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AFFIDAVIT

TICOR TITLE INSURANCE
Highland, Indiana

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Marie R. Ficht, being first duly sworn upon oath, deposes and says:

1. That Affiant's spouse, Stanley F. Ficht died (~~without leaving a will~~) (leaving a will) on Feb. 9 1982 at Munster Ind

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

Lots 36, 37 and 38 in Block 1 in St. Mary's Addition to Griffith, as per plat thereof, recorded in Plat Book 21 page 54, in the Office of the Recorder of Lake County, Indiana.

#26-153-36

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) (~~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.

DEC 26 1986
FILED
STATE OF INDIANA
LAKE COUNTY
RECORDER OF DEEDS

Further affiant sayeth not.

Marie R. Ficht
Marie R. Ficht
AUDITOR LAKE COUNTY

Subscribed and sworn to before me, a Notary Public, this 18th day of December, 1986.

G. Jean McMichael
G. Jean McMichael Notary Public

My Commission expires: 12-3-89

County of Residence: Lake

This Instrument prepared by Marie R. Ficht

L.S. 36, 37 & 38, Blk. 1, St. Mary's Add. to Griffith, Lake Co., In. 21/54
 Unit 15 Key No. 36-153-36

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

Below for State Office Use

A _____
 B _____
 C _____
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 E _____
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Disposition Permit Issued / /
 Provisional Certificate
 Yes No

EMBALMER'S NAME EDWARD MULLSNEY

FUNERAL DIRECTOR'S SIGNATURE

FUNERAL DIRECTOR'S LICENSE No. 1322

FUNERAL HOME No. 275

CONDITIONS OF ANY BURIAL PERMIT TO BE FULFILLED BY THE UNDERTAKER IN STATING THE UNDERLYING CAUSE LAST

DECEASED'S SIGNATURE
 I HEREBY CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE ORIGINAL RECORD AS KEPT IN THE OFFICE OF THE HEALTH COMMISSIONER OF INDIANA

Local No. 232-82

INDIANA STATE BOARD OF HEALTH
 MEDICAL CERTIFICATE OF DEATH

State No. _____

15539

DECEASED—NAME 1. STANLEY FRANCES FICHT		SEX MALE	DATE OF DEATH (MONTH, DAY, YEAR) FEB. 9, 1982
RACE—(e.g. White, Black, American Indian, etc.) 4. WHITE	AGE—(Last Birthday) 6a. 79	UNDER 1 YEAR 7a. MO. DAYS	UNDER 1 DAY 7b. HOURS MIN.
CITY, TOWN OR LOCATION OF DEATH 7d. MUNSTER		HOSPITAL OR OTHER INSTITUTION—(Name if not in other part and number) 7c. COMMUNITY HOSPITAL	
STATE OF BIRTH (if not in U.S.A.) 8. ILL.	CITIZEN OF WHAT COUNTRY 9. U.S.A.	MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10. MARRIED	SURVIVING SPOUSE (if male, give maiden name) 11. MARIE R. SYLVESTER
SOCIAL SECURITY NUMBER 13. 335-10-4381		USUAL OCCUPATION (Give kind of work done during most of life) 14a. RETIRED FOREMAN	KIND OF BUSINESS OR INDUSTRY 14b. BLAW KNOX
RESIDENCE—STATE 16a. IND.	COUNTY 16b. LAKE	CITY, TOWN OR LOCATION 16c. GRIFFITH	
STREET AND NUMBER 16d. 626 N. LAFAYETTE		IS RESIDENCE ON A FARM? 16e. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INSIDE CITY LIMITS (Specify YES or NO) 16f. YES
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 19g. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
FATHER—NAME 18. AUGUST FICHT		MOTHER—MAIDEN NAME 17. MARY	
INFORMANT—NAME (If not at home) 18a. MARIE FICHT WIFE	MAILING ADDRESS 18b. 626 N. LAFAYETTE GRIFFITH IND. 46319	CITY OR TOWN STATE ZIP	
BURIAL, CREMATION, REMOVAL OTHER (Specify) 19a. BURIAL	CEMETERY OR CREMATORY—FUNERAL HOME 19b. CHAPEL LAWN MEMORIAL GARDENS SCHERERVILLE IND.	LOCATION CITY OR TOWN STATE	
DATE (MONTH, DAY, YEAR) 20a. FEB. 11, 1982	FUNERAL HOME—NAME AND ADDRESS 20c. FAGEN-MILLER FUNERAL GARDENS GRIFFITH IND. 46319	STREET OR R.F.D. NO. CITY OR TOWN, STATE, ZIP	
To the best of my knowledge, death occurred on the date, time and place and due to the essential cause 21a. Joseph M. SIEKIERSKI MD		DATE SIGNED (Mo., Day, Yr.) 21b. 2-15-82	HOUR OF DEATH 21c. 11:06 AM
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d. Joseph M. SIEKIERSKI MD		MAILING ADDRESS—PHYSICIAN 21e. 145 N. Griffith Blvd Griffith, In 46319	
HEALTH OFFICER—SIGNATURE 22a. Peter [Signature]		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b. 2-17-82	
23. IMMEDIATE CAUSE (IF IN DAY ONE CAUSE PER LINE FOR (a), (b), AND (c))			
PART I (a) Coronary Myocardial Infarction		Interval between onset and death	
(b) Hypertensive arteriosclerotic heart disease		Interval between onset and death	
(c) Diabetes mellitus		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS—(Conditions contributing to death but not related to cause given in PART I)		AUTOPSY (Specify Yes or No) 24.	