

Hold - Ken Peterson

STATE OF INDIANA)
COUNTY OF LAKE) SS:

FILED

DEC 8 1986

Lucille O. Boilek
AUDITOR LAKE COUNTY

AFFIDAVIT OF SURVIVORSHIP

Comes now Lucille Boilek, being duly sworn upon her oath and states as follows:

That Lucille Boilek, is the owner in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

South 2.5 feet of Lot 39, all of Lots 40 and 41, Lot 42 except the South 2.5 feet thereof, as marked and laid down on the recorded plat of Unit 26 of Woodmar, Hammond, Lake County, Indiana, as the same appears of record in Plat Book 19, page 25, in the Recorder's Office of Lake County, Indiana.

STATE OF INDIANA
LAKE COUNTY
RECORDER'S OFFICE
DEC 8 9 50 AM '86
RECORDER

36-450-40

That the affiant and the decedent were married on the 19th day of January, 1946. That the decedent, Anthony Boilek and Lucille Boilek were husband and wife at the time they acquired title, as tenants by the entirety, to said real estate, by deed of conveyance dated the 11th day of December, 1952, and recorded in the Office of the Lake County Recorder.

That the marital relationship which existed between this affiant and Anthony Boilek, her husband, continued unbroken from the time they so acquired title to said real estate until the death of Anthony Boilek, her husband, on the 17th day of October, 1986, at which time this affiant acquired title to the real estate as surviving tenant by the entirety.

That the gross value of the estate of the decedent, Anthony Boilek, as determined for the purpose of Federal Estate Taxes, was less than the value required for the filing and

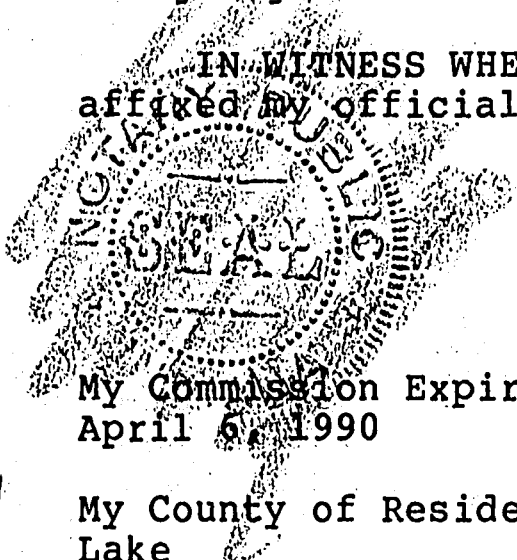
estate was not subject to Federal Estate Tax.

Lucille Boilek
LUCILLE BOILEK, Affiant

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public in and for said County and State, this 4th day of December, 1986, personally appeared LUCILLE BOILEK, and acknowledged the execution of the foregoing deed.

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



Pamela L. Bodamer
PAMELA L. BODAMER, Notary Public

My Commission Expires:
April 6, 1990

My County of Residence:
Lake

THIS INSTRUMENT PREPARED BY
JOSEPH ALLEGRETTI

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPT. OCT 23 1986

#36-450-40
 TYPE OR PRINT PLAINLY, WITH UNFADING INK THIS IS A PERMANENT RECORD Below for State Office

FILED
 DEC 8 1986
 FUNERAL HOME
 756
 LICENSE No. 1617
 FUNERAL DIRECTOR'S LICENSE No. 94
 EMBALMER'S NAME: Edgal Gleim
 FUNERAL DIRECTOR'S SIGNATURE: [Signature]
 HAMMOND HEALTH COMMISSIONER: [Signature]
 W. W. [Signature] # 26151 St 39, All

Local No. 701
 TYPE OR PRINT IN PERMANENT INK INSTRUCTIONS TO BE FOLDED TO BE OPENED BY DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION

PARENTS

DISPOSITION

M.D. OR D.D.

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

CAUSE

INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

State No. 180
 DATE OF DEATH (MONTH DAY YEAR)

DECEASED—NAME 1 Anthony J. Boilek			SEX 2 Male	DATE OF DEATH (MONTH DAY YEAR) 3 Oct. 17, 1986	
RACE—(to g. White, Black, American Indian, etc.) 4 White	AGE—Last Birthday (Yr. Mo. Day) 5a 67	UNDER 1 YEAR 5b	UNDER 1 DAY 5c	DATE OF BIRTH (Mo. Day Yr.) 6 Dec. 18, 1918	COUNTY OF DEATH 7a Lake
CITY, TOWN OR LOCATION OF DEATH 7b Hammond		HOSPITAL OR OTHER INSTITUTION—Name if not in either give street and number 7c St. Margaret Hospital		IF HOSP OR INST indicate DOA OP (Enter Rm. Inpatient) (Specify) 7d Inpatient	
STATE OF BIRTH (if not in U.S.A. name country) 8 Indiana	CITIZEN OF WHAT COUNTRY 9 U.S.A.	MARRIED NEVER MARRIED WIDOWED, DIVORCED (Specify) 10 Married	SURVIVING SPOUSE (if wife give maiden name) 11 Lucille Novak		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yr. or Mo. Yr.) 12 Yes
SOCIAL SECURITY NUMBER 13 306-01-9752		USUAL OCCUPATION (Give kind of work done during most of working life even if retired) 14a Electrician Inspector	KIND OF BUSINESS OR INDUSTRY 14b Steel Co.		
RESIDENCE—STATE 15a Indiana	COUNTY 15b Lake	CITY, TOWN OR LOCATION 15c Hammond		IS RESIDENCE ON A FARM? 15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INSIDE CITY LIMITS (Specify YES OR NO) 15f Yes
STREET AND NUMBER 15d 7822 Northcot					
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 16 Unavailable			MOTHER—MAIDEN NAME FIRST MIDDLE LAST 17 Unavailable		
INFORMANT—NAME (Type or print) RELATIONSHIP 18a Lucille Boilek WIFE		MAILING ADDRESS STREET OR R.F.D. NO CITY OR TOWN STATE ZIP 18b 7822 Northcot Hammond, Indiana			
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a Burial		CEMETERY OR CREMATORY—FUNERAL HOME 19b St. John Cemetery		LOCATION CITY OR TOWN STATE 19c Hammond, Indiana	
DATE (MONTH DAY YEAR) 20a Oct. 20, 1986		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP) 20b Kuiper Funeral Home 9039 Kleinman Rd. Highland, Indiana			
To the best of my knowledge death occurred at the time, date and place and due to the cause(s) stated 21a Signature [Signature]			DATE SIGNED (Mo. Day Yr.) 21b 10-17-86	HOUR OF DEATH 21c 4 AM	
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d A. T. WILLARD, MD			MAILING ADDRESS—PHYSICIAN 21e 7150 INDIANAPOLIS HAMMOND INP		
HEALTH OFFICER—SIGNATURE 22a [Signature]			DATE RECEIVED BY LOCAL HEALTH OFFICER 22b OCT 20 1986		
PART I (a) Cerebral vascular accident due		INTERVAL BETWEEN ONSET AND DEATH unknown			
(b) to cerebral aneurysm.		INTERVAL BETWEEN ONSET AND DEATH			
(c) Pneumonia hypostatica.		INTERVAL BETWEEN ONSET AND DEATH			
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in Part I (a) 23			AUTOPSY (Specify Yr. or Mo. Yr.) 24		



LEGAL DESCRIPTION:

South 2.5 feet of Lot 39, Lots 40 and 41, Lot 42 except the South 2.5 feet thereof, as marked and laid down on the recorded plat of Unit 26 of Woodmar, Hammond, Lake County, Indiana, as the same appears of record in Plat Book 19, page 25, of the Recorder's Office of Lake County, Indiana.

Key No. 36-450-40