12331

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

COMMUNITY TITLE COMPANY

— An Indiana Corporation —
421 West 81st Avenue
Merrillville, Indiana 46410

093836

AFFIDAVIT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Patricia E. Domonkos, being first duly sworn upon oath, deposes and says:

1. That Affiant's spouse, William J. Domonkos died (without leaving a will) (~~leaving a will~~) on April 6, 1982 at Merrillville, Lake County, Ind.

2. That they were duly and legally married at the time they acquired title as husband and wife to the following described real estate: 15-418-36

Lot 348 Lincoln Gardens 10th Subdivision as per plat thereof, recorded in Plat Book 38, page 47, Lake County, Indiana.

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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.

STATE OF INDIANA/S.S. NO.
LAKE COUNTY
FILED FOR RECORD
APR 5 1:55 PM '90
ROBERT W. CORFEEREAND
RECORDER

FILED
RECORDER'S OFFICE
MAR 30 1990
INDIANA

Further affiant sayeth not.

Anna M. Antonopoulos
AUDITOR LAKE COUNTY

X Patricia E. Domonkos
Patricia E. Domonkos

Subscribed and sworn to before me, a Notary Public, this 2nd day of March, 1990.

Michelle A. Seth
Notary Public

My Commission expires:
NOTARY PUBLIC, STATE OF FLORIDA.
MY COMMISSION EXPIRES: MAR. 15, 1993.
BONDED THRU NOTARY PUBLIC UNDERWRITERS.

County of Residence:

Manatee

This Instrument prepared by X Patricia E Domonkos

001981

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CM

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

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EMBALMER'S NAME Ronald J. Mesarch LICENSE No. 591

FUNERAL DIRECTOR'S SIGNATURE Michael J. Geisen FUNERAL DIRECTOR'S LICENSE No. 367 FUNERAL HOME No. 776

5CC 3VET

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

Local No. 55082

State No. 001982

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

1 DECEASED—NAME (First, Middle, Last): William J. Domonkos

2 SEX: Male

3 DATE OF DEATH (Month Day Year): April 6, 1982

4 RACE—(e.g. White, Black, American Indian, etc.) (Specify): White

5a AGE—Last Birthday (Years): 56

5b UNDER 1 YEAR: MOS. DAYS

5c UNDER 1 DAY: HOURS MINS.

6 DATE OF BIRTH (Mo. Day Yr.): July 11, 1925

7a COUNTY OF DEATH: Lake

7b CITY, TOWN OR LOCATION OF DEATH: Merrillville

7c HOSPITAL OR OTHER INSTITUTION—Name (If not in either give street and number): Methodist Hospital Southlake Campus

7d IF HOSP. OR INST. indicate DOA OP 2 mor. Rm. Inpatient (Specify): Inpatient

8 STATE OF BIRTH (If not in U.S.A. name country): Indiana

9 CITIZEN OF WHAT COUNTRY: U.S.A.

10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

11 SURVIVING SPOUSE (If wife give maiden name): Patricia Chambers

12 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): Yes

13 SOCIAL SECURITY NUMBER: 303-24-7272

14a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Management

14b KIND OF BUSINESS OR INDUSTRY: U.S.Steel-Sheet & Tin Mill

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

15a RESIDENCE—STATE: Indiana

15b COUNTY: Lake

15c CITY, TOWN OR LOCATION: Merrillville

15d STREET AND NUMBER: 7343 Marshall Place

15e IS RESIDENCE ON A FARM? YES ☐ NO ☒

15f INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes

15g IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. YES ☐ NO ☒

PARENTS

16 FATHER—NAME (First, Middle, Last): William E. Domonkos

17 MOTHER—MAIDEN NAME (First, Middle, Last): Mary G. Spisak

18a INFORMANT—NAME (Type or print): Patricia Domonkos

RELATIONSHIP: Wife

18b MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip): 7343 Marshall Place Merrillville, Indiana 46410

DISPOSITION

19a BURIAL, CREMATION, REMOVAL, OTHER (Specify): Burial

19b CEMETERY OR CREMATORY—FUNERAL HOME: Calumet Park Cemetery

19c LOCATION (City or Town, State): Merrillville, Indiana 46410

20a DATE (Month Day Year): April 9, 1982

20b FUNERAL HOME—NAME AND ADDRESS (Street or R.F.D. No., City or Town, State, Zip): Geisen Funeral Home, Inc. 7905 Broadway Merrillville, Ind.

M.D. OR D.O.

21a To the best of my knowledge death occurred at the time, date and place and due to the cause(s) stated. (Signature): [signature]

DATE SIGNED (Mo. Day Yr.): 4/8/82

21b HOUR OF DEATH: 21c. M

21d NAME OF ATTENDING PHYSICIAN (Type or Print): Abon Goel

21e MAILING ADDRESS—PHYSICIAN: 8500 Broadway, Merrillville, Indiana

22a HEALTH OFFICER—NAME: [signature] N. Antosz

22b DATE RECEIVED BY LOCAL HEALTH OFFICER: 4-12-82

CAUSE

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

23 PART I (a) IMMEDIATE CAUSE (Enter only one cause per line): Cardiac Arrest — Interval between onset and death

(b) DUE TO, OR AS A CONSEQUENCE OF: Ischemic Heart Disease — Interval between onset and death

(c) DUE TO OR AS A CONSEQUENCE OF — Interval between onset and death

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I(a).

24 AUTOPSY (Specify Yes or No): No

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

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FILED
MAR 30 1990