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Del Oro

TICOR TITLE INSURANCE
Highland, Indiana

791457 STATE OF INDIANA)

) ss:

COUNTY OF LAKE)

AFFIDAVIT

RONALD L. SEVALD, being first duly sworn upon his oath, deposes and says:

1. That he is a natural son of Mariann K. Sevald, who died on June 9, 1983 in South Miami, Florida; that a "Certificate of Death" evidencing such death is attached hereto and marked Exhibit "A."

2. That said Mariann K. Sevald died intestate, without leaving a Last Will and Testament.

3. That the Estate of Mariann K. Sevald was of such an amount that it was not subject to Federal Estate tax.

4. That decedent, Mariann K. Sevald, was married to Dominic P. Sevald at the time of acquiring the following described real estate:

FILED

FEB 6 1985

Louis O. ...
AUDITOR LAKE COUNTY

"Lots 45 and 46, Block 5, Kenwood Addition to Hammond, as per plat thereof recorded in Plat Book 10, Page 17, in the Office of the Recorder of Lake County, Indiana, commonly described at 6322 Moraine Avenue, Hammond, Indiana"

STATE OF INDIANA/S.S. 1396
LAKE COUNTY
RECORDER
FEB 6 9 35 AM 1985
Key # 34285

and they remained husband and wife until the death of Mariann K. Sevald on June 9, 1983.

And further affiant sayeth not.

Ronald L. Sevald

Ronald L. Sevald

Subscribed and sworn to before me, a Notary Public, in and for said County and State, this 30th day of January, 1985.

Gloria Anderson

Notary Public
GLORIA ANDERSON

My Commission Expires:
10/24/88

County of LAKE

This instrument prepared by: Ronald L. Sevald

125
550



DEPARTMENT OF
Health & Rehabilitative Services

Gov. Graham, Governor

DISTRICT ELEVEN

DADE COUNTY DEPARTMENT OF
PUBLIC HEALTH

1350 N. W. 14TH ST.
MIAMI, FLORIDA 33125

I HEREBY CERTIFY THIS TO BE A TRUE
COPY OF THE LOCAL REGISTRAR'S RECORD
OF DEATH.

[Signature]
DEPUTY REGISTRAR
VITAL RECORDS UNIT

WARNING:
Not valid unless the raised
seal of the Bureau of Vital
Statistics is affixed.

CERTIFICATE OF DEATH
FLORIDA

LOCAL FILE NO. **08251**

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DECEDENT—NAME		FIRST		MIDDLE		LAST		SEX	DATE OF DEATH (Mo., Day, Yr.)		
1. Mariann		K.		Sevald				2. Female	3. June 9, 1983		
FACE—e.g., White, Black, Am. Indian, etc. (Specify)	AGE—Last Birthday (Yrs.)	UNDER 1 YEAR		UNDER 1 DAY		DATE OF BIRTH (Mo., Day, Yr.)		COUNTY OF DEATH			
4. White	5a. 79	MOS. 5b.	DAYB	HOURS 5c.	MINB.	6. March 20, 1904		7a. Dade			
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OF OTHER INSTITUTION—Name (If not in either, give street and number)						IF HOSP. OR INST. (Indicate DOA, OP/Emat, Em., Inpatient (Specify))			
7b. South Miami		7c. South Miami Hospital						7d. Inpatient			
STATE OF BIRTH (If not in U.S., give country)	CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		SURVIVING SPOUSE (If wife, give maiden name)						
8. Michigan	9. USA		10. Married		11. Dominic Sevald						
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				KIND OF BUSINESS OR INDUSTRY					
12. 304-42-7236		13a. Homemaker				13b. Own Home					
RESIDENCE—STATE	COUNTY	CITY, TOWN OR LOCATION		STREET AND NUMBER		INSIDE CITY LIMITS (Specify Yes or No)					
14a. Florida	14b. Dade	14c. Coral Gables		14d. 1141 N. Greenway		14e. Yes					
FATHER—NAME		FIRST		MIDDLE		LAST		MOTHER—MAIDEN NAME			
15. (unobtainable)								16. Antoinette / Bane			
INFORMANT—NAME (Type or Print)		MAILING ADDRESS									
17a. Lee P. Sevald		17b. 6700 S.W. 67th Ave. Miami Florida 33143									
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY NAME		LOCATION		CITY OR TOWN		STATE			
18a. Burial		18b. Our Lady of Mercy Cemetery		18c. Miami		18d. Florida					
FUNERAL DIRECTOR (Specify)		FUNERAL HOME ADDRESS									
19a. G. E. Winton		19b. Van Orsdel Coral Gables Funeral Chapel 4600 S.W. 8 St. Coral Gables, FL 33134									
20a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated: (Signature and Title) <i>Howard J. Beck, M.D.</i>		20b. DATE SIGNED (Mo., Day, Yr.)		20c. HOUR OF DEATH		21a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated: (Signature and Title)		21b. DATE SIGNED (Mo., Day, Yr.)		21c. HOUR OF DEATH	
20b. June 9, 1983		20c. 10:30 A.		M		21a. ON		21b. AT		M	
20d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or print)		22. Howard J. Beck, M.D., 475 Biltmore Way, Coral Gables, FL									
REGISTRAR		23a. (Signature) <i>James Tomstead</i>		Sub. Reg.		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		23b. June 9, 1983			
24. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		PART (a) <i>Cardio-respiratory failure</i> Interval between onset and death <i>12 hrs</i>									
DUE TO, OR AS A CONSEQUENCE OF:		PART (b) <i>Carcinoma of pancreas with metastases</i> Interval between onset and death <i>3 yrs.</i>									
DUE TO, OR AS A CONSEQUENCE OF:		PART (c) Interval between onset and death									
PART OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		25. AUTOPSY (Specify Yes or No)		26. WAS CASE REFERRED TO MEDICAL EXAMINER (Specify Yes or No)		27a. Hypertension					
25. NO		26. No									
27a. (Probably) ACCIDENT, SUICIDE or HOMICIDE, or UNDETERMINED (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED					
27a.		27b.		27c. M		27d.					
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION		STREET OR R.F.D. No.		CITY OR TOWN		STATE	
27e.											

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