

095228

AFFIDAVIT

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COUNTY OF LAKE) SS:

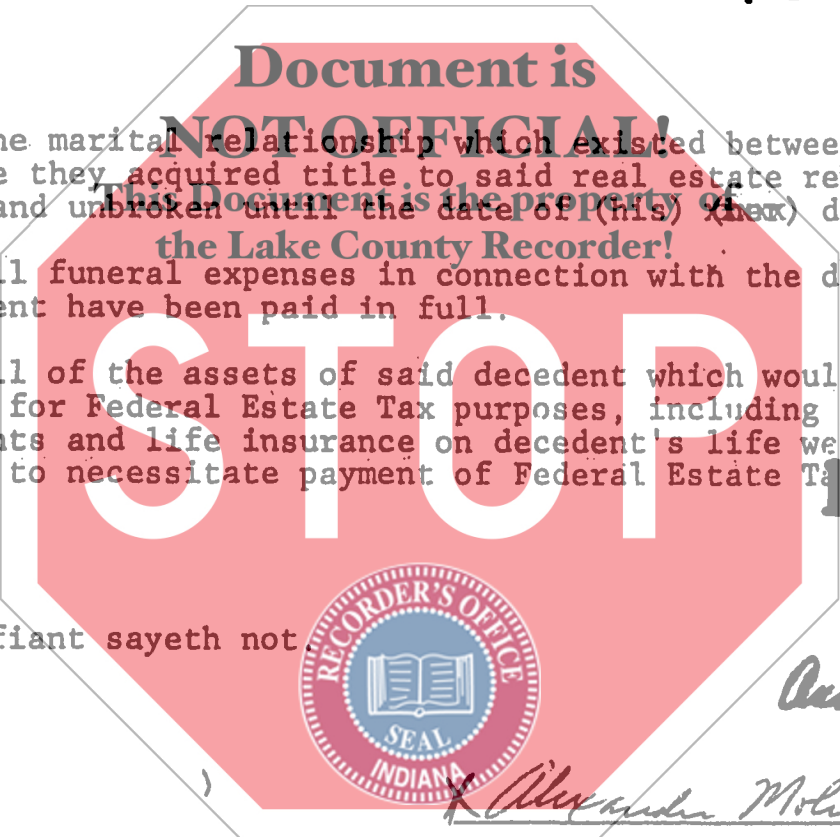
2

Alexander Molnar, being first duly sworn upon oath, deposes and says:

- 1. That Affiant's ~~spouse~~ ~~father~~, Father, William Molnar Sr., aka Balint Molnar Sr. died (without leaving a will) ~~(leaving a will)~~ on ~~November 17, 1985~~ November 17, 1985 at Hammond Indiana ~~William Molnar Sr. and Mary Molnar,~~
- 2. That/ ~~they~~ were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

Lot 20 in Block 8 in Hessville Park Addition to Hammond, as per plat thereof, recorded in Plat Book 17 page 14, in the office of the recorder of lake county, Indiana.

34-87-21



- 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.

FILED
APR 11 1990

Ann M. Antone
CLERK LAKE COUNTY

Further affiant sayeth not

Alexander Molnar
Alexander Molnar

Subscribed and sworn to before me, a Notary Public, this 21st day of March, 1990.

Linda S. Wood
Linda S. Wood Notary Public
Resident Lake Co. IN

Notary Public Seal: Commission expires: Oct. 17, 1990
Residence: lake

STATE OF INDIANA / S. NO. LAKE COUNTY / FILED / APR 16 8 44 AM '90

This Instrument prepared by Alexander Molnar

000495

5.50
T

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

Below for State Office Use

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State
No.

Local No. **2198-85**

967

FUNERAL HOME
No. **280**

FUNERAL DIRECTOR'S
LICENSE No. **1005**

LICENSE No. **1350**

EMBALMER'S NAME **John C. Ault** NOV 10 1985

FUNERAL DIRECTOR'S
SIGNATURE *John C. Ault*

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DECEASED NAME Balint Molnar		SEX Male		DATE OF DEATH (MONTH DAY YEAR) November 17, 1985
RACE White	AGE 91	UNDER 1 YEAR 4/24/1894	COUNTY OF DEATH Lake	
CITY TOWN OR LOCATION OF DEATH Munster		HOSPITAL OR OTHER INSTITUTION Med-9n		IF HOSP OR INST. IN PATIENT'S HOME inpatient
STATE OF BIRTH Hungary	CITIZEN OF WHAT COUNTRY USA	MARRIED NEVER MARRIED married	SURVIVING SPOUSE Mary Korik	WAS DECIDENT EVER IN U.S. ARMED FORCES? no
SOCIAL SECURITY NUMBER 306-03-3288		USUAL OCCUPATION Documentalist	KIND OF BUSINESS OR INDUSTRY Inland Steel Co.	
USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION GIVE RESIDENCE BEFORE ADMISSION Indiana		COUNTY Lake	CITY TOWN OR LOCATION Hammond	
STREET AND NUMBER 6621 California		IS RESIDENCE ON A FARM? NO	INSIDE CITY LIMITS yes	
IS DECEASED OF SPANISH DESCENT? NO				
FATHER NAME Alexander Molnar		MOTHER MAIDEN NAME Agnes Nagy		
DECEASED NAME (Type or print) Mrs. Mary Molnar (Wife)		MAILING ADDRESS 6621 California Hammond, Indiana 46323		
BURIAL CREMATION REMOVAL OTHER Burial		CEMETERY OR CREMATORY FUNERAL HOME Chapel Lawn Mem. Gardens Schererville, Indiana		
DATE November 19, 1985		FUNERAL HOME NAME AND ADDRESS Bocken Funeral Home, Inc. 7042 Kennedy Ave. Hammond, Ind. 46323		
SIGNATURE <i>[Signature]</i>		DATE SIGNED 11/19/85		HOUR OF DEATH 1:30 a.m.
NAME OF ATTENDING PHYSICIAN S. Gaddipati, M.D.		ADDRESS 7935 Calumet Avenue Munster, Indiana 46321		
HEALTH OFFICER SIGNATURE <i>[Signature]</i>		DATE RECEIVED BY LOCAL HEALTH OFFICER 11-19-85		
IMMEDIATE CAUSE Pneumonia		INTERVAL BETWEEN ONSET AND DEATH days		
OTHER SIGNIFICANT CONDITIONS A.C.H.		INTERVAL BETWEEN ONSET AND DEATH		

Documentalist
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FILED
APR 11 1990

Anna N. Antone
LAKESIDE COUNTY

000496