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

2 974806

STATE OF INDIANA) 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 Niga, 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) 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 said Nancy Elizabeth Miga.

FILED

Further affiant sayeth not.

APR 28 1988

augu n. antosc AUDITOR LAKE COUNTY John L. Niga

Subscribed and sworn to before me, a Notary Public,

My Commission Expires:

Motary Public
Resident of Lake County

1373

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Local No. 8 35-88

INDIANA STATE BOARD OF HEALTH ** CERTIFICATE OF DEATH

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State No.		 	,,,,	 	

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TYPE/PRINT	I DECEASED-HAME FIR	•	icole E. Mi	LAST				ate of Death 146 of pril 17.]			
PERMANENT	4 SOCIAL SECURITY NUMBER	Sa. AGE-Last Birthday	56 UNDER 1 YEAR	Sc UNDER	1 DAY 5 DATE OF	F BIRTH (Month	7 BIRTHPLACE (ary and State or Foreign			
BLACK INK	315-09-5752 76 Mounts Days Mours Mundes May 18,1911 Homer, Illinois										
	B YEAR LAST SERVED IN US ARMED FORCES!	HOSPITAL DIA	П св.О		OF DEATH (Check only of OTHER DANGER			arabi			
DECEDENT	9b FACILITY NAME (If not institution give street and number) 9c CITY, TOWN OR LOCATION OF DEATH 9d. COUNTY OF DE										
	914 N. Arbogast Griffith Lake										
	NARITAL STATUS—Married 11. SURVIVING SPOUSE 12a DECEDENT'S USUAL Never Married. Widowed. (If wile give medicin name) (Give hind of work down down down down down down down down							. ,			
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	13e INSIDE CITY 13f. FARM LIMITS7 (Yes or no)	t3g ZIP CODE		s - If yes, specify Cuban				CEDENT'S EDUCATION This highest grade comple			
	Yes No	46319	Mexican Puerto Ri Specify	can esc) EXNO E		hite	Elementary/Seconds	ry (0.12) College (1-4 or 5 +)		
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INFORMANT	19a INFORMANTS NAME CType Print	ric near	196 MAILING	ADCRESS (Street and			own State Zip Code	19¢ Relationship			
in orman	John Miga		914 N	. Arbogas				Husban	<u>d</u>		
	X Burial Cremation D	Removal from State		oril 20, 1		ry or	e LOCATION—CA	y or fown State			
DISPOSITION	Donation Other (Specify)	na .		Lawn Ce			Scherery	rille. Ind	iana_		
				cl Licensee)	Kuiper	Funeral	. Home 90	39 Kleinm	an Rd.		
PRONOUNCING	Complete items 23å-c only	(pu)		1014511		~~~~~~		300-7500			
PHYSICIAN ONLY	when certifying physician is not available at time of death	To the best of my know	Niedge, deeth occurred at fr	e time: date and place s	rated	23b. LICENSE	NUMBER	23c. DATE SIG (Month, Da			
ITEMS 24-26 MUST BE COMMPLETED BY		Signature and Title <	DEAD (Month Day, Year)			26 WAS CAS	SE REFERRED TO M	FDICAL EXAMINER/CO	BONER?		
PERSON WHO PRONOUNCES DEATH	24 TIME OF DEATH 25 DATE PRONOUNCED DEAD (Month Day, Year) 28 WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? (Yes or no)										
		iries, or complications that of		ter the mode of dying su	uch as cardiac or respira	tory			oximate ral Between		
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SEE INSTRUCTIONS	resulting in death)	OUE TO	IOR AS A CONSEQUENC	19 V	The same	: 1	7	.0.1			
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17 11		AL EXAMINER COI			ime date and place, and	due to the cause(s) and manner as sta	ted.			
المتنازية والمان المانية	206 SIGNATURE AND TITLE OF CERTIF	FIER			729c. LIC	ENSE NUMBER	₹ ₂ 99	DATE SIGNED (Mont			
Like count		- Din	NOUT	, cco	الح	662C)	4-18-8	<u>Y</u>		
グ	7 30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type Armi)										
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OFFICER		Since	m finne	- tomes	AT WORLD	DEPONICA	WIN IDEX OCCUP	4//8/	88		
00001/50 00	33. MANNER OF CEATH	34a DATE OF INJU (Month, Day, Y	t t	14c INJURY A		UESCHIBE HO	MUDDO YRULMI W	neu.			
CORONER OR MEDICAL	☐ Natural ☐ Pending Investigation										
EXAMINER USE ONLY	Suicide Could not be Determined	346 PLACE OF IN.	JURY—At home farm stre Specify)	et factory, office	341 LOCATION	N (Street and Nun	nber or Aural Route h	lumber City or Town S	tate)		
			A								

Vine Bardins 322 Aut Ret C. # 26-267-24

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