

952420

SUPPLEMENTAL AFFIDAVIT

STATE OF INDIANA )  
                          ) SS:  
COUNTY OF LAKE )

I, DOROTHY KALETTA, being first duly sworn upon oath, deposes and says:

(g) I am the daughter of Paul and Mary Bain. Paul Bain having died in 1974 without leaving a will. Mary Bain died in 1982 with the following heirs:

1. John Bain
2. Andrew Bain
3. Louis Bain (DECEASED)
4. Michael Bain
5. Danny Bain
6. Dorothy Kaletta
7. Eleanore Williamson
8. Betty Beatty
9. Marilyn Bagley

(h) That said parties owned the following:

Lots 30 and 32 in Block 11 in Red Oak Second Addition to Tolleston, as per plat thereof, recorded in Plat Book 7 page 32, in the Office of the Recorder of Lake County, Indiana.

49-304-39

which they owned jointly until the death of Paul Bain.

(i) Mary Bain left a will designating all children listed in (g) in equal shares but the will was not probated.

(j) That the heirs and devisees of the will are one and the same.

Further affiant sayeth not.

*Dorothy Kaletta*  
DOROTHY KALETTA

Subscribed and sworn to before me, a Notary Public, this 21 day of October, 1987.

*Jennifer Giorgi Sefton*  
NOTARY PUBLIC  
Jennifer Giorgi Sefton

My Commission Expires:

3-1-91  
Resident of Lake County

This instrument prepared by Andrew V. Giorgi, 5696 Broadway, Merrillville, In. 46410

TICOR TITLE INSURANCE  
Crown Point, Indiana

STATE OF INDIANA/S.S. NO.  
LAKE COUNTY  
FILED FOR RECORD

DEC 2 9 09 AM '87  
WILLIAM BLASTICK  
L.C. RECORDER

NOV 20 1987

*Andrew V. Giorgi*  
AUDITOR LAKE COUNTY

137024-1

*J*  
*200*

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

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

Local No. **74-6638**

State No. *117*

PERMANENT INK  
SEE HANDBOOK FOR  
INSTRUCTIONS

DECEASED—NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)

1. **PAUL (BAIN) BAJIN** 2. **MALE** 3. **JUNE 5, 1974**

RACE AGE—LAST BIRTHDAY (YEARS) UNDER 1 YEAR MOS. DAYS UNDER 1 DAY HOURS MIN. DATE OF BIRTH (MONTH, DAY, YEAR) COUNTY OF DEATH

4. **WHITE** 5a. **84** 5b. 5c. 6. **April 27, 1890** 7a. **LAKE**

CITY, TOWN, OR LOCATION OF DEATH INSIDE CITY LIMITS (SPECIFY YES OR NO) HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)

7b. **GARY** 7c. **YES** 7d. **3756 GARFIELD STREET**

DECEASED STATE OF BIRTH (IF NOT IN U.S.A.) CITIZEN OF WHAT COUNTRY MARRIED  NEVER MARRIED  SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)

8. **JUGOSLAVIA** 9. **U.S.A.** 10. **MARY BAHRIK**

USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION. SOCIAL SECURITY NUMBER USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) KIND OF BUSINESS OR INDUSTRY

11. **313 07 6419** 12. **RETIRED** 13b. **U.S. STEEL**

RESIDENCE—STATE COUNTY CITY, TOWN OR LOCATION INSIDE CITY LIMITS (SPECIFY YES OR NO) TOWNSHIP

14a. **INDIANA** 14b. **LAKE** 14c. **GARY** 14d. **YES** 14e. **CALUMET**

STREET AND NUMBER 14f. **3756 Garfield Street.** 14g. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 14h. IS RESIDENCE ON A FARM? (If yes, give war or dates of service)

14g. **NO** 14h. **NO**

PARENTS FATHER—NAME FIRST MIDDLE LAST MOTHER—MAIDEN NAME FIRST MIDDLE LAST

15. **Arthur Bajin** 16. **Sophia**

INFORMANT—NAME RELATIONSHIP MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

17a. **Mary Bajin** 17b. **Wife** 17c. **3756 Garfield St. Gary, Ind.**

PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)] APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

18. IMMEDIATE CAUSE

(a) *Neuronitis.* 2 weeks

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST

(b) *Arteriosclerotic Heart disease 10 yrs*

(c) *...*

CAUSE

PART II. OTHER SIGNIFICANT CONDITIONS GIVEN IN PART I (A) CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE AUTOPSY YES  NO  IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b. YES  NO

DATE & TIME OF DEATH MONTH DAY YEAR HOUR DATE SIGNED MONTH DAY YEAR

20. **NOV 25 1987** 21a. *David M. Cantox*

PHYSICIAN'S NAME (TYPE OR PRINT) LAST IN ATTENDANCE AUDITOR LAKE COUNTY SIGNATURE OF PHYSICIAN PHY. CODE NO.

22a. **DR. A.J. ABRAMSON** 22b. *James I. Wiatrolak*

MAILING ADDRESS—PHYSICIAN STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP

23. **3290 Grant Street** **Gary, Indiana**

BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY, CREMATORY, FUNERAL HOME LOCATION CITY OR TOWN STATE

24a. **Burial** 24b. **St. Marys Cem.** 24c. **Gary, Indiana**

DATE (MONTH, DAY, YEAR) FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

24d. **June 8, 1974** 25a. **Stilnovich, Palmer & Wiatrolak 4213 Broadway Gary,**

HEALTH OFFICER—SIGNATURE DATE RECEIVED HEALTH OFFICER

25b. *James I. Wiatrolak* 25c. **11 1974**

Below for State Office Use

- A \_\_\_\_\_
- B \_\_\_\_\_
- C \_\_\_\_\_
- D \_\_\_\_\_
- E \_\_\_\_\_
- F \_\_\_\_\_
- G \_\_\_\_\_
- H \_\_\_\_\_
- I \_\_\_\_\_
- J \_\_\_\_\_
- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_
- 6 \_\_\_\_\_
- 7 \_\_\_\_\_
- 8 \_\_\_\_\_

Disposition Permit Issued / / Provisional Certificate  Yes  No

FUNERAL HOME No. **242**

FUNERAL DIRECTOR'S No. **968**

EMBALMER'S NAME **Erwin B. Cook**

FUNERAL DIRECTOR'S SIGNATURE *Robert Wiatrolak*

M. D. OR D. O.

DISPOSITION

6581

137049



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

Below for State Office Use

- A \_\_\_\_\_
- B \_\_\_\_\_
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- 9 \_\_\_\_\_
- 10 \_\_\_\_\_
- 11 \_\_\_\_\_
- 12 \_\_\_\_\_

THIS IS A TRUE AND  
 CORRECT COPY OF THE  
 MEDICAL CERTIFICATE OF DEATH  
 WHICH WILL BE FILED WITH THE LAKE COUNTY HEALTH DEPT.

137074

# INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

State No. \_\_\_\_\_

1831

Local No. 1227-82

FUNERAL HOME No. 242  
 FUNERAL DIRECTORS LICENSE No. 968  
 EMBALMER'S NAME James Gholston AUG 9 1982 LICENSE No. 419  
 FUNERAL DIRECTOR'S SIGNATURE Robert Wolfe LICENSE No. 968  
 SIGNATURE see freey

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK  
 DECEASED  
 USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION  
 PARENTS  
 DISPOSITION  
 M.O.D.  
 LAKE COUNTY HEALTH COMMISSIONER  
 CAUSE

DECEASED—NAME FIRST MIDDLE LAST <b>MARY (BAIN) BAJIN</b>			SEX <b>FEMALE</b>	DATE OF DEATH (MONTH, DAY, YEAR) <b>AUGUST 7th, 1982</b>
RACE—Is it White, Black, American Indian, etc. (Specify) <b>White</b>		AGE—Last Birthday (Yrs.) <b>81</b>	UNDER 1 YEAR MO'S DAYS HOURS MINS <b>Jan. 19, 1901</b>	COUNTY OF DEATH <b>Lake</b>
CITY, TOWN OR LOCATION OF DEATH <b>Hobart</b>		HOSPITAL OR OTHER INSTITUTION—Name (if not in other part) street and number <b>204 S. Virginia Street</b>		IF HOSP OR INST. Associate DDA OP (Enter Num. Institution License) <b>0</b>
STATE OF BIRTH (If not in U.S.A. Name Country) <b>Austria-Hungary</b>	CITIZEN OF WHAT COUNTRY <b>USA</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	SURVIVING SPOUSE (If not in other part) name <b>11</b>	
SOCIAL SECURITY NUMBER <b>303 70 5835</b>		USUAL OCCUPATION (If no kind of work done during most of working life, give it) <b>Housewife</b>	KIND OF BUSINESS OR INDUSTRY <b>Self</b>	
RESIDENCE—STATE <b>Indiana</b>	COUNTY <b>Lake</b>	CITY, TOWN OR LOCATION <b>Hobart</b>		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) <b>no</b>
STREET AND NUMBER <b>204 S. Virginia Street</b>		IS RESIDENCE ON A FARM? <b>NO</b>	DATE RECEIVED BY LOCAL HEALTH OFFICER <b>NOV 25 1982</b>	INSIDE CITY LIMITS (Specify Yes or No) <b>no</b>
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. <b>15g YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>				
FATHER—NAME FIRST MIDDLE LAST <b>John Svihra</b>		MOTHER—MAIDEN NAME <b>Anna Mních</b>		
INFORMANT—NAME (If not in other part) RELATIONSHIP <b>Dorothy Kaletta Daughter</b>		MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP <b>204 S. Virginia St. Hobart, Ind.</b>		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>		CEMETERY OR CREMATORY—FUNERAL HOME <b>St. Marys Cem.</b>	LOCATION CITY OR TOWN STATE <b>Gary, Indiana</b>	
DATE (MONTH, DAY, YEAR) <b>August 10th, 1982</b>		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) <b>Stilnovich, Palmer &amp; Wiatroluk 4213 Bdwy. Gary, Indiana</b>		
To the best of my knowledge, death occurred at this time, date and place and it is the causal event. 21a (Signature) <u>Robert H. Wolfe</u>		DATE SIGNED (Mo., Day, Yr.) <b>8/9/82</b>	21c. _____ M	
NAME OF ATTENDING PHYSICIAN (Type or Print) <b>Dr. Robt. Wolfe</b>				
MAILING ADDRESS—PHYSICIAN <b>3585 Broadway Merrillville, Indiana</b>				
HEALTH OFFICER— <b>see freey M.D.</b>			DATE RECEIVED BY LOCAL HEALTH OFFICER <b>8-9-82</b>	
22a. _____				
23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR IN (a) AND (b)) PART I (a) <b>Cardiorespiratory Arrest</b> —DUE TO, OR AS A CONSEQUENCE OF (b) <b>Congestive heart failure</b> —DUE TO, OR AS A CONSEQUENCE OF (c) _____				
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given on PART I (a) <b>Carcinoma Bladder</b>				