Com 721494-84

TICOR TITLE INSURANCE

3

791455

AFFIDAVIT

Ticor-Highland

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

ALEX STROSKY, being first duly sworn upon oath, deposes and says:

1. That Affiant's spouse, WILMA MAE STROSKY died (without leaving a will) (leaving a will) on February 3 19 76 at

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 22 in Churchill Heights, Unit No. 2, as per plat thereof, recorded in Plat Book 33 page 89, in the Office of the Recorder of Lake County, Indiana. KEY # 11-129-22

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

FEB 6 1985

AUDITOR LAKE COUNTY

RUDOLPH CLAY RECORDER

FEB 8 9 35 AM '85

STATE OF INDIANA S.S. NO. LAKE COUNTY FILED FOR RECORD

TICOR TITLE INSURANCE Highland, Indiana

Further affiant sayeth not.

ALEX STROSKY

Subscribed and sworn to before me, a Notary Public, this 30th day of January, 1985.

Gloria Anderson Notary Public

My Commission expires:

10/24/88

County of Residence:

LAKE

This Instrument prepared by ALEX STROSKY

101

11
550

Female

5 G76-0098

Local No. .....

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. .....

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. ____
1. ____
2. ____
3. ____
4. ____
5. ____
6. ____
7. ____
8. ____

Disposition Permit Issued / /

Provisional Certificate ☐ Yes ☐ No

FUNERAL HOME No. 289

LICENSE No. 409

FUNERAL DIRECTOR'S LICENSE No. 849

EMBALMER'S NAME Mary Solan

FUNERAL DIRECTOR'S SIGNATURE Mary Solan

PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS

DECEASED

1. DECEASED—NAME: FIRST Wilma; MIDDLE Mae; LAST Strosky
2. SEX: Female
3. DATE OF DEATH (MONTH, DAY, YEAR): Feb. 3, 1976
4. RACE: White
5a. AGE—LAST BIRTHDAY (YEARS): 50
5b. UNDER 1 YEAR: MOS. 6 DAYS 13
5c. UNDER 1 DAY: HOURS MIN.
6. DATE OF BIRTH (MONTH, DAY, YEAR): July 20, 1925
7a. COUNTY OF DEATH: Lake
7b. CITY, TOWN, OR LOCATION OF DEATH: Gary (Miller)
7c. INSIDE CITY LIMITS (SPECIFY YES OR NO): yes
7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): No. 11 Fire Station, Randolph & Locust St., Gary, (Miller)
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Iowa
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): Alex Strosky
12. SOCIAL SECURITY NUMBER: 313-20-8777
13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Dental Assistant
13b. KIND OF BUSINESS OR INDUSTRY: Dr. Robert Wagner

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

14a. RESIDENCE—STATE: Indiana
14b. COUNTY: Lake
14c. CITY, TOWN OR LOCATION: Crown Point
14d. INSIDE CITY LIMITS (SPECIFY YES OR NO): yes
14e. TOWNSHIP: St. John
14f. STREET AND NUMBER: 6800 W. 93rd Ave.,
14g. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): yes WW II
14h. IS RESIDENCE ON A FARM? YES ☐ NO ☒

PARENTS

15. FATHER—NAME: FIRST Eugene; MIDDLE; LAST Smith
16. MOTHER—MAIDEN NAME: FIRST Hazel; MIDDLE; LAST Richards
17a. INFORMANT—NAME: Alex Strosky
17b. RELATIONSHIP: Husband
17c. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 6800 W. 93rd Ave., Crown Point, Ind, 46307

CAUSE

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

IMMEDIATE CAUSE (a) Lung Cancer

DUE TO, OR AS A CONSEQUENCE OF: (b) Metastatic Lung Cancer

DUE TO, OR AS A CONSEQUENCE OF: (c)

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST

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

AUTOPSY YES ☐ NO ☒ 19a.

IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b. YES ☐ NO ☐

20. DATE & TIME OF DEATH: MONTH Feb. DAY 3, YEAR 1976 HOUR 1:30 A. M.
21a. DATE SIGNED: MONTH Feb. DAY 4, YEAR 1976

M. D. OR D. O.

22a. PHYSICIAN'S NAME (TYPE OR PRINT) LAST IN ATTENDANCE: George A. Carberry, M. D.
22b. SIGNATURE OF PHYSICIAN: [signature]
PHY. CODE NO.
23. MAILING ADDRESS—PHYSICIAN: STREET OR R.F.D. NO. 6111 Harrison Ave.; CITY OR TOWN Merrillville; STATE Indiana; ZIP 46410

DISPOSITION

24a. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
24b. CEMETERY, CREMATORY, FUNERAL HOME: St. John Cemetery
24c. LOCATION: CITY OR TOWN Hammond, Indiana; STATE
24d. DATE (MONTH, DAY, YEAR): Feb. 5, 1976
25a. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Solan Funeral Home, 7109 Calumet Ave., Hammond, Ind. 46324
25b.
26a. HEALTH OFFICER—SIGNATURE: [signature]
26b. DATE RECEIVED BY LOCAL HEALTH OFFICER: FEB 4 1976

113-3

MP

CERTIFIED COPY

HEALTH COMMISSIONER
CITY OF GARY, IND.

DATE FEB 4 1976