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



County of Residence:

LAKE

This Instrument prepared by

COMMUNITY TITLE COMPANY

— An Indiana Corporation —

— An Indiana Corporation — 421 West 81st Avenue Merrillville, Indiana 46410 219-736-2810

FILED

095119

AFFIDAVIT

APR 11 1990

STATE OF INDIANA) SS: COUNTY OF LAKE)	AND COMME
Frank Timkovich , being first de sworn upon oath, deposes and says: 1. That Affiant's spouse, Clara Regina Timkovich died (without leaving a will) (kkwowkkwyxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	uly
2. That they were duly and legally married at the time the acquired title as husband and wife to the following describe real estate:	ed APR
Lot 6, in Lawrence Monaldi's Second Addition in Munster, as per plat thereof, recorded in Plat Book 29, page 198, in the Office of the Recorder of Lake County, Indiana is the property of the Lake County Recorder!	2 1 56 PH '90
3. That the marital relationship which existed between ther at the time they acquired title to said real estate remained in effect and unbroken until the date of (***********************************	n 1
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.	
Frank Juntanual Frank Timkovich Subscribed and sworn to before me, a Notary Public, this 30 day of March, 19 90.	<u></u>
Doris D Slayden Nogary Pu	blic
My Commission expires:	siene.

000327

550 M Local No. 1436-38

INDIANA STATE BOARD OF HEALTH CERTIFICATE OF DEATH

	C. officers and	5:00				··-·			
TYPE/PRINT	1 DECEASED-NAME	FIRS	ARA R.		ASI		3	3 DATE OF CEAT	
' IN PERMANENT	4 SOCIAL SECURITY NL		Sa AGE-Last Bringer	SO UNDER 1 YEAR	TIMKOVICH	6 DATE OF BIRTH (Month	PEPIAL D BIRTHPLA	E JULY	3, 1988 m town (2000)
BLACK INK	304-14-6	404	(Yeary)1	Months Days	Mours Minutes	APRIL' 5, 19	17 Har	nmond.	Indiana
DD 1011 11111	6 YEAR LAST SERVED IF				98 PLACE OF DEAT	H (Check only one See instructi			
	NONE	,	HOSPITAL CX Inpate	em 🗆 ER/Outpatient 🚨	DOA OTHER	- Nursing Home Resid	ence D Oth	er (Specels)	
DECEDENT	96 FACILITY NAME (# no	or institution give				N OR LOCATION OF DEATH		INTY OF DEATH	
DECEDENT	THE COMMUNITY HOSPITAL MUNSTER LAKE								
	10 MARITAL STATUS-		11 SURVIVING SPOUSE				176 KIND OF BUSINESS/INDUSTRY		
	Divorced (Stiel & T)	ried	Frank T	"imkovich	Do not use retired NU I		}	Hospit	al
	130 RESIDENCE-STATE	13b C	OUNTY	13c CITY TOWN OR LOC	ATION	13d STREET AND NU	MBER		
	INDIANA		LAKE	MUNST	'ER	8324 K	COOY DR	IVE	
	13e INSIDE CITY LIMITS? (Yes or no)	131 FARM	13g ZIP CODE	14 WAS DECEDENT OF	HISPANIC ORIGIN?	15 RACE—American Indian Black White etc		8 DECEDENTS E	
	Yes	No	46321	Mexican Puerto Rican Specify	etc) &Xio C Yes	(Spewhite		econdary (0-12)	College (1, 4 or 5 +)
	17 FATHERS NAME (Firs	a Adams I and		Specify	18 11071150	S.NAME (First Middle Maiden S	Common a)		4
PARENTS	TAIRENS NAME (FW)		eph Kazmi	erski	Ont 10		a Krup	a	
INFORMANT	194 INFORMANTS NAVI			196 WAILING AC	OPESS (Street and Number	or Pural House Number City or			eletionship
INFORMANT	Frank T:	imkovi	.ch	8324	sooy Dr. N	lunster, IN	46321	l Hus	band
	200 METHOD OF DISPOS		NU	200 DATE AND PLACE OF	CISPOSITION (Name of co	ereters crematory or	0c LOCATION	V—City or Town S	(810
DICEOCITION	Burial Cren	nation GR er (Specely) 📜	emoval from State	July 7	1988 Holy	Cross	Calur	net Cit	y, IL.
DISPOSITION	21a SIGNATURE OF JUN	ERAL DIRECTO	A -	216 LICE	NSE NUMBER	2 NAME ADDRESS AND LICE	NSE NUMBER	OF FUNERAL HON	AE
V	-	0	the La	ke Coura	Wakecord	NAME ADDRESS AND LICE CHURNS-KIS			
· · · · · · · · · · · · · · · · · · ·	140136	2011	· purs		7101	Munster,	Indiar	na 300	4968
PRONOUNCING*	Complete items 23a-c only when certifying physician is	23	s To the best of my knows	edge death Occurred at the ti	me date and place stated	236 LICENS	E NUMBER		DATE SIGNED (Month Day Year)
3	not available at time of death to certify cause of death	n T	gnature and Title <						Model Cay 1907
BE COMPLETED BY	24 TIME OF DEATH	25	DATE PRONOUNCED D	EAD (Month Day Year)		26 WAS CA	SE REFERRED	TO MEDICAL EXA	MINER/COHONER?
PERSON WHO PRONOUNCES DEATH	11:41 P.	M	JULY :	3, 1988		THE CERT	NOS THE	AROVE IS A T	PHE AND
1	27 PART I Enter IF	e diseases injur	ies or complications that ca-	used the death Do not enter t	he made of dying such as ca			THE CERTIF	
	arre st.	shock or heart fa	Nure List only one cause of	n each line		DEATH ON	FILE WIT		COme and Queth
Ř.	IMMEDIATE CAUSE (Final disease or condition		Jenus,	- Cyrich	cepies"	HEALTH DE	PT.		medy.
SEE INSTRUCTIONS	resulting in death)		DUE TO II	OR AS A CONSEQUENCE O			11 A	تر 1988 ہ	
Υ,	Sequentially list conditions if any leading to immediate		DUE TO U	OR AS A CONSEQUÊNCE O		έ ₅	01.00	0 1300 5	
. 4	cause Enter UNDERLYING CAUSE (Disease or injury			The Tic	Manyila.	marie a	/	6.	with.
B	that indiated events		DUE TO (C	OR AS A CONSEQUENCE O		18.10	16 Da		_
ğ	resulting in death) LAST		d			Leconin	10/10/	msores	722
CAUSE OF DEATH	PART II Other significant c	onditions contrib	uping to death but not results	ng in the underlying bulg gr		Z BANYAS AI	HEATH		ITOPSY FINDINGS LE PRIOR TO
N N	·			AL AL	Land String	(Yes or I	ioi		ION OF CAUSE 17 (Yes or no)
8				TO THE	00 1 1 1000	NO			
2	294 CERTIFIER	C			11 1 1000		- 12		
SEE INSTRUCTIONS	(Check only one)		NG PHYSICIAN (Physician st of my knowledge deeth o	certifying cause of death whi iccurred due to the cause(s) a		nounced death and completed itel	n 431		
7 8	5.0.	П весыси	NCING AND CERTIFYING	DHY SICIAN A	Manual Si	toxed or own			
CERTIFIER S			st of my knowledge death o	ccurred at the time date and	PHENOLOGY BACKET	nigend manner as stated			
•		MEDICAL	EXAMINER D CORC	NER D HEALTH OFFIC	CER				
νς.		On the be	sis of examination and/or in	vestigation in my opinion des	th occurred at the time date	end place, and due to the causel	s) and manner a	s stated	
2,0	296 SIGNATURE MND TIT	LE OF CERTIFIE	A ()	~/		290 LICENSE NUMBER			D (Month Day Year)
93	2		ر اسویا	~		19251		~ _	_=
[]	30 NAME AND ADDRESS	OF PERSON W	HO COMPLETED CAUSE	OF DEATH UTEM 27) (Type	Print)				
2	FREI	ADLER	, M.D.	800 MAC AI	RTHUR BLVD.	MUNSTER, IND			
HEALTH T	31 YEALTH CEFICERS S	GNATURE 1	enine to	-			1	32 DATE FILED	Month Dev Years
OFFICER \		7							
13	33 MANNER OF DEATH		JAB DATE JF NULR	•	140 NUURY AT WORK	74 DESCPIBE HOV	I INJURY OCC	- Janes	•
CORONER OR		id ng ratigation		•••		,			
MEDICAL EXAMINER USE	3*c de**		140 2 4 25 27 4	3 - At home term street te	···· ***	4 CATION (Street and from	car or Ar d'Ai	(IADI)	(פיני מאני
JNL		ud hot be ermined	146 F.A.35 15 16.5 5. d 15 115 /306		• • • • • • • • • • • • • • • • • • •	4 - I DATICN (Street and Fram)		UUUXX	5
ì	"BHILE 1,4 Jane **		465-10-81 5515						
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