

Dale Anderson, atty
18225 Burnham Ave.
Lansing, IL 60438

825911

AFFIDAVIT

TICOR TITLE INSURANCE
Crown Point, Indiana

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

MILDRED KOSIER, being first duly sworn upon oath, deposes and says:

1. That Affiant's ~~spouse~~ ^{brother}, ROBERT KOSIER died (without leaving a will) (~~leaving a will~~) on February 9, 1983 at Hammond, Lake County, Indiana

2. That they were ~~duly and legally married~~ ^{brother and sister joint tenants} at the time they acquired title as ~~husband and wife~~ ^{joint tenants} to the following described real estate:

The North 25 feet of Lot 32, all of Lot 33 and the South 1/4 of Lot 34 in Block 13 in Unit 3 of Woodmar, in the City of Hammond, as per plat thereof, recorded in Plat Book 16 page 34 in the Office of the Recorder of Lake County, Indiana.

Also 15 feet of vacated alley east and adjoining said Lot 33 and the South 1/2 of Lot 34.

#36-389-4

~~3. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and undisturbed to 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

Further affiant sayeth not. OCT 23 1985

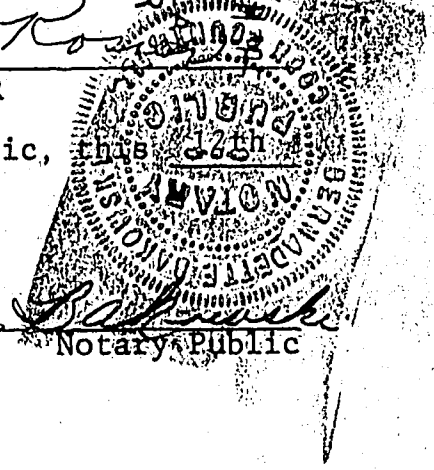
Charles O. Prater
AUDITOR LAKE COUNTY

Mildred Kosier
MILDRED KOSIER

Subscribed and sworn to before me, a Notary Public, this 22th day of May, 19 83.

Benjamin J. ...
Notary Public

OCT 25 8 31 AM
RUDOLPH ...
RECORDER



My Commission expires:
2/13/84

County of Residence:
Cook

This Instrument prepared by Attorney Dale A. Anderson
3344 Ridge Rd. Lansing, IL 60438
312-474-3795

DALE A. ANDERSON
ATTORNEY AT LAW
18225 Burnham Ave.
Lansing, IL 60438
(312) 895-6663

5.50
1139 FT

58-18-5-52/00

387-4

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

Below for State Office Use

THIS CERTIFIES THE ABOVE IS A TRUE AND
COMPLETE COPY OF THE CERTIFICATE OF DEATH
ON FILE WITH THE HAMMOND HEALTH DEPT.

FEB 22 1983

Date Issued

Disposition Permit
Issued / /
Provisional
Certificate
 Yes No

EMBALMER'S NAME JOHN ALEXANDER LICENSE No. 1061

FUNERAL DIRECTOR'S SIGNATURE *Wanda M. P. ...* LICENSE No. 242

FUNERAL HOME No. 286

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS.

PARENTS

DISPOSITION

CERTIFIER

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

CAUSE

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INDIANA STATE BOARD OF HEALTH
CORONER'S CERTIFICATE OF DEATH

State No.

Local No. 124

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)
ROBERT KOSIER					MALE	FEBRUARY 9, 1983
RACE—(as White, Black, American Indian, etc.) (Specify)	AGE—Last Birthday (Yr.)	UNDER 1 YEAR		UNDER 1 DAY	DATE OF BIRTH (Mo., Day, Yr.)	COUNTY OF DEATH
4. WHITE	6a. 73	MO. DATE	HOURS MIN.		6. 1/7/1910	7a. LAKE
CITY, TOWN OR LOCATION OF DEATH			HOSPITAL OR OTHER INSTITUTION—(Name if not in other, give street and number)		IF HOSP. OR INST. indicate of Local Rm., apartment (Specify)	
7b. HAMMOND			7c. ST. MARGARET HOSPITAL		7d. INPATIENT	
STATE OF BIRTH (If not in U.S.A. name country)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		SURVIVING SPOUSE (If wife, give maiden name)		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)
8. INDIANA	9. U.S.A.	10. DIVORCED		11. N/A		12. NO
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			KIND OF BUSINESS OR INDUSTRY	
13. 306-03-1114		14a. CRANE OPERATOR			14b. STEEL INDUSTRY	
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. 7343 BARING PKY.				15e. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME	
16. SAMUEL KOSIER					17. DIANA ROGICH	
INFORMANT—NAME		RELATIONSHIP	MAILING ADDRESS		STREET OR R.F.D. NO.	CITY OR TOWN STATE ZIP
18a. MILDRED KOSIER		SISTER	18b. 7343 BARING PKY		HAMMOND IN	46324
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—FUNERAL HOME		LOCATION CITY OR TOWN STATE		
19a. BURIAL		19b. ELMWOOD		19c. HAMMOND INDIANA		
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS			(STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)	
20a. FEBRUARY 12, 1983		20b. VIRGIL HUBER FUNERAL HOME			HAMMOND IN 46323	
On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the causes stated.				DATE SIGNED (Mo., Day, Yr.)	HOUR OF DEATH	
21a. Signature <i>A. Willardo, M.D.</i>				21b. 2-18-83	M	
NAME AND ADDRESS OF CERTIFIER (Type or Print)				21c. ON 2-9-83	21e. AT 6:15 p.m.	
ALBERT T. WILLARDO, M.D., 2 293 NORTH MAIN ST., CROWN POINT, IN. 46307				22b. FEB 22 1983		
HEALTH OFFICER—Signature		DATE RECEIVED BY LOCAL HEALTH OFFICER			22a. <i>Wanda M. P.</i>	
23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR ALL (a) AND (b))		Interval between onset and death			23. Undetermined	
PART I (a) <i>cerebral hemorrhage due to trauma</i>		Interval between onset and death			23. 2-9-83	
(b) <i>to trauma</i>		Interval between onset and death			23. 2-9-83	
(c)		Interval between onset and death			23. 2-9-83	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		ALTOPT (Specify Yes or No)			24. NO	
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)	HOUR OF INJURY	DESCRIBE HOW INJURY OCCURRED		
25a. Accident		25b. 1/18/83	25c. M	25d. Fell downstairs		
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
25e. No		25f. Home	25g. 7343 Baring, Hammond, IN.			

Bad Original