Com 140601 Wong

985546

AFFIDAVIT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Bertha Vajda, being first duly sworn upon oath, deposes and says:

1. That ~~Affiant's spouse~~ Sophie D. Caban died (without leaving a will) ~~(leaving a will)~~ on 1-10-85 19 85 at MED. INN IN HAMMOND

2. That Francis A. Caban and Sophie D. Caban ~~they~~ were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

Lot 27 in Homestead Gardens Third Addition, in the City of Hammond, as per plat thereof, recorded in Plat Book 30 page 38, in the Office of the Recorder of Lake County, Indiana.

#34-345-27

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 ~~(XXXX)~~ (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.

LILLIAN A. BLASTICK
RECORDER, LAKE COUNTY
CROWN POINT, INDIANA 46307
LAKE COUNTY
FILED FOR RECORD
JUL 6 8 52 AH '88

FILED
JUN 30 1988
AUDITOR LAKE COUNTY

Further affiant sayeth not.

Bertha Vajda
BERTHA VAJDA

Subscribed and sworn to before me, a Notary Public, this 24th day of June, 19 88.

Linda J. McBride
LINDA J. MC BRIDE Notary Public

My Commission expires:

1-26-91

County of Residence:

Lake

This Instrument prepared by Bertha Vajda

1978

140601

TICOR TITLE INSURANCE
Crown Point, Indiana

26-34-345-27

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

FILED JAN 30 1988 [illegible] AUDITOR LAKE COUNTY

Below for State Office Use

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

Local No. 79-85

State No.

DECEASED

Field	Entry
1. Deceased—Name (First, Middle, Last)	Sophie D. Caban
2. Sex	Female
3. Date of Death (Month, Day, Year)	1/10/85
4. Race	WHITE
5a. Age—Last Birthday (Yrs)	72
5b. Under 1 Year (Mos / Days)	
5c. Under 1 Day (Hours / Mins)	
6. Date of Birth (Mo Day Yr)	9-21-1913
7a. County of Death	LAKE
7b. City, Town or Location of Death	MUNSTER
7c. Hospital or Other Institution	MED. INN.
7d. If Hosp. or Inst. Indicate DOA, OP/Emer Rm., Inpatient	INPT.
8. State of Birth	IN.
9. Citizen of What Country	U.S.A.
10. Married, Never Married, Widowed, Divorced	MAR.
11. Surviving Spouse	FRANCIS
12. Was Decedent Ever in U.S. Armed Forces?	
13. Social Security Number	310-22-3273
14a. Usual Occupation	MOLDER
14b. Kind of Business or Industry	CAST ARMOR

USUAL RESIDENCE (Where deceased lived. If death occurred in institution, give residence before admission.)

Field	Entry
15a. Residence—State	IN.
15b. County	LK.
15c. City, Town or Location	HAMMOND
15d. Street and Number	1633-172nd ST.
15e. Is Residence on a Farm?	Yes ☐ No ☑
15f. Inside City Limits	YES
15g. Is Deceased of Spanish Descent?	Yes ☐ No ☑

PARENTS

Field	Entry
16. Father—Name	ANDREW CENGEL
17. Mother—Maiden Name	ANNE

Field	Entry
18a. Informant—Name	FRANCIS
18b. Mailing Address	1633-172nd ST. HAMMOND, IN.

DISPOSITION

Field	Entry
19a. Burial, Cremation, Removal, Other	BURIAL
19b. Cemetery or Crematory	CALUMET PARK CEM.
19c. Location	MERRILLVILLE, IN.
20a. Date	1-14-85
20b. Funeral Home—Name and Address	OWENS F.H. 816-119TH ST. WHITING, IN. 46394

M.D. OR D.O.

To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.

Field	Entry
21a. (Signature)	[signature]
21b. Date Signed	1/10/85
21c. Hour of Death	9:05 A.M.
21d. Name of Attending Physician	Dr. Gaddipati, MD
21e. Mailing Address—Physician	7935 Calumet Avenue, Munster, Indiana 46321
22a. Health Officer—Signature	Paul R. Johnson MD
22b. Date Received by Local Health Officer	1-15-85

CAUSE

23. Immediate Cause (Enter only one cause per line for (a), (b) and (c))

Part I	Cause	Interval between onset and death
(a)	Cardio Respiratory Failure	hrs
(b) Due to, or as a consequence of	Acute Myocardial Infarction	hrs.
(c) Due to or as a consequence of	ASHD	Years.

Part II. Other significant conditions

24. Autopsy (Specify Yes or No):

Conditions if any which gave rise to immediate cause stating the underlying cause last

Funeral Director's License No. 965 — Thos. Owens

Embalmer's Name: Thos. Owens

Funeral Director's Signature: Tho. Owens

Funeral Home No. 104

Disposition Permit Issued / /

Provisional Certificate ☐ Yes ☐ No

Unplatted Sanders 3rd Add. Lot 27 #34-345-27

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