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FILED

MAR 30 1990

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AFFIDAVIT

*Anna N. Anton*  
AUDITOR LAKE COUNTY

STATE OF INDIANA )  
                          ) SS:  
COUNTY OF LAKE )

Catherine W. Tomko, being first duly sworn upon oath, deposes and says:

1. That Affiant's spouse, Robert P. Tomko, deceased died (without leaving a will) (~~XXXXXXXXXXXXXXXXXX~~) on April 23 19 83 at Gary, Indiana

2. That they were duly and legally married at the time they acquired title as husband and wife to the following described real estate:  
43-347-30

The South 5 feet of Lot 25 all of Lot 26 and the North 10 feet of Lot 27, in Block 3, in The Great Gary Realty Co's First Addition to Gary, as per plat thereof, recorded in Plat Book 11 page 8, in the Office of the Recorder of Lake County, Indiana.

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 (his) (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.

Further affiant sayeth not.



*Catherine W. Tomko*  
Catherine W. Tomko

Subscribed and sworn to before me, a Notary Public, this 23rd day of March, 19 90.

*Barbara J. Hall*  
BARBARA J. HALL Notary Public

My Commission expires:  
1-21-91

County of Residence:  
porter

This Instrument prepared by Catherine W. Tomko

TICOR TITLE INSURANCE  
Company, Indiana  
M.O.

STATE OF INDIANA/S.S. NO.  
LAKE COUNTY  
FILED & RECORDED

APR 5 9 04 AM '90  
ROBERT "BOB" FREELAND  
RECORDER

555  
3

001911

TYPE OR PRINT  
PLAINLY WITH  
UNFADING INK  
**(N)**  
THIS IS A  
PERMANENT  
RECORD

Below for State Office Use

A. *Adel.*  
 B. *Adel.*  
 C. *Adel.*  
 D. *Adel.*  
 E. *Adel.*  
 F. *Adel.*  
 G. *Adel.*  
 H. *Adel.*  
 I. *Adel.*  
 J. *Adel.*  
 K. *Adel.*  
 L. *Adel.*  
 M. *Adel.*  
 N. *Adel.*  
 O. *Adel.*  
 P. *Adel.*  
 Q. *Adel.*  
 R. *Adel.*  
 S. *Adel.*  
 T. *Adel.*  
 U. *Adel.*  
 V. *Adel.*  
 W. *Adel.*  
 X. *Adel.*  
 Y. *Adel.*  
 Z. *Adel.*

Disposition Permit Issued / /

Provisional Certificate  
 Yes  No

EMBALMER'S NAME: Keith Dillon

LICENSE No. 1205

FUNERAL DIRECTOR'S SIGNATURE: *Albert F. Geisen*

FUNERAL DIRECTOR'S LICENSE No. 365

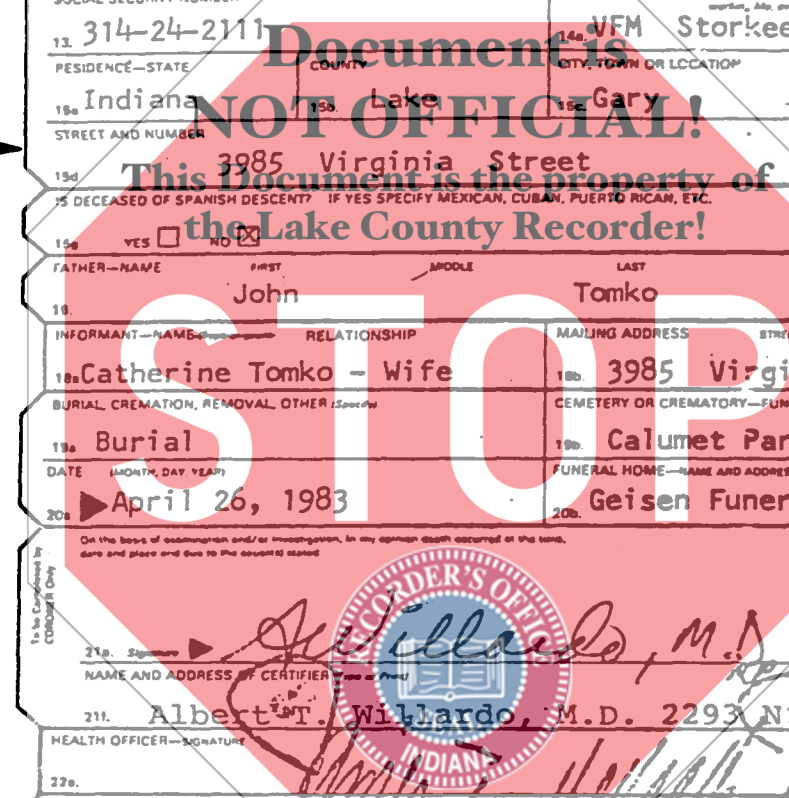
FUNERAL HOME No. 776

Local No. **83 0286**

INDIANA STATE BOARD OF HEALTH  
CORONER'S CERTIFICATE OF DEATH

State No. \_\_\_\_\_

DECEASED—NAME FIRST MIDDLE LAST <b>ROBERT P. TOMKO</b>		SEX <b>Male</b>	DATE OF DEATH (MONTH, DAY, YEAR) <b>April 23, 1983</b>
RACE <b>White</b>	AGE—Last Birthday (Yrs.) <b>57</b>	DATE OF BIRTH (Mo., Day, Yr.) <b>June 30, 1925</b>	COUNTY OF DEATH <b>Lake</b>
CITY, TOWN OR LOCATION OF DEATH <b>Gary</b>		HOSPITAL OR OTHER INSTITUTION <b>St. Mary Medical Center</b>	
STATE OF BIRTH <b>Indiana</b>	CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <b>Married</b>	SURVIVING SPOUSE <b>Catherine Goss</b>
SOCIAL SECURITY NUMBER <b>314-24-2111</b>		USUAL OCCUPATION <b>VFM Storkeeper</b>	KIND OF BUSINESS OR INDUSTRY <b>Gary Post Office</b>
RESIDENCE—STATE <b>Indiana</b>		CITY, TOWN OR LOCATION <b>Gary</b>	
STREET AND NUMBER <b>3985 Virginia Street</b>		IS RESIDENCE ON A FARM? <b>NO</b>	INSIDE CITY LIMITS (SPECIFY YES OR NO) <b>NO</b>
DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. <b>NO</b>			
FATHER—NAME <b>John Tomko</b>		MOTHER—MAIDEN NAME <b>Pauline Rongers</b>	
INFORMANT—NAME <b>Catherine Tomko - Wife</b>		MAILING ADDRESS <b>3985 Virginia Street Gary, Indiana 46409</b>	
BURIAL, CREMATION, REMOVAL, OTHER <b>Burial</b>		CEMETERY OR CREMATORY—FUNERAL HOME <b>Calumet Park Cemetery</b>	
DATE <b>April 26, 1983</b>		LOCATION <b>Merrillville, Indiana</b>	
FUNERAL HOME—NAME AND ADDRESS <b>Geisen Funeral Home, Inc., 7905 Bdwy., Merrillville, IN 464</b>		STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP	
DATE SIGNED <b>4/25/83</b>		HOUR OF DEATH <b>6:30</b>	
PRONOUNCED DEAD <b>4/23/83</b>		PRONOUNCED DEAD (HOUR) <b>6:30 P</b>	
NAME AND ADDRESS OF CERTIFIER <b>Albert F. Willardo, M.D. 2293 N. Main St., Crown Point, IN 46307</b>		DATE RECEIVED BY LOCAL HEALTH OFFICER <b>4/27/83</b>	
IMMEDIATE CAUSE <b>Vascular collapse</b>		OTHER SIGNIFICANT CONDITIONS <b>arteriosclerotic heart and vascular disease</b>	
OTHER SIGNIFICANT CONDITIONS <b>arteriosclerotic heart and vascular disease</b>		AUTOPSY <b>NO</b>	
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. <b>Natural</b>	DATE OF INJURY <b>25b</b>	HOUR OF INJURY <b>25c</b>	DESCRIBE HOW INJURY OCCURRED <b>25d</b>
INJURY AT WORK <b>25a</b>	PLACE OF INJURY <b>25i</b>	LOCATION <b>25g</b>	STREET OR R.F.D. NO. CITY OR TOWN STATE

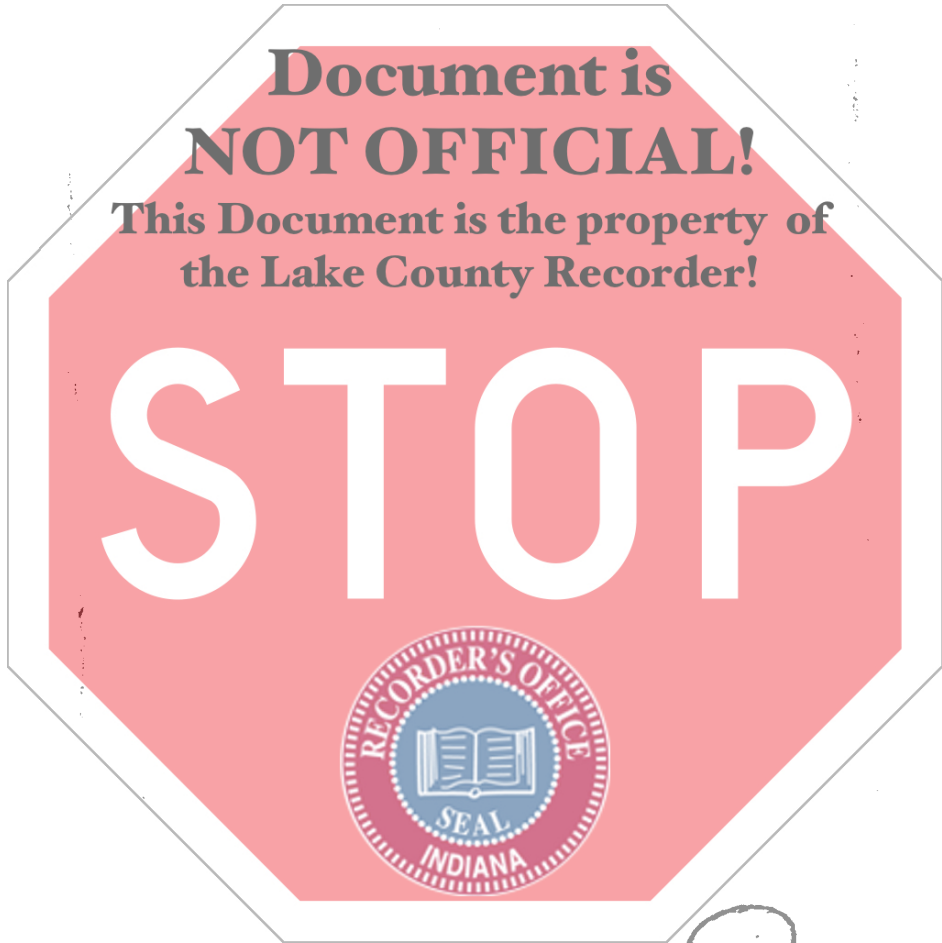


**FILED**

MAR 30 1990

*Anna M. Antos*  
AUDITOR LAKE COUNTY

201101



*James T. Hinkle*  
HEALTH COMMISSIONER  
CITY OF CARY, IND.  
DATE APR 9 1984