

954689

34-53

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

A F F I D A V I T

ANTHONY KOSTEBA, being first duly sworn upon his oath, states:

1. That he resides at 6722 Carolina Avenue, City of Hammond, County of Lake, State of Indiana.

2. That he is the surviving widower of LILA M. KOSTEBA, who died a resident of the City of Hammond, County of Lake, State of Indiana on November 15, 1987.

3. That he is the surviving and exclusive owner of the following parcel of real property, which is located in the City of Hammond, County of Lake, State of Indiana:

The north half (1/2) of Lot 6, Block 3, Hartman's Gardens, 2nd Addition, Hammond, as per plat thereof, recorded in Plat Book 16, Page 9, in the office of the Recorder of Lake County, Indiana

4. That Exhibit "A", attached hereto, is a true, correct and authentic copy of the death certificate of the aforesaid LILA M. KOSTEBA.

DEC 15 1 18 PM '87
INDIAN BLASTOR
RECORDER

Anthony Kosteba
ANTHONY KOSTEBA

SUBSCRIBED and SWORN to before me, a Notary Public, this 8 day of December, 1987.

Kenneth M. Wilk
KENNETH M. WILK
NOTARY PUBLIC
STATE OF INDIANA

My Commission Expires: 2/5/91
County of Residence: Lake

This Document Prepared By: Kenneth M. Wilk, Attorney at Law,
3235 - 45th Street, Highland, IN 46322

FILED

DEC 14 1987

Anna M. Antone
AUDITOR LAKE COUNTY

520
5/50

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

Below for State Office Use

Wanda N. Ar...
NOTOR LAKE COUNTY

11-29-87 # 34-53-11
NOV 16 1987
Data Issued
7663
663

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

HAMMOND HEALTH COMMISSIONER
EMBALMER'S NAME Charles D. Scheuer, Jr.
FUNERAL DIRECTOR'S SIGNATURE *Charles D. Scheuer, Jr.*
LICENSE No. 1006049
FUNERAL HOME LICENSE No. 1006049

FUNERAL HOME
No. 3002869

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No.

Local No. 876

DECEASED—NAME 1 Lila M. Kosteba			SEX Female	DATE OF DEATH (MONTH DAY YEAR) Nov 15, 1987
RACE—(10 g. When Black American Indian or 11 specify) White	AGE—Last Birthday (11 g. 12 g. 13 g.) 56 62	UNDER 1 YEAR MOS DATE	UNDER 1 DAY HOURS MIN	DATE OF BIRTH (Mo. Day Yr.) Apr 10, 1925
CITY, TOWN OR LOCATION OF DEATH Hammond		HOSPITAL OR OTHER INSTITUTION—(Name if not in other gross street and number) 6722 Carolina Avenue		IF HOSP OR INST. Indicate DOA, Or 12 hour Rm. Inpatient (Specify) N/A
STATE OF BIRTH (If not in U.S.A. name country) Wisconsin	CITIZEN OF WHAT COUNTRY USA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	SURVIVING SPOUSE (If wife give maiden name) Anthony Kosteba	WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yr. or Mo.) No
SOCIAL SECURITY NUMBER 1397-12-7330		USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Office Clerk		KIND OF BUSINESS OR INDUSTRY Inland Steel Company
RESIDENCE—STATE Indiana	COUNTY Lake	CITY, TOWN OR LOCATION Hammond		
STREET AND NUMBER 6722 Carolina Avenue			IS RESIDENCE ON A FARM? NO	INSIDE CITY LIMITS (Specify Yes or No) Yes
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. NO				
FATHER—NAME Milton Krueger		MOTHER—MAIDEN NAME Ann Fassbender		
INFORMANT—NAME (Type or print) RELATIONSHIP Anthony Kosteba, Husband		MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP 6722 Carolina Avenue, Hammond, Indiana 46323		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		CEMETERY OR CREMATORY—FUNERAL HOME LOCATION CITY OR TOWN STATE Holy Cross Cemetery Calumet City, Illinois		
DATE (MONTH DAY YEAR) Nov 17, 1987		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP) Virgil Huber Funeral Home, 7051 Kennedy Hammond, IN 46323		
To the best of my knowledge death occurred at the time, date and place given to the coroner stated 21b (Signature) <i>John W. George M.D.</i>		DATE SIGNED (Mo. Day Yr.) 11-16-87	HOUR OF DEATH 12:30A	
NAME OF ATTENDING PHYSICIAN (Type or Print) Dr. J.W. George M.D.		MAILING ADDRESS—PHYSICIAN 7905 Calumet Ave., Munster, IN 46321		
HEALTH OFFICER'S SIGNATURE <i>Franklin D. Resnu de M. S.</i>			DATE RECEIVED BY LOCAL HEALTH OFFICER NOV 16 1987	
CONDITIONS IN ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST PART I (a) Cardiac Arrest DUE TO OR AS A CONSEQUENCE OF (b) Acute Myocardial Infarction DUE TO OR AS A CONSEQUENCE OF (c) Emphysema				
PART II OTHER SIGNIFICANT CONDITION—(Conditions contributing to death but not related to cause given in PART I.)				AUTOPSY (Specify Yes or No) No

SBH 06-003 State Form 35430
REV. 10/77

EXHIBIT "A"