

992276

Josephine Stadnik
7320 Jefferson Ave.
April 46327

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

SURVIVORSHIP AFFIDAVIT

JOSEPHINE STADNIK, a/k/a JOSEPHINE A. STADNIK, being first duly sworn upon her oath deposes and says:

1. That she is a resident of Lake County, Indiana, and she is more than twenty-one years of age.
2. That she was well acquainted with Michael W. Stadnik, Jr., by reason of being the Wife of Michael W. Stadnik, Jr.
3. That Josephine Stadnik, a/k/a Josephine A. Stadnik, were married on October 4, 1947, and were the same persons as the Husband and Wife, who took title to the real estate more particularly described as follows, to-wit:

Lot No. 12, in Block No. 2, as marked and laid down on the recorded plat of Schreiber Addition of Hammond, in Lake County, Indiana, as the same appears of record in Plat Book 20, page 27, in the Recorder's Office of Lake County, Indiana,

Commonly known as: 7320 Jefferson Avenue
Hammond, Indiana 46324.

4. That on and prior to the date of their taking title to the above described real estate, Josephine Stadnik, a/k/a Josephine A. Stadnik, and Michael W. Stadnik, Jr., were husband and wife and so remained at all times up to the death of Michael W. Stadnik, Jr., on April 2, 1985.

5. That Josephine Stadnik, a/k/a Josephine A. Stadnik, has remained a widow from the date of death of her Husband, Michael W. Stadnik, Jr., to the present date.

6. That Michael W. Stadnik, Jr., died intestate, that there is no Federal Estate Tax nor Indiana Inheritance Tax due by reason of the death of Michael W. Stadnik, Jr., and that all bills in connection with the death of Michael W. Stadnik, Jr., have been satisfied.

7. That Affiant makes this Affidavit for the purpose of clearing title to the above described real estate.

Further Affiant saith not.

Josephine Stadnik
JOSEPHINE STADNIK,
a/k/a JOSEPHINE A. STADNIK
FILED

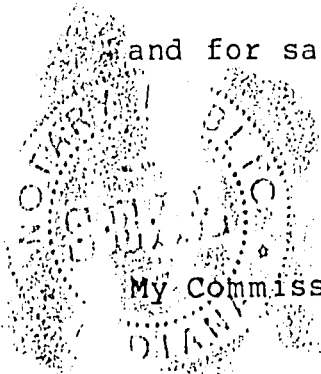
AUG 15 1988

STATE OF INDIANA)
) SS: *Anna M. Anton*
COUNTY OF LAKE)
) AUDITOR LAKE COUNTY

SUBSCRIBED and SWORN to before me, a Notary Public in and for said County and State, this 12th day of August, 1988.

Ann M. Todd
Ann M. Todd, Notary Public
A resident of Lake County, Indiana

My Commission Expires: 10-21-91



LILLIAN A. BLASTICK
RECORDER, LAKE COUNTY
CROWLEY BENTLEY & ASSOCIATES, P.C.
LAKE COUNTY, INDIANA 46307
FILED FOR RECORD
AUG 15 9 51 AM '88
KEY 36-16-11

550

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

Below for State Office Use

THIS CERTIFIES THE ABOVE IS A TRUE AND
COMPLETE COPY OF THE CERTIFICATE OF DEATH
ON FILE WITH THE HAMMOND HEALTH DEPT.
APR 3 - 1985

Hammond Health Commissioner
Date Issued

EMBALMER'S NAME Anthony Solan

LICENSE No. 5184

FUNERAL DIRECTOR'S SIGNATURE Anthony Solan

FUNERAL DIRECTOR'S LICENSE No. 2141

FUNERAL HOME No. 289

KEY 36-10-11
SCHREIBER ADD
LOT 12 B-1

Local No. 289

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No.

682

TYPE OR PRINT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

DISPOSITION

M.D. OR D.O.

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH DAY YEAR)
1 Michael		W.		Stadnik Jr.	Male	4-2-85
RACE—(eg. White, Black, American Indian, etc.) (Specify)	AGE—Last Birthday (Yr.)	UNDER 1 YEAR		UNDER 1 DAY		DATE OF BIRTH (Mo. Day Yr.)
4 White	5a 67	5b	5c	5d	5e	6 Oct. 21, 1917
CITY, TOWN OR LOCATION OF DEATH			HOSPITAL OR OTHER INSTITUTION—Name if not in other give street and number			IF HOSP OR INST. Indicate DOA (IP, Lm, Rm, Inpatient, Specier)
7a Hammond			7c St. Margaret Hospital			7b Inpatient
STATE OF BIRTH (If not in U.S.A. name country)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	SURVIVING SPOUSE (If wife give maiden name)		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Year or Years)	
8 Penn.	9 USA	10 Married	11 Josephine (Bindas)		12 WW II	
SOCIAL SECURITY NUMBER			USUAL OCCUPATION (Give kind of work done during most of working life even if retired)		KIND OF BUSINESS OR INDUSTRY	
13 306-03-3802-A			14a Accountant clerk shipping office		14b Amoco Co.	
RESIDENCE—STATE	COUNTY	CITY, TOWN OR LOCATION				
15a Indiana	15b Lake	15c Hammond				
STREET AND NUMBER					IS RESIDENCE ON A FARM?	INSIDE CITY LIMITS (Specify YES OR NO)
15d 7320 Jefferson Ave.					15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	15f yes
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC.						
15g YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						
FATHER—NAME			MOTHER—MAIDEN NAME			
16 Michael A. Stadnik			17 Katherine Narod			
INFORMANT—NAME (Type or Print)		RELATIONSHIP	MAILING ADDRESS		CITY OR TOWN	STATE ZIP
18a Josephine Stadnik-Wife			18b 7320 Jefferson Ave., Hammond, Ind.		46324	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)			CEMETERY OR CREMATORY—FUNERAL HOME		LOCATION	CITY OR TOWN STATE
19a Burial			19b Elmwood Cemetery		19c Hammond, Ind.	
DATE (MONTH DAY YEAR)			FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP)			
20a April 6, 1985			20b Solan Funeral Home, 7109 Calumet Ave., Hammond, Ind			
To the best of my knowledge and belief (based on the information furnished at the time, date and place of death) (Cause of death)				DATE SIGNED (Mo. Day Yr.)		HOUR OF DEATH
21a (Signature) Richard L. Good M.D.				21b 4/3/85		21c 10:30 a.m. M
NAME OF ATTENDING PHYSICIAN (Type or Print)						
21d R. L. Good, M. D.						
MAILING ADDRESS—PHYSICIAN						
21e 7905 Calumet Avenue, Munster, Indiana 46321						
HEALTH OFFICER—SIGNATURE					DATE RECEIVED BY LOCAL HEALTH OFFICER	
22a [Signature]					22b APR 3 1985	
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))						
PART I (a) Cardio Respiratory Arrest						
DUE TO OR AS A CONSEQUENCE OF						
(b) Respiratory Distress Syndrome, Renal Failure						
DUE TO OR AS A CONSEQUENCE OF						
(c) Sepsis, hepatitis, Perforated Duodenal ulcer with shock, Peritonitis						
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)						
Interval between onset and death AUG 15 1988						
Interval between onset and death						
AUTHORITY: [Signature]						
AUDIT: LAKE COUNTY						