPITAL OR OTHER INSTITUTION—(Name if not in other give street and number) 7c (Lever Bros) 1200 Calumet Ave.,	IF HOSP. OR INST. indicate DUA UP Emer. Rm. Inpatient (Specify) 7d
STATE OF BIRTH (If not in U.S.A. Name Country) 8 Indiana	CITIZEN OF WHAT COUNTRY 9 USA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10 Married	SURVIVING SPOUSE (If wife give maiden name) 11 Florence (Pater)
SOCIAL SECURITY NUMBER 13 309-14-9188		USUAL OCCUPATION (Give kind of work done during most of working life even if retired) 14a Plumber	KIND OF BUSINESS OR INDUSTRY 14b Calumet Construction
RESIDENCE—STATE 15a Indiana	COUNTY 15b Lake	CITY, TOWN OR LOCATION 15c Hammond	IS RESIDENCE ON A FARM? 15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
STREET AND NUMBER 15d 1028 - 169th Place		INSIDE CITY LIMITS (Specify YES OR NO) 15f yes	
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 15g YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
FATHER—NAME 16 Frank Stefko		MOTHER—MAIDEN NAME 17 Suzanne Pinko	
INFORMANT—NAME (Type or print) 18a Florence Stefko (Wife)		RELATIONSHIP 18b	MAILING ADDRESS 18c 1028 - 169th Place, Hammond, Ind. 46324
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a Burial		CEMETERY OR CREMATORY—FUNERAL HOME 19b Elmwood Cemetery	LOCATION 19c Hammond, Ind.
DATE (MONTH DAY YEAR) 20a Oct. 15, 1984		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN STATE ZIP) 20b Solan Funeral Home, 7109 Calumet Ave., Hammond, Ind	
To the best of my knowledge death occurred at the date and place and due to the cause(s) stated 21a (Signature) <i>[Signature]</i>		DATE SIGNED (Mo., Day, Yr.) 21b 10/12/84	HOUR OF DEATH 21c 4:32 P. M.
NAME OF ATTENDING PHYSICIAN (Type or print) 21d Dennis L. Streeter, O.D.			
MAILING ADDRESS—PHYSICIAN 21e 1212 N. Broad Street, Griffith, Indiana 46319			
HEALTH OFFICER—SIGNATURE 22a <i>[Signature]</i>		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b OCT. 15 1984	
PART I (a) IMMEDIATE CAUSE (b) DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO OR AS A CONSEQUENCE OF		Interval between onset and death Chokespasm arrest Acute myocardial infarction Atherosclerotic vascular disease etc min weeks	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (11)		AUTOPSY (Specify Yes or No) 24 no	

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPT. **Walter Glad** **Oct 15 1984**