

Return to: Henry S. Kowalczyk, 5246 Hohman Avenue, Hammond, IN 46320

2  
974806

STATE OF INDIANA )  
COUNTY OF LAKE ) SS:

AFFIDAVIT OF SURVIVORSHIP

John L. Miga, being first duly sworn upon his oath deposes and says:

1. That he is an adult, residing at 914 N. Arbogast Street, Griffith, Indiana.

2. That his wife, Nancy Elizabeth Miga, died on the 17th day of April, 1988, domiciled in Lake County, Indiana at the aforementioned address.

3. That the decedent and her husband, John L. Miga, were holders and owners of the following described real estate in Lake County, Indiana,

Vinegardens Third (3rd) Addition  
to Griffith, North one-half (N 1/2)  
Out Lot C. (Commonly known as  
914 N. Arbogast, Griffith, Indiana)

Key No. 26-267-24

which they held as tenants by the entireties.

4. That they were married unto each other for the entire period from acquiring title thereto until her said death.

5. That all the assets of said deceased, Nancy Elizabeth Miga, which would be includable for Federal Estate Tax and Indiana Inheritance Tax purposes, including joint accounts and life insurance on decedent's life were not sufficient to necessitate payment of any such taxes.

6. That this affidavit is given to induce the Auditor of Lake County, Indiana to change the records of said office to show that affiant is now sole owner of the fee simple, of the aforementioned real estate, as surviving tenant.

7. That attached hereto is a Certificate of Death of said Nancy Elizabeth Miga.

Further affiant sayeth not.

**FILED**

APR 28 1988

*Anna N. Anton*  
AUDITOR LAKE COUNTY

*John L. Miga*  
John L. Miga

Subscribed and sworn to before me, a Notary Public, this 25<sup>th</sup> day of April, 1988.

My Commission Expires:

*Henry S. Kowalczyk*  
Notary Public  
Resident of Lake County

WILLIAM A. BLASTICK  
RECORDER, LAKE COUNTY  
CRIMINAL JUSTICE CENTER  
FILED FOR RECORD  
APR 28 1 21 PM 1988  
46307

5.46

INDIANA STATE BOARD OF HEALTH

CERTIFICATE OF DEATH

Local No. 835-88

State No.

TYPE/PRINT IN PERMANENT BLACK-INK

Form with fields for DECEASED NAME (Nancy E. Miga), SOCIAL SECURITY NUMBER (315-09-5752), DATE OF BIRTH (May 18, 1911), PLACE OF BIRTH (Homer, Illinois), DEATH DATE (April 17, 1988), and SIGNATURE OF CERTIFIER (Charles Johnson).

DECEDENT

PARENTS

INFORMANT

DISPOSITION

PRONOUNCING PHYSICIAN ONLY

ITEMS 24-26 MUST BE COMPLETED BY PERSON WHO PRONOUNCES DEATH

FILED

APR 28 1988

Case No. 1000

DEATH CERTIFICATE COMPLETE COPY TO BE RETURNED TO HEALTH DEPT. SEE INSTRUCTIONS

CERTIFIER

HEALTH OFFICER

CORONER OR MEDICAL EXAMINER USE ONLY

Vine Gardens 3rd Out Lot C. # 26-267-24

1374