

TICOR TITLE INSURANCE

095469

AFFIDAVIT

STATE OF INDIANA)
COUNTY OF LAKE) SS:

LOUISE SPISAK, being first duly sworn upon oath, deposes and says:

1. That Affiant's spouse, GEORGE M. SPISAK died (without leaving a will) (~~leaving a will~~) on MARCH 4 19 80 at COMMUNITY HOSP. MURKSTER, IN.

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

1053 Woodland Dr.
LOWELL, IN. 46356 Key #4-13-39

The West 100 feet of the East 500 feet of the South 235 feet of the North 430 feet of the Northeast 1/4 of the Northeast 1/4 of Section 26, Township 33 North, Range 9 West of the Second Principal Meridian, in the Town of Lowell, 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.

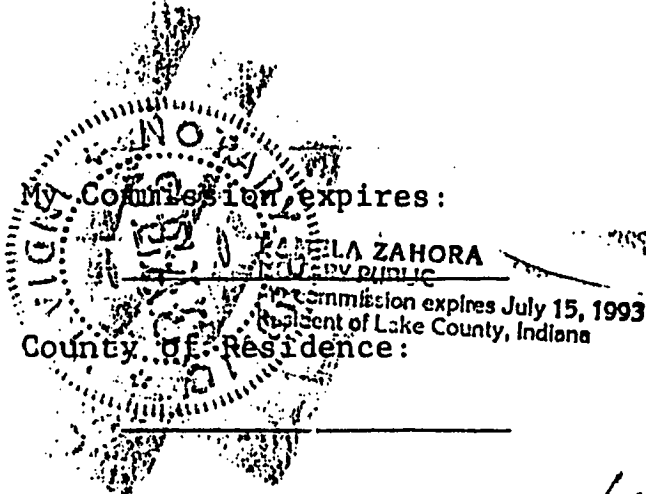
Further affiant sayeth not



Louise Spisak
Louise Spisak

Subscribed and sworn to before me, a Notary Public, this 31 day of March, 1990.

James Zahora
Notary Public



This Instrument prepared by LOUISE SPISAK

2. PL-1
TICOR TITLE INSURANCE
Crown Point, Indiana

STATE OF INDIANA/S.S. NO.
LAKE COUNTY
FILED FOR RECORD
APR 17 8 50 AM '90
ROBERT RECORDS

000690

25.5
13

OR PRINT
ONLY WITH
ADDING INK
THIS IS A
PERMANENT
RECORD

TICOR TITLE INSURANCE

Crown Point, Indiana
Local No. 938-80

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No.

00 152395
FILE WITH THE LAKE COUNTY CLERK'S OFFICE

FUNERAL HOME No. 427
FUNERAL DIRECTOR'S LICENSE No. 2258
EMBALMER'S NAME: James Love
FUNERAL DIRECTOR'S SIGNATURE: [Signature]

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

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

PARENTS

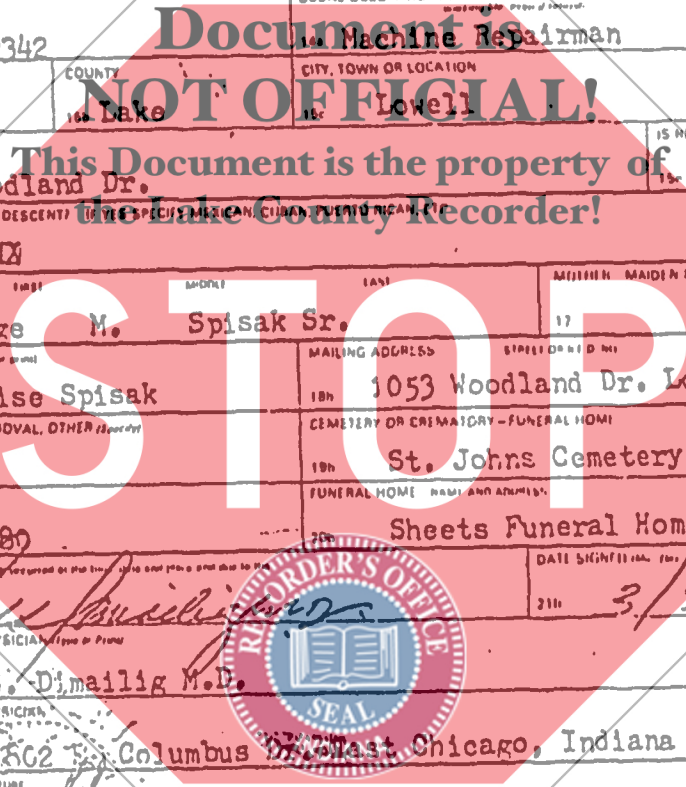
DISPOSITION

M.D. OR D.O.

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE BEING THE IMMEDIATE CAUSE LAST

CAUSE

1 DECEASED-NAME George M. Spisak		SEX Male	DATE OF DEATH March 4, 1980
2 RACE White	3 AGE 54	4 UNDER 1 YEAR 1	5 BIRTH DATE 9-23-1925
6 CITY, TOWN OR LOCATION OF DEATH Munster		7 HOSPITAL OR OTHER INSTITUTION Community Hosp.	8 IF HOSP OR INST DOA
9 STATE OF BIRTH Indiana	10 CITIZEN OF WHAT COUNTRY USA	11 MARRIED NEVER MARRIED, WIDOWED, DIVORCED Married	12 WAS DECEASED EVER IN US ARMED FORCES Yes
13 SOCIAL SECURITY NUMBER 312 14 9342		14 USUAL OCCUPATION Machine Repairman	15 KIND OF BUSINESS OR INDUSTRY Inland Steel
16 RESIDENCE-STATE Indiana		17 COUNTY Lake	18 CITY, TOWN OR LOCATION Lowell
19 STREET AND NUMBER 1053 Woodland Dr.		20 IS RESIDENCE ON A FARM? No	21 INSIDE CITY LIMITS Yes
22 IS DECEASED OF SPANISH DESCENT? No			
23 FATHER-NAME George M. Spisak Sr.		24 MOTHER MAIDEN NAME Maria Kalman	
25 INFORMANT-NAME Mrs. Louise Spisak		26 MAILING ADDRESS 1053 Woodland Dr. Lowell, Indiana 46356	
27 BURIAL, CREMATION, REMOVAL, OTHER Burial		28 CEMETERY OR CREMATORIUM - FUNERAL HOME St. Johns Cemetery	29 LOCATION Hammond, Indiana
30 DATE 3-7-1980		31 FUNERAL HOME Sheets Funeral Home 604 E. Comm. Ave. Lowell, In. 46356	
32 NAME OF ATTENDING PHYSICIAN G. Dimailig M.D.		33 DATE SIGNED 3/5/80	34 HOUR OF DEATH 3:40 AM
35 MAILING ADDRESS - PHYSICIAN 602 E. Columbus Dr. West Chicago, Indiana		36 DATE RECEIVED BY LOCAL HEALTH OFFICER March - 6, 1980	
37 IMMEDIATE CAUSE White Myocardial Infarction		38 INTERVAL BETWEEN DEATH AND DEATH CERTIFICATE 2-3 hrs.	
39 DUE TO OR AS A CONSEQUENCE OF Coronary heart disease		39	
40 OTHER SIGNIFICANT CONDITIONS			



Disposition Permit Issued
Provisional Certificate
 Yes No