

792825

DULY ENTERED  
FOR TAXATION

FEB 21 1985

STATE OF INDIANA )  
                          ) SS:  
COUNTY OF LAKE )

10

SURVIVORSHIP AND HEIRSHIP AFFIDAVIT  
LAKESIDE, INDIANA  
LAKE COUNTY

On the dates shown at the end of this affidavit personally appeared Henry Snedden, Theodore W. Fandrei, Jeanette E. Fandrei Smok, Henry W. Fandrei and Otto C. Fandrei, Jr. to me personally known, who being duly sworn on oath did say that:

1. Affiants are the children or step-children of deceased owners of the real estate commonly known as 4407 State Line, Hammond, Indiana, known by Key No. 33-69-24 and 25, and legally known as follows:

Lot No. Twenty-Five (25) North 1/2 of Lot Twenty-Six (26) and South 7-1/2 feet of Lot Twenty-Four (24) in Block No. Fifteen (15) as marked and laid down on the recorded plat of William Eschenburg's State Line Addition to the City of Hammond, in Lake County, Indiana.

STATE OF INDIANA  
RECORDS & DEEDS  
FEB 21 2 40 PM '85  
RUDOLPH BLAY  
RECORDS  
#33-69-24

2. Said premises were formerly owned as tenants by the entireties by Otto C. Fandrei, Sr. and Etta M. Fandrei as shown by deed recorded January 16, 1948 as Document No. 321821, a copy of which is attached.

3. Said Otto C. Fandrei, Sr., died on April 3, 1957, leaving no will, and said Etta M. Fandrei died on July 22, 1984 leaving a will; certified copies of the death certificates and a true copy of the Will of Etta Fandrei are attached hereto.

4. Said Otto C. Fandrei, Sr. was married but twice, first to Freida Fandrei, who died in 1933, and there were only the following four children born to and none adopted by them: Otto C. Fandrei, Jr., Theodore W. Fandrei, Henry W. Fandrei, and Jeanette E. Fandrei

17.00

696 50  
17(E)

Smok, and second to Etta M. Fandrei, with no children born to or adopted by them.

5. Etta M. Fandrei was married but twice, first to Henry Snedden, who predeceased Etta M. Fandrei, and there was only one child born to and none adopted by them: Henry Snedden, and second to Otto C. Fandrei, Sr., with no children born to or adopted by them.

6. The estate of Otto C. Fandrei, Sr. was not probated by anyone, including any creditor, and no probate is contemplated. To the best of affiant's knowledge, there was no Federal Estate Tax or Indiana Inheritance Tax due by virtue of the death of Otto C. Fandrei, Sr.

7. The estate of Etta M. Fandrei has not been probated by anyone, including any creditor, and no probate is contemplated. To the best of affiant's knowledge, the decedent's <sup>gross</sup> probate estate does not exceed thirty thousand eighty seven dollars (\$30,087), all legal debts of the decedent have been paid, there is no Federal Estate Tax due by virtue of the death of Etta M. Fandrei, and the Indiana Inheritance Tax has been determined and paid (See Cause No. CE 84-417 in the Circuit Court of Lake County, Indiana.

8. Affiant makes this affidavit for the purpose of inducing the Lake County Auditor to transfer ownership of said parcel on his tax records to the said five (5) heirs, Henry Snedden, Theodore W. Fandrei, Jeanette E. Fandrei Smok, Henry W. Fandrei and Otto C. Fandrei, Jr., and for the purpose of inducing Lake County Title Company or other title company to transfer ownership of said parcel on its records to said five (5) heirs and to issue a title insurance policy in the name of any person(s) to whom said five (5) heirs may sell said parcel.

Henry Snedden  
HENRY SNEDDEN

SUBSCRIBED and SWORN to before me, a Notary Public, this 12<sup>th</sup>  
day of January, 1985.

Janice M. Buech

My Commission Expires: 5-10-88

County of Residence: Lake

Theodore W. Fandrei  
THEODORE W. FANDREI

SUBSCRIBED and SWORN to before me, a Notary Public, this 26<sup>th</sup>  
day of December, 1984.

Ann M. Upton

My Commission Expires: 31 March 1986

County of Residence: Lake

ANN M. UPTON  
Notary Public, State of New York  
No. 43-9416050  
Qualified in Richmond County  
Commission Expires March 30, 1986

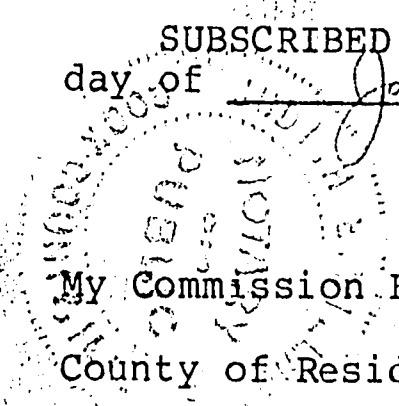
Jeanette E. Fandrei Smok  
JEANETTE E. FANDREI SMOK

SUBSCRIBED and SWORN to before me, a Notary Public, this 29<sup>th</sup>  
day of January, 1985

Judith E. Killbrite

My Commission Expires: 8/1/85

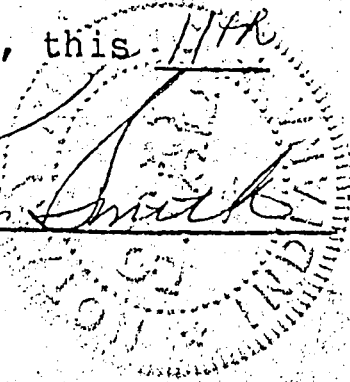
County of Residence: Lake Cook



Henry W. Fandrei  
HENRY W. FANDREI

SUBSCRIBED and SWORN to before me, a Notary Public, this 17th  
day of January, 1985.

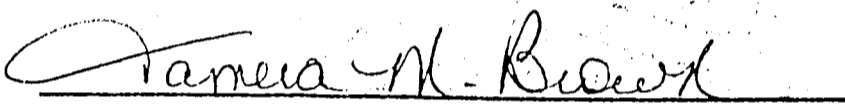
My Commission Expires: Dec. 16, 1987  
County of Residence: Lake



Otto C. Fandrei Jr  
OTTO C. FANDREI, JR.

SUBSCRIBED and SWORN to before me, a Notary Public, this 12th  
day of January, 1985.

My Commission Expires: 5-10-88  
County of Residence: Lake



This Instrument Prepared By:

↓  
CRAIG L. HLINKA  
Attorney at Law  
3235 - 45th Street  
Highland, Indiana 46322  
219/924-2640

Return to Craig L. Hlinka at above address.

# Quit-Claim Deed

321821

This Indenture Witnesseth, That

ESTHER WALSKI, a single person

of Lake County, in the State of Indiana  
Release and Quit-Claim to

OTTO C. FANDREI, SR. AND ETTA M. FANDREI, husband and wife

of Lake County, in the State of Indiana, for and in consideration  
of --- One Dollar and other good and valuable consideration --- Dollars,  
the receipt whereof is hereby acknowledged, the following described Real Estate  
in Lake County in the State of Indiana, to-wit:

Lot No. Twenty-five (25) North 1/2 of Lot Twenty-six (26) and  
South 7 1/2 feet of Lot Twenty-four (24) in Block No. Fifteen (15)  
as marked and laid down on the recorded plat of J. William  
Eschenburg's State Line Addition to the City of Hammond, in  
Lake County, Indiana, together with all improvements thereon.

Cash consideration less than \$100.00.

KEY NO. 33-59-24 & 25.  
DULY ENTERED  
FOR TAXATION  
JAN 17 1948

*Stanley B. Olaszowski*  
Auditor Lake County

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

1948 JAN 16 AM 9 02  
LOUIS OPACHAN, RECORDER

In Witness Whereof, The said

ESTHER WALSKI, a single person

has hereunto set her hand and seal, this 15th day of January 19 48

\_\_\_\_\_  
(Seal) *Esther Walski* (Seal)  
\_\_\_\_\_  
(Seal) Esther Walski (Seal)  
\_\_\_\_\_  
(Seal) \_\_\_\_\_ (Seal)  
\_\_\_\_\_  
(Seal) \_\_\_\_\_ (Seal)

STATE OF INDIANA, Lake COUNTY, SS:

Before me, the undersigned, a Notary Public, in and for said County and State, this 15th day of January, A. D., 1948, personally appeared the within named

ESTHER WALSKI, a single person

Grantor..... in the above conveyance, and acknowledged the execution of the same to be her voluntary act and deed, for the uses and purposes herein mentioned.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my official seal.

My Commission expires Sept. 20, 1949

*Leo B. Cichowicz*  
Leo B. Cichowicz

Notary Public

201 301 255

STATE OF INDIANA, ..... COUNTY, SS:

Before me, the undersigned, a Notary Public, in and for said County and State, this ..... day of ....., A. D., 19....., personally appeared the within named

Grantor..... in the above conveyance, and acknowledged the execution of the same to be ..... voluntary act and deed, for the uses and purposes herein mentioned.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my official seal.

My Commission expires ..... Notary Public

QUIT-CLAIM DEED

FROM

TO

Received for record this

day of 19 STATE OF INDIANA S.S. NO. LAKE COUNTY M., and FILED FOR RECORD

Recorded in Book No. .... page

043 JAN 16 AM 9 02

Recorder LOUIS GRAGHAN RECORDER County

Duly entered for taxation this

day of ....., 19.....

Auditor's fee \$ .....

County

Auditor

COMPARED WITH PHOTOGRAPH

30

30

# CITY OF HAMMOND, INDIANA

## Department of Health CITY HALL BUILDING

### LOCAL RECORD OF DEATH

THIS IS TO CERTIFY, That our records show Otto C. Fandrei, Sr. died  
April 3, 1957 at \_\_\_\_\_ Hammond, Ind.  
Month Day Year at Hour of Death

Age at death 62 Sex Male Color White Married  Single   
Years Months Days

Primary cause of death given was Coronary Occlusion.

Signed by Dr. D. T. Ramker Hammond, Indiana  
Physician or Coroner Address

Place of burial or removal Elmwood Cemetery Hammond, Indiana  
Name of Cemetery Address

Date of Burial 4-6-57 E. J. Snyder Hammond, Indiana  
Funeral Director Address

Signed Franklin J. Remuda M.D.  
Health Officer

Hammond, Indiana September 14, 1984  
Address Date

Recorded locally in Volume 1957 Reg. No. 253

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 \_\_\_\_\_
- L \_\_\_\_\_
- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_
- 6 \_\_\_\_\_
- 7 \_\_\_\_\_
- 8 \_\_\_\_\_
- 9 \_\_\_\_\_
- 10 \_\_\_\_\_
- 11 \_\_\_\_\_
- 12 \_\_\_\_\_

EMBALMER'S NAME Harold D. Johnson LICENSE No. 710

FUNERAL HOME Funeral Home LICENSE No. 2013  
FUNERAL DIRECTOR'S SIGNATURE Ellen C. Lee Haynes

Local No. 1356-84

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

State No. \_\_\_\_\_

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

|   |   |   |   |  |   |
|---|---|---|---|--|---|
| 1 DECEASED - NAME<br>FIRST MIDDLE LAST<br><u>Etta M. Fandrei</u>  |   |   | 2 SEX<br><u>Fe</u>  | 3 DATE OF DEATH - MONTH DAY YEAR<br><u>July 22, 1984</u>   |   |
| 4 RACE - (a) White (b) Black (c) American Indian (d) Other (Specify)  | 5a AGE - Last Birthday (Year) <u>83</u> | 5b MONTH  | 5c DAYS   | 6 DATE OF BIRTH - MONTH DAY YEAR<br><u>Feb. 23, 1901</u>   | 7 COUNTY OF DEATH<br><u>Lake</u>                                    |
| 8 CITY, TOWN OR LOCATION OF DEATH<br><u>Munster</u>   |   |   | 9 HOSPITAL OR OTHER INSTITUTION<br><u>Munster Med Inn</u>   |  | 10 IF HOSP OR INST Indicate DISEASE (Specify)                       |
| 11 STATE OF BIRTH (If not in U.S. & Name Country)<br><u>Indiana</u>   |   |   | 12 CITIZEN OF WHAT COUNTRY<br><u>USA</u>  |  | 13 MARRIED NEVER MARRIED WIDOWED DIVORCED (Specify)<br><u>Widow</u> |
| 14 SOCIAL SECURITY NUMBER<br><u>309-14-9431</u>   |   |   | 15 USUAL EDUCATION (State a kind of work done during most of working life, even if retired)       |  | 16 KIND OF BUSINESS OR INDUSTRY<br><u>Own Home</u>                  |
| 17 RESIDENCE - STATE<br><u>Indiana</u>  |   | 18 COUNTY<br><u>Lake</u>  |   | 19 CITY, TOWN OR LOCATION<br><u>Hammond</u>                |   |
| 20 STREET AND NUMBER<br><u>4407 State Line Avenue</u>   |   |   | 21 IS RESIDENCE ON A FARM?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  | 22 INSIDE CITY LIMITS (Specify Yes or No)<br><u>Yes</u>             |
| 23 IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC.<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |   |   |   |  |   |
| 24 FATHER - NAME FIRST MIDDLE LAST<br><u>Levi Miller</u>  |   |   | 25 MOTHER - MAIDEN NAME FIRST MIDDLE LAST<br><u>Winnie Goldsberry</u>                             |  |   |
| 26 INFORMANT - NAME (Type or Print) RELATIONSHIP<br><u>Otto C. Fandrei Son</u>  |   | 27 MAILING ADDRESS STREET OR P.O. NO. CITY OR TOWN STATE ZIP<br><u>3140 Glenwood Avenue Highland, Indiana 46322</u>                               |   |  |   |
| 28a BURIAL, CREMATION, REMOVAL, OTHER (Specify)<br><u>Burial</u>  |   | 28b CEMETERY OR CREMATORY - FUNERAL HOME<br><u>Elmwood Cemetery</u>   |   | 28c LOCATION CITY OR TOWN STATE<br><u>Hammond, Indiana</u> |   |
| 29a DATE (MONTH DAY YEAR)<br><u>July 25, 1984</u>   |   | 29b FUNERAL HOME - NAME AND ADDRESS (Street or P.O. No., City or Town, State, ZIP)<br><u>La Hayne Funeral Home 5746 Hohman Ave., Hammond, In.</u> |   | 29c  |   |
| 30 In the event of my knowledge, death occurred (a) _____ (b) _____ (c) _____ (d) _____ (e) _____ (f) _____ (g) _____ (h) _____ (i) _____ (j) _____ (k) _____ (l) _____ (m) _____ (n) _____ (o) _____ (p) _____ (q) _____ (r) _____ (s) _____ (t) _____ (u) _____ (v) _____ (w) _____ (x) _____ (y) _____ (z) _____ |   |   | 31 DATE SIGNED (M.D. Year)<br><u>July 23, 1984</u>  |  | 32 HOUR OF DEATH<br><u>2:00 A.M.</u>                                |
| 33 NAME OF ATTENDING PHYSICIAN (Type or Print)<br><u>Claude Foreit, D.O.</u>  |   |   | 34 MAILING ADDRESS - PHYSICIAN<br><u>3831 Hohman Avenue Hammond, Indiana 46327</u>                |  |   |
| 35 HEALTH OFFICER SIGNATURE<br><u>Harold D. Johnson</u>   |   |   |   | 36 DATE RECEIVED BY LOCAL HEALTH OFFICER<br><u>7-23-84</u> |   |
| 37 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a) AND (b))  |   |   |   |  |   |
| PART I (a) <u>CEREBRAL METASTASES</u>   |   | DUE TO OR AS A CONSEQUENCE OF   |   | Interval between onset and death<br><u>DAYS</u>            |   |
| (b) <u>LYMPHOMA - GENERALIZED</u>   |   | DUE TO OR AS A CONSEQUENCE OF   |   | Interval between onset and death<br><u>MONTHS</u>          |   |
| (c) <u>ABDOMINAL LYMPHOSARCOMA</u>  |   | DUE TO OR AS A CONSEQUENCE OF   |   | Interval between onset and death<br><u>MONTHS</u>          |   |
| PART II OTHER SIGNIFICANT CONDITIONS (If conditions contributing to death but not related to cause given in PART I)   |   |   |   | AUTOPSY (Specify Yes or No)<br><u>No</u>                   |   |
| <u>DIABETES</u>   |   |   |   |  |   |



# Last Will and Testament of

ETTA FANDREI

I, Etta Fandrei, a resident of Lake County, Indiana, and being of sound and disposing mind and memory, do make, publish and declare this to be my last will and testament, hereby revoking all former wills by me made:

Item 1. I direct that all of my just debts including expenses of last illness be first paid.

Item 2. I direct that the expense of my grave marker be paid, and direct that said grave marker be similar to the marker on the grave of my deceased husband, Otto C. Fandrei, Sr.

Item 3. I give and bequeath my cameo diamond brooch to my son, Henry Snedden.

Item 4. I give and bequeath my sterling silver dresser set (4 pieces) to my step-daughter, Jeanette E. Fandrei.

Item 5. I direct that my automobile and my wedding set (diamond wedding ring and diamond engagement ring) be sold, and the proceeds therefrom divided equally among my son and four step-children namely: Henry Snedden, Theodore W. Fandrei, Jeanette E. Fandrei, Otto C. Fandrei, Jr., and Henry W. Fandrei, each to share and share alike.

Item 6. All the residue of my real estate, personal estate and mixed estate I bequeath and devise to the five persons named in Item 5 above, share and share alike.

Item 7. If any of said five named child or step-children should die before I die and should leave children, then the share herein bequeathed or devised to said child or step-child is bequeathed and devised to his or her children in equal shares.

Item 8. If any of my said child or step-children should die before I die and should not leave children surviving, then the share herein bequeathed and devised to said child or step-child is bequeathed and devised to my remaining child and step-children share and share alike.

Item 9. I constitute and appoint my step-son, Otto C. Fandrei, Jr., Executor of this will. In the event he cannot or will not serve then I constitute and appoint my son, Henry Snedden, Executor of this will.

Witness my hand and seal this 16<sup>th</sup> day of April, 1957, at the City of Hammond, Indiana.

Etta Fandrei (SEAL)

The foregoing instrument, signed, sealed and acknowledged by said Etta Fandrei, as and for her last will and testament, in our presence, who, at her request, in her presence and the presence of each other, have subscribed our names as witnesses thereto this 16<sup>th</sup> day of April, 1957.

William J. Glendon  
Witness

Carol Gerber  
Witness