

152100 Wheeler

TICOR Ho

093742

AFFIDAVIT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

APR 24 8 46 AM '90
ROBERT WHEELER
RECORDER

STATE OF INDIANA, S.S. NO.
LAKE COUNTY
FILED FOR RECORD

Richard A. Olah, being first
sworn upon oath, deposes and says:

1. That Affiant's ^{mother} ~~spouse~~, Irene M. Olah
died (without leaving a will) (~~leaving a will~~) on August 24
19 83 at Chicago Heights, IL.

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 8 in Block 11 in Turner-Meyn Park, in the City of Hammond, as per plat
thereof, recorded in Plat Book 19 page 12, in the Office of the Recorder of
Lake County, Indiana.

#36-258-8

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 ~~in~~
bank accounts and life insurance on decedent's life were ~~not~~
sufficient to necessitate payment of Federal Estate Tax.

Further affiant sayeth not.



FILED

APR 20 1990

Ann R. Astor
NOTARY PUBLIC

Richard A. Olah
Richard A. Olah

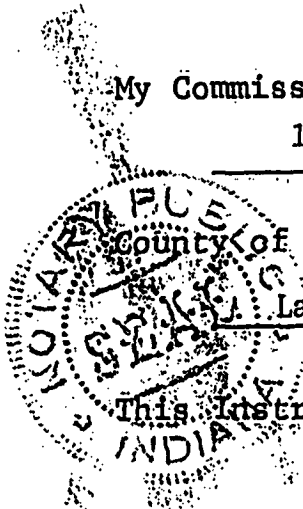
Subscribed and sworn to before me, a Notary Public, this 10th
day of April, 19 90.

Linda S. Wood
Linda S. Wood Notary Public

My Commission expires:
10-17-90

County of Residence:
Lake

This instrument prepared by Richard A. Olah



550
12

000838

REGISTRATION DISTRICT NO. 16.32
 REGISTERED NUMBER 445.

STATE OF ILLINOIS

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

1. DECEASED—NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)
 IRENE MARIE OLAH FEMALE 3. AUGUST 24, 1983

4a. RACE—WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY) 4b. ORIGIN OR DESCENT 4c. AGE—LAST BIRTHDAY (MOS., YRS.) 4d. UNDER 1 YEAR 4e. YEAR UNDER 1 YEAR 4f. UNDER 1 DAY 4g. DATE OF BIRTH (MO., DAY, YEAR) 4h. COUNTY OF DEATH
 4a. WHITE 4b. HUNGARIAN 4c. 69 4d. 4e. 4f. FEBRUARY 20, 1914 4h. COOK

7a. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 7b. HOSPITAL OR OTHER INSTITUTION—NAME, ST. OR NO. (IF NOT IN FLUX, GIVE STREET AND NUMBER) 7c. INPATIENT
 7a. CHICAGO HEIGHTS 7b. ST. JAMES HOSPITAL 7c. INPATIENT

8. STATE OF BIRTH (IF NOT U.S.A. GIVE COUNTRY) 9. CITIZEN OF WHAT COUNTRY 10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 11. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)
 8. INDIANA 9. USA 10. WIDOWED 11. None

12. SOCIAL SECURITY NUMBER 13. USUAL OCCUPATION 14. KIND OF BUSINESS OR INDUSTRY 15. WAS DECREASED EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO) 16. WAR OR DATES OF SERVICE
 12. 307-01-2150 13. HOUSEWIFE 14. Home 15. No 16. No

17a. RESIDENCE—STREET AND NUMBER 17b. CITY, TOWN, TWP. OR ROAD DISTRICT NO. 17c. INSIDE CITY (YES/NO) 17d. COUNTY 17e. STATE
 17a. 2930 JANET PLACE 17b. HAMMOND 17c. Yes 17d. Lake 17e. INDIANA

18. FATHER—NAME FIRST MIDDLE LAST 19. MOTHER—MAIDEN NAME FIRST MIDDLE LAST
 18. Andrew Sako 19. Tillie Kerekes

17a. IMPORTANT NAME (TYPE OR PRINT) 17b. RELATIONSHIP 17c. MAILING ADDRESS (STREET AND NUMBER OR P.O. BOX, CITY OR TOWN, STATE, ZIP)
 17a. *Dianna D. Law* 17b. *Wife* 17c. 1423 CHICAGO ROAD, CHICAGO HEIGHTS, ILLINOIS 60411

18. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
 PART I. IMMEDIATE CAUSE
 (a) RESPIRATORY FAILURE
 (b) METASTATIC CARCINOMA TO THE LUNGS
 (c) CARCINOMA OF LEFT LUNG
 APR 20 1990

CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (b) STATING THE UNDERLYING CAUSE LAST.

PART II. OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) AUTOPSY (YES/NO) IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH?
 Diabetes mellitus; Hypertension. *Autopsy* YES

DATE OF OPERATION IF ANY MAJOR FINDINGS OF OPERATION
 20a. 20b. *None*

21. (1) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR) WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (SPECIFY YES OR NO) HOUR OF DEATH
 21a. 8 23 83 21b. 21c. 4.50 PM.

22a. SIGNATURE NAME AND ADDRESS OF CERTIFIER
 22a. *Vasanthia Kumarswami*
 22b. 8 24 83
 22c. ILLINOIS LICENSE NUMBER 3648395

23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.

24a. BURIAL, CREMATION, REMOVAL (SPECIFY) 24b. CEMETERY OR CREMATORY—NAME 24c. LOCATION (CITY OR TOWN) STATE DATE (MONTH, DAY, YEAR)
 24a. Burial 24b. Chapel Lawn 24c. Schererville, Indiana 24d. August 27, 83

25a. FUNERAL HOME—NAME STREET AND NUMBER OR R. F. D. CITY OR TOWN STATE ZIP
 25a. Hirsch-West End Funeral Home 1340 Otto Blvd. Chicago Heights, Ill

25b. FUNERAL DIRECTOR'S SIGNATURE 25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER
 25b. *S. C. Hirsch* 25c. 8507

26a. LOCAL REGISTRAR'S SIGNATURE 26b. DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
 26a. *John M. Costabile (ref)* 26b. Aug 25, 1983

VR 200 REV. 5/82 Illinois Department of Public Health - Office of Vital Records (BASED ON 1978 U.S. STANDARD CERTIFICATE)

Jurner-Meyn Pk. Rt 9 Bl 11 # 36-258-8

I HEREBY CERTIFY that the foregoing is a true and correct copy of the DEATH record for the descendant in Item No. 1 and that the 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: AUG 25 1983 SIGNED: *John M Costabile* 000839

AT: CHICAGO HEIGHTS, ILL. 60411 TITLE: LOCAL REGISTRAR