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FILED

JAN 10 1986

Julie O. Bruntz
AUDITOR LAKE COUNTY

3
STATE OF INDIANA)
) SS.
COUNTY OF LAKE)

AFFIDAVIT OF SURVIVORSHIP

MARY K. BONICK, being first duly sworn upon her oath, deposes and states as follows:

1. That your affiant's husband, namely, THOMAS J. BONICK, died on the 6th day of December 1985. That said decedent passed away leaving his Last Will and Testament dated August 27, 1980. Said will shall not, however, be tendered for probate.

2. That your affiant and her deceased husband were legally married at the time they acquired title, as husband and wife, to the following described real estate: *Key # 3-84-30 E 31*

Lots 31 and 32 in Block 3 in Dalecarlia Addition in Cedar Creek Township, Lake County, Indiana.

3. That the marital relationship which existed between your affiant and her deceased husband at the time they acquired title to the real estate described hereinabove, remained intact 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 property in which the decedent had an interest, either real, personal, tangible and mixed, was owned jointly with your affiant with rights of survivorship. That as a result of the marital relationship between your affiant and her deceased

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
JAN 10 3 05 PM '86
RUDOLPH CLAY
RECORDER

Barber + Bonello
517 71 Main
Co. At

7.00
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husband, neither federal estate taxes nor state inheritance taxes would be due and owing.

Further affiant saith not.

Mary K. Bonick
Mary K. Bonick

SUBSCRIBED and SWORN to
before me this 8 day
of January, 1986

Stanley Wilczynski, Jr.
Notary Public

PREPARED BY:

Stanley A. Wilczynski, Jr.
Attorney for Affiant
1515 Halsted Street
Chicago Heights, Illinois 60411
(312) 755-9133

Key # 3-84-30 E31 Nalvarcin 2.31 E 232 Bl.3

TYPE OR PRINT
PLAINLY, WITH
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EMBALMER'S NAME Edward Mellaney
FUNERAL DIRECTOR'S SIGNATURE *Jamene Miller*
LICENSE No. 1322
FUNERAL HOME No. 150

Local No. 2003-85

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

Barker & Scribble
51777 Main
Cult Dr
State No. 1630
511

DECEASED
PARENTS
DISPOSITION
M.D. OR D.O.
CAUSE

1 DECEASED - NAME FIRST MIDDLE LAST THOMAS J. BONICK, SR.		SEX MALE	DATE OF DEATH (MONTH DAY YEAR) DECEMBER 6, 1985
2 RACE WHITE	3 AGE (LAST BIRTHDAY) 54 71	4 UNDER 1 YEAR DAYS HOURS MINS 50 50 50	5 UNDER 1 DAY HOURS MINS 50 50
6 CITY TOWN OR LOCATION OF DEATH LOWELL		7 HOSPITAL OR OTHER INSTITUTION 685 S. LAKE VIEW DRIVE	8 IF HOSP OR INST (Specify DOA) AT HOME
9 STATE OF BIRTH ILLINOIS	10 CITIZEN OF WHAT COUNTRY USA	11 MARRIED (NEVER MARRIED) MARRIED	12 SURVIVING SPOUSE (Name, date of marriage) MARY HOLTMAN
13 SOCIAL SECURITY NUMBER 343 - 18 - 0175		14 USUAL OCCUPATION PHYSICIAN	15 KIND OF BUSINESS OR INDUSTRY MEDICAL DOCTOR
16 RESIDENCE - STATE ILLINOIS	17 COUNTY COOK	18 CITY TOWN OR LOCATION CHICAGO HEIGHTS	
19 STREET AND NUMBER 136 GREENBRIAR		20 IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	21 INSIDE CITY LIMITS (Specify City or Town) YES
22 IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN CUBAN PUERTO RICAN ETC YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
23 FATHER - NAME FIRST MIDDLE LAST THOMAS J. BONICK		24 MOTHER - MAIDEN NAME FIRST MIDDLE LAST EMMA C. SEITER	
25 INFORMANT - NAME (Type or print) RELATIONSHIP MARY BONICK		26 MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP 136 GREENBRIAR, CHICAGO HEIGHTS, ILLINOIS 60411	
27 BURIAL (EMERGENCY REMOVAL OTHER) 19a BURIAL		28 CEMETERY OR CREMATORY - FUNERAL HOME LOCATION CITY OR TOWN STATE ST. JAMES CEMETERY SAUK VILLAGE, ILLINOIS	
29 DATE (MONTH DAY YEAR) DECEMBER 9, 1985		30 FUNERAL HOME - NAME AND ADDRESS (STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP) FAGAN MILLER FUNERAL HOME, 1920 HART ST., DYER, IN 46311	
31 NAME OF ATTENDING PHYSICIAN (Type or print) RICHARD J. WALLIN, M.D.		32 DATE SIGNED (MO DAY YEAR) Dec. 9, 1985	33 HOUR OF DEATH 12:30 P.
34 MAILING ADDRESS - PHYSICIAN 1423 CHICAGO RD. CHICAGO HEIGHTS, ILL. 60411		35 DATE RECEIVED BY LOCAL HEALTH OFFICER 12-9-85	
36 HEALTH OFFICER - SIGNATURE <i>Edward Mellaney</i>		37	
38 PART I (a) IMMEDIATE CAUSE Severe Pulmonary Fibrosis		39 Interval between onset and death 4 yrs	
38 PART I (b) DUE TO OR AS A CONSEQUENCE OF		40 Interval between onset and death	
38 PART I (c) DUE TO OR AS A CONSEQUENCE OF		40 Interval between onset and death	
38 PART II OTHER SHORT AND LONG TERM CONDITIONS CONTRIBUTING TO CAUSE (Do not include in cause given in PART I)		41 AUTOPSY (Specify Yes or No) No	