45-141-30

STATE OF INDIANA SS: COUNTY OF LAKE

IRENE C. WITECKI, being first duly sworn upon her oath, deposes and says:

- That this affiant is one and the same person as Irene C. That in Witecki, surviving spouse of Frank J. Witecki, Sr. miscellaneous documents this affiant has been referred to as Irene C. Witecki and Irene Witecki; that this affiant's husband was Frank J. Witecki, Sr. who died on the 20th day of August, 1988.
- That this affiant is the owner in fee simple of the following described real estate, to-wit:

Lake County, Indiana

### Parcel 1.

Lots Twenty-five (25) and Twenty-six (26), in Block Three (3) in South Broadway Land Company's Second Jackson Park Addition to Gary, as per plat thereof, recorded Sin Plat Book 8, page 8, in the Office of the Recorder of Lake County, Indiana, commonly known as 3885 Harrison Street, Gary, Indiana

#### This Document is the property of Parcel 2.

Lots One (1) to Five (5), both inclusive in Block Ninety-eight (98), in Gary Land Company's First Subdivision in the City of Gary, as per plat thereof, recorded in Plat Book 6, page 15, in the Office of the Recorder of Lake County, Indiana, commonly known as

Parcel 3.

Lots Twelve (12) and Thirteen (13), in Block Six (6), in Woodlawn, in the City of Gary, as per plat thereof, recorded in Plat Book 19, page 35, in the Office of the Recorder of Lake County, Indiana.

Porter County, Indiana

#### Parcel 1.

A parcel of land in the Southeast Quarter of Section 2, Township 36 North, Range 7 West of the Second Principal Meridian in Porter County, Indiana, described as follows: Beginning at a point 820 feet North and 220 feet West of the Southeast corner of said Section 2; thence running West 220 feet; thence North 135.3 feet to the South line of the right-of-way of U. S. Road No. 20; thence Northeasterly, along the South line of said right-of-way, 260.57 feet; thence South 278.04 feet to the point of beginning.

## FILED

Page One of Three Pages

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TICOR TITLE INSURANCE Crown Point, Indiana

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Parcel 2. The North 300 feet of the South 920 feet of the East 220 feet of the Southeast 1/4 of Section 2, Township 36 North, Range 7 West of the Second Principal Meridian in Porter County, Indiana.

Parcel 3. A parcel of land in the Southeast 1/4 of the Southeast 1/4 of Section 2, Township 36 North, Range 7 West of the Second Principal Meridian, in the City of Portage, in Porter County, Indiana, bounded and described as follows: Commencing at the Southeast corner of said Quarter Quarter Section and running thence North along the East line of said Quarter Quarter Section, 620.0 feet; thence West parallel to the South line of saidfraction 220 feet to the point of beginning; thence North parallel to the East line of said fraction, 200 feet; thence West 220 feet; thence South 200 feet parallel to the East line of said Fraction; thence East 220 feet to the point of beginning.

# Document is NOT OFFICIAL!

This Document is the property of

Parcel 4. A parcel of land in the Southeast 1/4 of Section 2, Township 36 North, Range 7 West of the Second Principal Meridian, in the City of Portage, in Porter County, Indiana, bounded and described as follows: Commencing at a point which is the intersection of the South line of U.S. Highway 20 and the East line of said Section 2; thence South 00 degrees 00 minutes West along said East line, 140.00 feet to the point of beginning of the following described parcel; thence continuing South 00 degrees 00 minutes West along said East line, 177.8 feet; thence North 89 degrees 14 minutes West parallel to the South line of said Section 2, 220 feet; thence North 00 degrees East parallel to said East line, 37.75 feet; thence North 58 degrees 04 minutes 02 seconds East, 259.21 feet to the point of beginning.

Parcel 5. A parcel of land in the Southwest Quarter of Section 20, Township 36 North, Range 6 West, bounded and described as follows: Commencing at a point on the West line of said Southwest Quarter which is 350.0 feet North of the Southwest corner of said Southwest Quarter; thence North along said West line, 360.0 feet; thence East parallel to the South line of said Southwest Quarter, 700.00 feet; thence South parallel to said West line, 260.0 feet; thence West parallel to said South line, 260 feet; thence South parallel to said West line 100.0 feet; thence West parallel to said South line, 440.0 feet to the Point of Commencement.

That this affiant and her deceased husband, Frank J. Witecki, Sr. were husband and wife at the time the foregoing real estate was acquired; that the marital relationship which existed between this affiant and the said Frank J. Witecki, Sr. continued unbroken from the time said real estate was acquired until the death, testate of this affiant's said husband on the 20th day of August, 1988 at which time this affiant acquired title to said real estate as surviving tenant by entireties, as the sole devisee; that this affiant is also the personal representative of the Estate of Frank J. Witecki, Sr., now pending in the Lake Superior Court, Room Three, Gary, Indiana, as Estate No. 45 D03-89-03-ES-47; that this affiant was appointed as such personal representative on the 10th day of March, 1989.

This affiant further says that the gross value of the estate of the said Frank J. Witecki, Sr. deceased, taking into consideration in the evaluation thereof, the value of all his gifts in contemplation of death, including all gifts made by him the three years preceding his death, together with the value of all of his investments in joint properties and estates by the entireties, including the real estate above described, plus the proceeds of all insurance on his life, did not equal or exceed the sum of \$600,000.00 as a consequence of which his estate was not subject to Federal Estate Tax.

That this affiant is in possession of said real estate. This Document is the property of

Further this affiante saithe tob un pated this agy of March, 1990.

Irene C. Witecki

Subscribed and sworn to before me this day and date first above written.

Notary Mublic-Resident of Lake County,

BERNICE J. OLSZOWSKI
Resident of Lake County, Indiana
My Comm. Expires Aug. 27, 1990

**.** 

commission expires

igent 27,1990

This Instrument was prepared by Charles E. Daugherty, Attorney at Law, Six East 67th Avenue, Merrillville, Indiana 46410

TICOR TITLE INSURANCE DIANA STATE BOARD OF HEALTH COMPLETE COPY OF DEATH ON FILE WITH THE												TH ON FILE WITH THE	
Local No	al No CFloyer Point, Indiana.									AUG 2 2 1868 grande 9.0 junudem p			
	Dest 67th Ove. There												
TYPE/PRINT	1 DECEASED—NAME FIRST MIDDLE LAST  Frank - Witeck!										2 GEX 3 DATE OF DEATH IM Day WI		
IN PERMANENT	4 SOCIAL SECURITY NUMBER   So AGE-Lost Brinday   So UNDER LYEAR   So UNDER LDAY   6 DATE OF BURTH LAGRANGE   BURT										Augu	st 20, 1988	
BLACK INK	312-16-4339 (Years) 65 Morans Days Hours Monutes March 9, 1923 Gary, India									<u> </u>			
	8 YEAR LAST SERVED IN US ARMED FORCES?  86 PLACE OF DEATH (Check only one See membrons)												
	1945   HOSPITAL DE Inpetient   DOA   OTHER   Nursing Home   Residence   Other (Specify)												
DECEDENT	96 FACILITY NAME (if not institution give street and number)  St. Margaret Hospital  Hammond  Lake									EATH			
	10 MARITAL STATUS-Married	EBIL SURVIVING SPOUSE				Hammond USUAL OCCUPATION				Lake			
ላ	Never Married Widowed Divorced (Specify) marri		(W wife give meden name)  Irene Sontag			(Give kind of work done during most of working Do not use retired) Decomed of							
2	Divorced (Special) married Irene Sontag Do not use retired) Proprietor  136 RESIDENCE—STATE 136 COUNTY 136 CITY. TOWN OR LOCATION 13d STREET AND NUMBER									Car Wash			
<b>6</b> 68	Indiana Lake G									Harrison Street			
7	13e INSIDE CITY 13f FARE	13g ZIP CODE 14 WAS DECEDENT OF HISPANIC DE				RIGIN? 15 RACE—American Indian			16 DECEDENT'S EDUCATION				
3 2		(Specify No or Yea - if yes apect Mexican Puerto Rican etc.) 30			c) XXXV 🗘 Ye	No D Yes (Specify)			(Specify only highest grade completed) Elementary/Secondary (0.12)   College (1.4 or 6 + )				
· · · · · · ·	yes no 40408 Specify no white 12 yrs. 4 y								3. 4 yrs.				
PARENTS (7)	17 FATHERS NAME (Frat Mode). ( Chester		ki /-					Matus:	-				
INFORMANT .	196 INFORMANT S NAME (Type/Pi			DOWN	LING ADDR	NESS (Street and Num	ber or Rurs	N Route Num	ber City or T	own State Z	p Code)	19c Relationship	
	Irene Witecki			3885	Hari	rison St.	Ga	ry, I	ndian	a 464	08	wife	
26	206 DATE AND PLACE OF DISPOSITION (Name of completely cromatory, or BDBurial Cremeton Removal from State								or 2	30c LOCATION—Cay or Town, State			
DISPOSITION	Doneton Other (Specify) Calumet Park Cemetery								Merrillville, Indiana				
. 7	21. SIGNATURE OF FUNERAL DI	ECPOR	the I		b LICENSE	E NUMBER	22 NAS	ME ADDRES	S AND INCE	NȘE NUMBEI	R OF FUNER	AL HOME /ICE #3002453	
<u>ئ</u>	bohn of	1	Joine	ake Co	1007		636	O Bro	adway	Merri	. 36K'	lle, In. 46410	
	Complete items 23a-c only	23a To	the bool of my knowl	odge death occurred	ot the time.	date, and place stated			36 LICENSI			23c DATE BIGNED	
PHYSICIAN ONLY	when certifying physician is not evalable at time of death								130 610 61101	, i dinagi		(Month Day, Year)	
BE COMPLETED BY	to certify cause of death Signature and Tatle <  24 TIME OF DEATH  25 DATE PRONOUNCED DEAD (Month Day Year)  26 WAS CASE REFERRED TO MEDICAL EXAMINER/COMONERS  27 TIME OF DEATH  28 WAS CASE REFERRED TO MEDICAL EXAMINER/COMONERS  29 TIME OF DEATH										A. (24)		
PERSON WHO VI													
_	27 PART I Enter the disease	s, injuries o	complications that ca	used the death. Do n	ot enter the	mode of dying such a	s cardiac o	or respiratory				Approximate	
C. K.		heart failule	List only one cause or	n each line	-							Interval Between Onset and Death	
	IMMEDIATE CAUSE (Final disease or conduct a Respiratory arrest)												
SEE INSTRUCTIONS !!	Sequentially his conditions  Due to (OR AS A CONSCOUENCE CF)  By On Charles (Bronchogenic carcinoma)										•		
110	if any leading to immediate cause Enter UNDERLYING	d any leading to immediate DUE TO (OR AS A CONSCIUENCE OF)											
. /	CAUSE (Disease or injury that initiated events	c	DUE TO U	DR AS A CONSEC	ISNOT OF								
, 3	resulting in death) LAST	d	DOE 10 11	On AS A SONSEOL	JENCE OF		r' T			•			
CAUSE OF	PART II Other significant conditions	contributing	to death but not result	ing in the underlying	cause given	in Part (			Ba WAS AT	AUTOPSY	28b V	PERE AUTOPSY FINDINGS	
DEATH W	Saust r	(Ser	sis)	Vini.	<b>YDIAN</b>	iiiii			PERFORI			VAILABLE PRIOR TO OMPLETION OF CAUSE	
W.	35/8/1					APR	X  1	990		no	0	F DEATH? (Yes or no)	
51	20s CERTIFIER				<del></del>	4 / 1 /							
SEE INSTRUCTIONS	Check only	the best of	PHYSICIAN (Physician my knowledge, death (	certifying cause of o occurred due to the o	death when i ause(s) and	another physicien has	pronounce:	ed dayth and d	completed he	m 23)			
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CERTIFIER 1	To	the best of	my knowledge, death o	occurred at the time.	date, and ple	ace, and due to the cau	use(s) and r	menner as sta	eted				
6	_	DICAL EXA			TH OFFICE	<del>-</del>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************************************	., <del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	····	***************************************	***************************************	
7	On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated												
3.	206 SIGNATURE AND TITLE OF CERTIFIER						29c. LICENSE NUMBER				29d DATE SIGNED (Month Day, Year)		
16	30 NAME AND ADDRESS OF FERSON WHO COMPLETED CAUSE OF DEATH UTEM 27) (Type/Prind							335	507 August 20, 1988				
1	H. Mishoulam,	$M \cdot D$					er, I	ndian	a 463	21	•		
HEALTH OFFICER	H. Mishoulam, M.D. 7905 Calumet Avenue, Munster, Indiana 46321  31. HEALTH OFFICERS SIGNATURE  AUG 22									UG 2 2 1988			
13	33 MANNER OF DEATH		348 DAJE OF INJURY 346 TIME OF 34c INJURY A								MBE HOW INJURY OCCURRED		
CORONER OR	NStural Pending (Month Dey, Year) NJURY (Yea or no)						252						
MEDICAL EXAMINER USE	Accident Investigation	Ļ					1 .						
ONLY    Succide   Could not be Oetermined   34e PLACE OF INJURY—At home, farm, street, factory office   34f LOCATION (Street and Number building, etc. (Specify)							ber or Rural F	loute Numbe	r, City or Town, State)				
			10.00				<u> </u>						