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FILED

APR 09 1990

STATE OF INDIANA)
COUNTY OF Lake)

Anna N. Anton
AUDITOR LAKE COUNTY

IN RE Henry R. Salat, Deceased

SURVIVING SPOUSE AFFIDAVIT

Irene E. Salat, being duly sworn, states that she resides in Lake County, Indiana, is surviving spouse of deceased Henry R. Salat and is acquainted with the facts so that she can furnish an affidavit concerning the property hereinafter described.

Lot Forty (40) as marked and laid down on the recorded plat of the South Half of Block No. 25, in Dalecarlia, being a subdivision of the North Half of the Northwest Quarter of the Northwest Quarter of Section 12, Township 33 North, Range 9 West of the 2nd P.M. in Lake County, Indiana, Plat Book 24, page 41, in Recorder's Office of Lake County, Indiana.

Lots 42 and 43 in Dalecarlia, South Half of Block 25, as per plat thereof, recorded in Plat Book 24, page 41, in the office of the Recorder of Lake County, Indiana, in the

1. Decedent, Henry R. Salat died November 12, 1974 while a resident of Lake County, Indiana, as evidenced by the death certificate so attached.

2. At the time of the death of Henry R. Salat, the above stated land was titled to Henry R. Salat and Irene E. Salat, the same being husband and wife at the time of conveyance.

3. At the time of the death of Henry R. Salat, affiant Irene E. Salat was married to decedent. Said land now passes to surviving spouse, affiant herein.

4. This affidavit is made for the purpose of establishing that Irene E. Salat is the surviving spouse and rightful sole owner of all the aforementioned property formerly owned in part by deceased spouse.

Irene E. Salat
IRENE E. SALAT

Before me, the undersigned, a Notary Public of Kankakee county, Illinois, appeared IRENE E. SALAT who acknowledged the execution of the foregoing AFFIDAVIT, and who having been duly sworn, stated that any representations therein contained are true. Witness my hand and official seal.

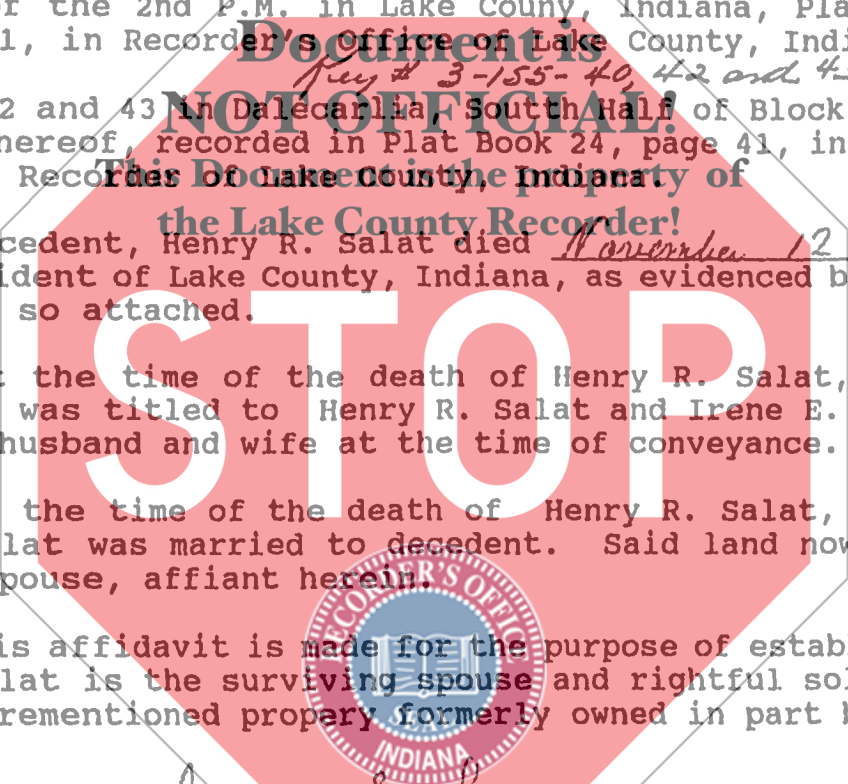
Patricia A. Koenig Notary Public
Commission expires 1-23-90

Instrument prepared by Patricia Engels, Attorney at Law,
112 Washington St. Lowell, Indiana 46356, 219/696-1000

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STATE OF INDIANA
LAKE COUNTY
RECORDERS OFFICE
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FILED



REGISTRATION DISTRICT NO. 16.32
REGISTERED NUMBER 714

STATE OF ILLINOIS

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

1. DECEASED—NAME: HENRY SALT
 2. SEX: MALE
 3. DATE OF DEATH: NOVEMBER 12, 1974
 4. RACE: WHITE
 5a. AGE: 62
 5b. UNDER 1 YEAR: 5c. UNDER 1 DAY
 6. DATE OF BIRTH: 1-7-12
 7a. PLACE OF DEATH: COOK
 7b. CHICAGO HEIGHTS
 7c. YES
 7d. SAINT JAMES
 8. BIRTHPLACE: Indiana
 9. CITIZEN OF WHAT COUNTRY: U.S.
 10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): MARRIED
 11. NAME OF SURVIVING SPOUSE: IRENE HALAJCISIK
 12. SOCIAL SECURITY NUMBER: 313-07-9053
 13a. USUAL OCCUPATION: GAS STATION OWNER
 13b. KIND OF BUSINESS OR INDUSTRY: GASOLINE
 13c. U.S. WAR VETERAN (YES/NO): NO
 13d. WAR OR DATES OF SERVICE
 14a. RESIDENCE: INDIANA
 14b. STATE: LAKE
 14c. CITY, TOWN, TWP. OR ROAD DISTRICT NO.: LOWELL
 14d. INSIDE CITY (YES/NO): YES
 14e. STREET AND NUMBER: 236 RUTH STREET

15. FATHER—NAME: FRANK SALT
 16. MOTHER—MAIDEN NAME: NOT KNOWN
 17a. INFORMANT SIGNATURE: [Signature]
 17b. RELATIONSHIP: [Relationship]
 17c. MAILING ADDRESS: [Address]

18. DEATH WAS CAUSED BY:
 PART I. IMMEDIATE CAUSE: (a) METASTATIC CARCINOMA OF COLON
 (b) DUE TO OR AS A CONSEQUENCE OF: UNKNOWN
 (c) DUE TO OR AS A CONSEQUENCE OF:
 PART II. OTHER SIGNIFICANT CONDITIONS: [Blank]

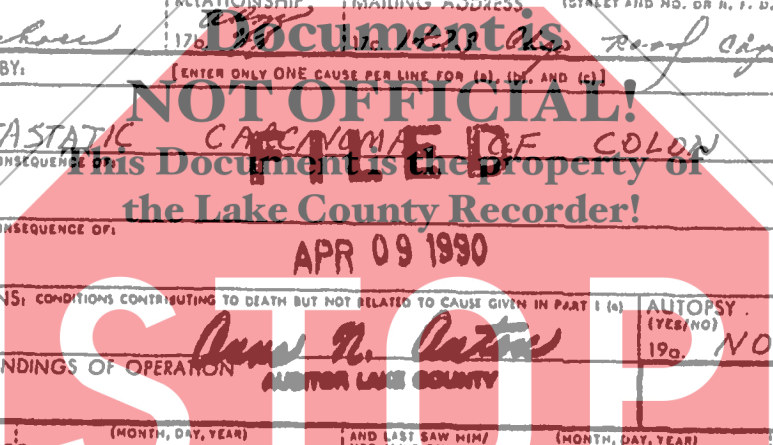
20a. DATE OF OPERATION, IF ANY: [Blank]
 20b. MAJOR FINDINGS OF OPERATION: [Blank]
 20c. AUTOPSY (YES/NO): NO
 20d. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH: [Blank]

21a. I ATTENDED THE DECEASED FROM: AUGUST 1973
 21b. TO: NOV. 12, 1974
 21c. AND LAST SAW HIM/HER ALIVE ON: NOV. 12, 1974
 21d. HOUR OF DEATH: 3:55 A.M.

22a. SIGNATURE: [Signature]
 22b. DATE SIGNED: NOV. 12, 1974
 22c. ILLINOIS LICENSE NUMBER: 27956
 23. MAILING ADDRESS—CERTIFIER: 333 DIXIE HIGHWAY, CHICAGO HEIGHTS, ILLINOIS 60411

24a. BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL
 24b. CEMETERY OR CREMATORY—NAME: CALUMET PARK
 24c. LOCATION: MERRILLVILLE Ind
 24d. DATE: 11-15-74
 25a. FUNERAL HOME: DALTON FUNERAL HOME
 25b. FUNERAL DIRECTOR'S SIGNATURE: [Signature]
 25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: 9745
 26a. LOCAL REGISTRAR'S SIGNATURE: [Signature]
 26b. DATE REC'D. BY LOCAL REGISTRAR: 11-14-74

VR 200 (1971) Illinois Department of Public Health - Office of Vital Records (BASED ON 1968 U. S. STANDARD CERTIFICATE)



Key # 3-155-40, 42 and 43

I HEREBY CERTIFY that the foregoing is a true and correct copy of the death record for the decedent in Item No. 1 and that this record was established and filed in my office in accordance with the provisions of the Illinois statutes relating to the registration of births, deaths, and stillbirths.

DATE: NOV. 14 1974 SIGNED: [Signature]
AT: CHICAGO HEIGHTS, ILLINOIS 60411 TITLE: LOCAL REGISTRAR 000529

REGISTRATION DISTRICT NO 16.32
REGISTERED NUMBER 714

STATE OF ILLINOIS

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

1. DECEASED--NAME: HENRY SALIT, SEX: MALE, DATE OF DEATH: NOVEMBER 12, 1974

4. RACE: WHITE, AGE: 62, DATE OF BIRTH: 1-7-12, PLACE OF BIRTH: COOK COUNTY, CHICAGO HEIGHTS

8. BIRTHPLACE: Indiana, CITIZEN OF WHAT COUNTRY: U.S., MARRIED: MARRIED, NAME OF SURVIVING SPOUSE: Irene Halajcik

12. SOCIAL SECURITY NUMBER: 3-3-07-9853, USUAL OCCUPATION: Gas Station Owner, KIND OF BUSINESS OR INDUSTRY: Gasoline, U.S. WAR VETERAN: No

14. RESIDENCE: INDIANA LAKE, LOVELL, 236 RUTH STREET

15. FATHER--NAME: FRANK SALIT, 16. MOTHER--MAIDEN NAME: Not Known

17. Informant's Signature: [Signature], Relationship: [Blank], Mailing Address: [Blank]

18. DEATH WAS CAUSED BY: METASTATIC CARCINOMA OF COLON, APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

NOT OFFICIAL! This Document is the property of the Lake County Recorder!

APR 09 1990

PART II. OTHER SIGNIFICANT CONDITIONS: [Blank]

DATE OF OPERATION, IF ANY: [Blank], MAJOR FINDINGS OF OPERATION: [Blank]

20a. I ATTENDED THE DECEASED FROM: AUGUST 1973 TO: NOV. 12, 1974

21c. AND LAST SAW HIM/HER ALIVE ON: NOV. 12, 1974

21d. HOUR OF DEATH: 3:55 A.M.

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THIS DEATH OCCURRED ON THE DATE, AT THE TIME AND PLACE, AND FROM THE CAUSE(S) STATED.

NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH, THE CORONER MUST BE NOTIFIED.

22a. SIGNATURE: [Signature], DATE SIGNED: NOV. 12, 1974, ILLINOIS LICENSE NUMBER: 27956

23. MAILING ADDRESS--CERTIFIER: 333 DIXIE HIGHWAY, CHICAGO HEIGHTS, ILLINOIS 60411

24a. BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL, 24b. CEMETERY OR CREMATORY--NAME: CALUMET PARK, 24c. LOCATION: MARIONVILLE Ind, 24d. DATE: 11-15-74

25a. FUNERAL HOME: DALTON FUNERAL HOME, 6955 Southwestern, Hammond Ind 46314

25b. FUNERAL DIRECTOR'S SIGNATURE: [Signature], FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: 9745

25c. LOCAL REGISTRAR'S SIGNATURE: [Signature], DATE REC'D. BY LOCAL REGISTRAR: 11-14-74

VR 200 (1971r) Illinois Department of Public Health - Office of Vital Records (BASED ON 1968 U.S. STANDARD CERTIFICATE)

Key # 3-155-40, 42 and 43

I HEREBY CERTIFY that the foregoing is a true and correct copy of the death record for the decedent in Item No. 1 and that this record was established and filed in my office in accordance with the provisions of the Illinois statutes relating to the registration of births, deaths, and stillbirths.

DATE: NOV. 14 1974 SIGNED: [Signature]
 AT: CHICAGO HEIGHTS, ILLINOIS 60411 TITLE: LOCAL REGISTRAR 000529