126118-85

834276

AFFIDAVIT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Mary Skratsky , being first duly sworn upon oath deposes and says:

l. That her husband his wife, Joseph Skratsky died without leaving a will on February 24 , 1985 at St. Margaret Hospital, Hammond, Indiana

2. That they were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

See Attached

FILED

DEC 20 1985

AUDITOS LAKE COUNTY

PEC 24 9 37 AM 185
RUDOLPH CLAY
RECORDER

- 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 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, did not equal or exceed \$60,000.00.

Further affiant sayeth not.

Mary Skratsky

Mary Skratsky

Subscribed and sworn to before me this

17th day o

Dec

19_85_.

NOTARY PUBLIC

Jamis R. Bloom

County of Residence: Lake

2-13-88

My Commission Expires:

This instrument was prepared by: Mary Skratsky

1051

YPE OR PRINT	THE BUSINESS	C É						_		
YPE OR PRINT	rrillville, Indiana									
IN PARINO INV		184					DE OE DEAMY State			
THIS IS A	Local No.	MEDICAL CERTIFICATE OF DEATH State								
PERMANENT	TYPE OR PRINT	DECEASED-NAME	INST	MODLE LAST	SE		DATE OF DEATH IMON	- ·		
•	E TYPE OR PRINT IN PERMANENT	1	Joseph			lale				
RECORD	J CN INK	RACE—(e.g. Whise Black, American Indian, sic ((Epochy)	(7)11	DER 1 YEAR UNDER 1 DAY	DATE OF BIRTH IM DOT	COUNTY	OF DEATH			
sw for State Office Use	N O O O O O O O O O O O O O O O O O O O	4. White	50 O	be	DATE BE NOV.18,1917 , I					
	HANDBOOK	CITY, TOWN OR LOCATION OF DEATH		4	HOSPITAL OR OTHER INSTITUTION—Have jet not in pales give street and number;		IF HOSP OR INST Indicate DOA OP/Lane Rim Indicate DOA			
🙉 1	N ON ON	75 Hammond			n St. Margaret Hospital		74 Inpatient			
CERTIFICATE OF DEATIMOND HEALTH DEPT	DECEASED	STATE OF BIRTH IN AND IN U.S.A.	CITIZEN OF WHAT COUNTRY	WIDOWED, DIVORCED (Sunda)			WAS DECEDENT EVER IN U.S. ARMED FORCES?			
		• Michigan	, USA			arkas)		12. WW LI		
		SOCIAL SECURITY NUMBER	1.	USUAL OCCUPATION (One land of most done during most of Creneman Creneman Links of Creneman Links of Creneman Links of Co.						
	USUAL RESIDENCE	13		140			Inland Steel CO.			
	WHERE DECEASED	RESIDENCE-STATE	COUNTY	CITY, TOWN OR LOCATION						
	SUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE	Indiana.	Lake Lake	Hammond Hammond						
19 HO 1 = N	RESIDENCE BEFORE	anner with items in	A		IS RESID	ENCE ON A FARM?		INSIDE CITY LIMITS (SPECHY YES ON NO)		
: E C 2 1	ADMISSION.	Lalenz Michi			160	YES NO	<u>*</u>	161 Yes		
OND HOUTH	Z	IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC.								
ETE COPÝ OF THE E WITH THE HAN 27 1985 HAMMC LICH	FUNERAL LICENSE STANDER	16g YES NO D								
	D PARENTS	FATHER-NAME PIRST	_	MI D b.a.l.m.a	MAN HEDIAM—REHTOM	Ann"	Stup1			
	S S PARENTS	1.0	ictor S	kratsky	17	AMILI	- Stupi			
	, Fr 7	Mary Skratsky 1802 Michigan Ave., Hammond, Ind. 46320								
		"Mary Skrat	<u> </u>		185					
	ζ	BURIAL, CREMATION, REMOVAL, OTHER (James)				LOCATION GIT OR TOWN STATE				
	DISPOSITION	Burial		Calumet Park Cometery Merrillville, Ind.						
	_ %	DATE (MOSTH, DAY, YEAR)	000	FUNERAL HOME - HAME AND ADDRESS ISTREET ON REFO NO. CITY ON FOWN STATE. JPT						
	K	Feb. 27, 1985 Solan Funeral Home, 7109 Calumet Ave., Hammond, Ind.								
	·)	To the book of any knowledge death accurse Caves(1) protect	d at the time, date and place the due to the	112/12		100	HOUR OF DEA	7-2"4		
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COMPION ON FILE	3 OR	NAME OF ATTENDING PHYSICIAN (Type of Print) R. Shah, M. D.								
COMP COMP ON F	\$ 0.0.	210								
= 550 T las	24	MAILING ADDRESS - PHYSICIAN 110 Ridge Road, Munster, Indiana 46321								
KEY 37-11-36	13	210 ")		Modu, Munscer,	THUTANA 405					
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Toward / /	CAUSE	DUI 10 OA AS A COMES ON INCE OF					DEC 20 1985"			
· Provisional		PART OF A SIGNIFICANT CONDITION	Chig. Candicions contributing to death but n	of related to couse given in PART ((a)				AUTOPST (Specify Fee or Res		
Certificate Yes No B	'ER	Λ .		ر ا سمست ، د	voi .		P. OC.	ii: no		
	FUNERAL	SBH 06 003	11				Dyels-17\s			
i i i i i i i i i i i i i i i i i i i	1 E 2	REV 10/77 State Form	35430				auditor lake co	JUNIT		

LEGAL DESCRIPTION

The North 173.55 feet of the following described parcel: Part of the Northeast 1/4 of the Worthwest 1/4 of Section 5, Township 36 North, Range 9 West of the Second Principal Meridian, in the City of Hammond, Lake County, Indiana, described as follows: Beginning at the Morthwest corner of the Northeast 1/4 of the Northwest 1/4 of said Section 5; thence Ract on the Worth line of said Section 5 a distance of 156.75 feet; thence South, parallel with the West line of the Northeast 1/4 of the Northwest 1/4 of said Section 5 a distance of 271.55 feet; thence West to the West line of said Mortheast 1/4 of the Forchwest 1/4; thence Worth to the place or beginning; except that part described as follows: Beginning at a point on the North line of said Northeast 1/4 of the Northwest 1/4 a distance of 114.75 feet East of the Northwest corner thereof; thence Past on said North line 42 feet; thence South, parallel with the West line of said Northeast 1/4 of the Northwest 1/4 a distance of 187.55 feet; thence West 42 feet; thence Worth 157.55 feet to the place of beginning.

End of Legal Description.

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