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SURVIVORSHIP AFFIDAVIT

L2407

STATE OF INDIANA

S.S.

COMMUNITY TITLE CO.
421 W. 81st Avenue
Merrillville, IN 46410

COUNTY OF LAKE

On this 20th day of March, 1990, before me personally appeared,
(insert date)

Aldena F. Osika

to me personally known, who being duly sworn on oath did say that:

1. Affiant resides at the address given below affiant's signature;
2. Affiant is owner
(state interest of affiant in the above premises as owner)
3. Said premises described as follows: The East 50 feet of the North 130 feet of the South 198 feet of the North 396 feet of the West half of the North half of the Southwest Quarter of the Northwest Quarter of Section 11, Township 35, North, Range 9 West of the 2nd P.M., in Lake County, Indiana

Common Address: 135 James Road, Griffith, IN 46319

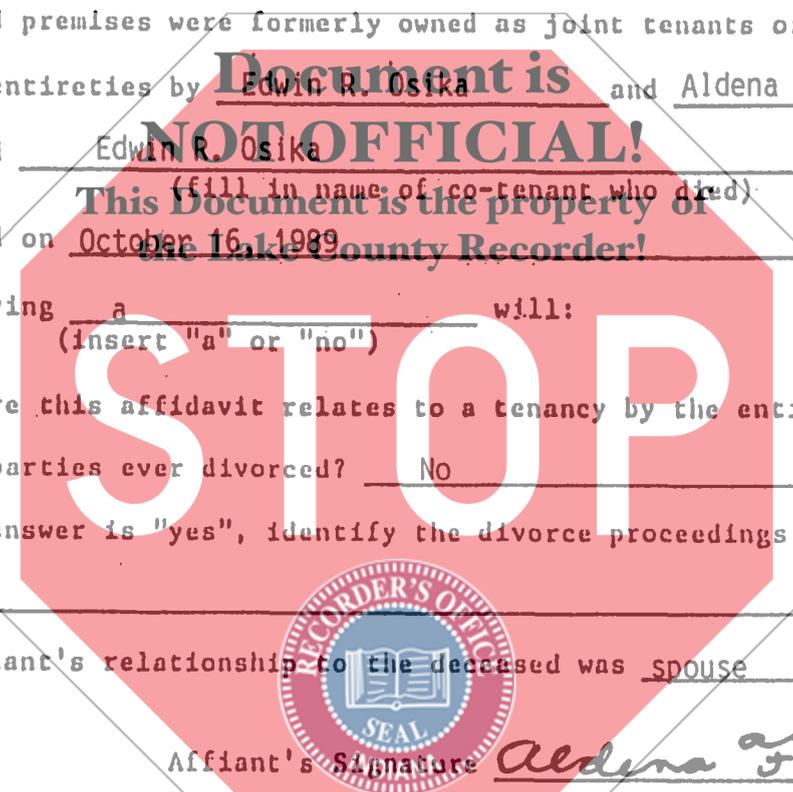
4. Said premises were formerly owned as joint tenants or as tenants by the entireties by Edwin R. Osika and Aldena F. Osika

5. Said Edwin R. Osika
(fill in name of co-tenant who died)
died on October 16, 1989

leaving a will:
(insert "a" or "no")

6. Where this affidavit relates to a tenancy by the entireties, did the parties ever divorce? No
(If answer is "yes", identify the divorce proceedings:)

11-150-58



STATE OF INDIANA/S.S. NO.
LAKE COUNTY
FILED
APR 4 11 54 AM '90
ROBERT BOGGS
RECORDER

FILED

MAR 30 1990

Alex N. Anton
AUDITOR LAKE COUNTY

Affiant's relationship to the deceased was spouse

Affiant's Signature Aldena F. Osika

Name Printed Aldena F. Osika

Address 9812 McKinley Street

Crown Point, IN 46307

Subscribed and sworn before me by the affiant
this 20th day of March, 1990
(insert date)

Thomas K. Hoffman
(Notary Public)

Thomas K. Hoffman; Lake County
(printed name and county)

My commission expires 09/08/93

This instrument prepared by: THOMAS K. HOFFMAN, Attorney at Law
Crown Point, IN



5.50
cm

001987

Local No. 43109-89

INDIANA STATE BOARD OF HEALTH

CERTIFICATE OF DEATH

State No. 421-W. 81st Avenue...
Merrillville, IN 46410

L2407

COMMUNITY TITLE CO.

TYPE/PRINT
IN
PERMANENT
BLACK INK

1. DECEASED—NAME (First, Middle, Last) Edwin R. Osika		2. SEX Male	3a. TIME OF DEATH 9:45 AM	3b. DATE OF DEATH (Month, Day, Yr) October 16, 1989
4. SOCIAL SECURITY NUMBER 348-22-1841		5a. AGE—Last Birthday (Years) 59	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes
6. DATE OF BIRTH (Mo, Day, Yr) Nov. 8, 1929		7. BIRTHPLACE (City and State or Foreign Country) Harvey, Illinois		
8a. WAS DECEDENT A U.S. VETERAN? Yes	8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1952	8c. PLACE OF DEATH (Check only one. See instructions) <input checked="" type="checkbox"/> HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence		
9a. FACILITY NAME (If not institution, give street and number) Methodist Hospital Southlake Campus		9b. CITY, TOWN, OR LOCATION OF DEATH Merrillville	9d. COUNTY OF DEATH Lake	
10. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Aldena Dering	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Mill Wright	12b. KIND OF BUSINESS/INDUSTRY Steel Co.	
13a. RESIDENCE—STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION Griffith	13d. STREET AND NUMBER 135 James Rd. Box 417	
13e. ZIP CODE 46319	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? U.S.A.	15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes specify Cuban, Mexican, Puerto Rican, etc.)	16. RACE—American Indian, Black, White, etc. (Specify) White
17. DECEDENT'S EDUCATION (Specify only highest grade completed) 12		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (10-12) College (1-4 or 5+)		
18. FATHER'S NAME (First, Middle, Last) Clement Osika		19. MOTHER'S NAME (First, Middle, Maiden Surname) Eva Ivanski		
20a. INFORMANT'S NAME (Type/Print) Aldena Osika		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 135 James Rd. Box 417 Griffith, In	20c. Relationship Wife	
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) October 18, 1989 of Calumet Park Cemetery		21c. LOCATION—City or Town, State Merrillville, Indiana
22a. EMBALMERS NAME Edgar Gleim		22b. EMBALMERS LICENSE NO. FDO 1016173	23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a. SIGNATURE OF FUNERAL DIRECTOR <i>James J. Slacum</i>		24b. LICENSE NUMBER (of Licensee) FDO 1010850	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Kulper Funeral Home, 9039 Kleinman Rd. Highland, Indiana AKFDHJ300-7500	
26. PART I Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Cardiorespiratory		26. PART I (Continued) Emphysema		Approximate Interval Between Onset and Death See days weeks
IMMEDIATE CAUSE (Final disease or condition resulting in death)		DUE TO (OR AS A CONSEQUENCE OF)		
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last		DUE TO (OR AS A CONSEQUENCE OF)		
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I		27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no)		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) No
28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)		LAKE COUNTY HEALTH COMMISSIONER		
29a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge death occurred at the time, date, and place and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation in my opinion death occurred at the time, date, and place and due to the cause(s) as stated. <input type="checkbox"/> CORONER On the basis of examination and/or investigation in my opinion death occurred at the time, date, and place and due to the cause(s) and manner as stated.		29b. SIGNATURE AND TITLE OF CERTIFIER <i>Edgar Gleim</i>		29c. MEDICAL LICENSE NO. 02000320
29d. DATE SIGNED (Month, Day, Year) 10-17-89		30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type, Print) 1212 N. BROAD STREET GRIFFITH IN 46319		
31. HEALTH OFFICER'S SIGNATURE <i>Robert J. Johnson</i>		32. DATE FILED (Month, Day, Year) Oct 18, 1989		
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY (Yes, No) FILED
34d. PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify) FILED		34e. DESCRIBE HOW INJURY OCCURRED FILED		
34g. DATE PRONOUNCED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) (If yes, specify driver, passenger, pedestrian, etc.) OKAY N. ANTON		

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

CORONER USE ONLY

#11-150-58
E 50' of N 130' of S198'
of N. 396' W 2 N 35 W NW
S 11 T 35 R 9 . 149 AC



MAR 30 1990
AUDITOR LAKE COUNTY

001988