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TIGOR TITLE INSURANCE
Merrillville, Indiana

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AFFIDAVIT

FILED

JUN 15 1990

STATE OF INDIANA)
COUNTY OF LAKE) SS:

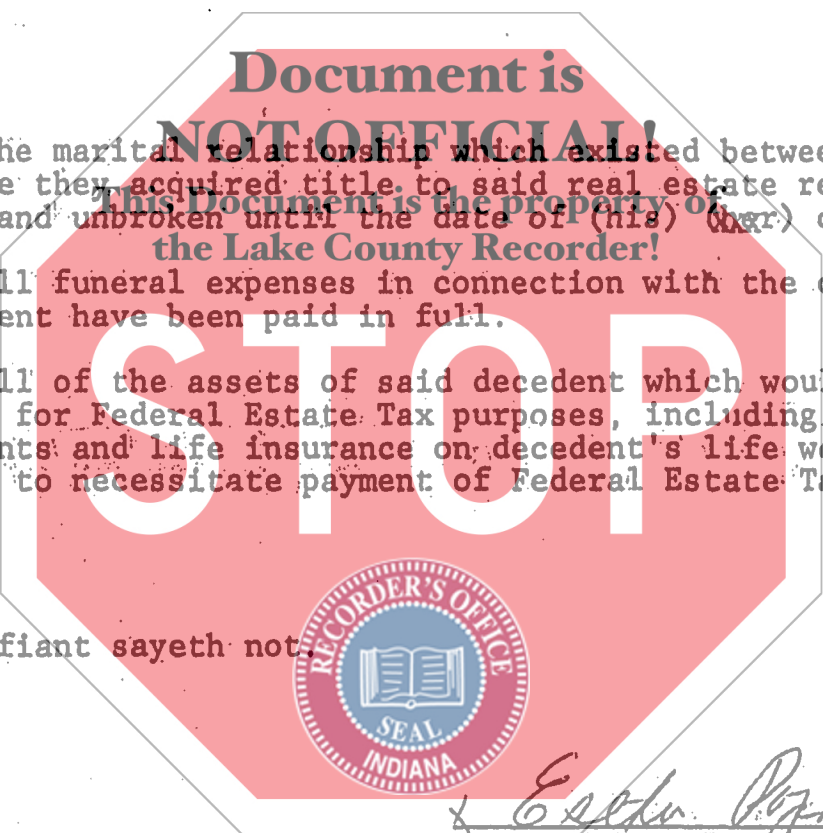
Anna N. Anton
AUDITOR LAKE COUNTY

ESTHER M. POPOVICH, being first duly sworn upon oath, deposes and says:

1. That Affiant's spouse, RALPH G. POPOVICH died (without leaving a will) (~~leaving a will~~) on JAN 31 1985 at HAMMOND, INDIANA

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 210 IN THE PARK 6th ADDITION TO THE TOWN OF GRIFFITH, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 37 PAGE 54, IN THE OFFICE OF THE REORDER OF 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.



Esther Popovich
ESTHER POPOVICH, A/K/A
ESTHER M. POPOVICH

Subscribed and sworn to before me, a Notary Public, this day of MAY-30, 1990.

John Rostankovskiy
Notary Public

My Commission expires:

JOHN ROSTANKOVSKY
NOTARY PUBLIC STATE OF INDIANA
LAKE COUNTY
MY COMMISSION EXP. NOV. 2, 1990

County of Residence:

LAKE

This Instrument prepared by ESTHER M. POPOVICH

000321

550
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TYPE OR PRINT
PLAINLY WITH
UNFADING INK
THIS IS A
PERMANENT
RECORD

Below for State Office Use

THIS CERTIFIES THE ABOVE IS A TRUE AND
COMPLETE COPY OF THE CERTIFICATE OF DEATH
ON FILE WITH THE HAMMOND HEALTH DEPT.

FEB - 4 1985
Date Issued

Disposition Permit
Issued /
Provisional
Certificate
 Yes No

EMBALMER'S NAME: ANTHONY SOLAR LICENSE No. 51814
FUNERAL DIRECTOR'S SIGNATURE: Mary Solar
FUNERAL HOME: FUNERAL HOME License No. 849
No. 289

Local No. 09
TYPE OR PRINT OR PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK
DECEASED
IF DEATH OCCURRED IN INSTITUTION, SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE STATE
PARENTS
DISPOSITION
CERTIFIER
CONDITIONS IF ANY WHICH GAVE RISE TO SUSPICION OF CAUSE OF DEATH BY STATING THE UNDERLYING CAUSE LAST
CAUSE

INDIANA STATE BOARD OF HEALTH
CORONER'S CERTIFICATE OF DEATH

State No.

DECEASED - NAME FIRST MIDDLE LAST Ralph G. Popovich		SEX Male	DATE OF DEATH (MONTH, DAY, YEAR) Jan. 31, 1985
RACE White	AGE - Last Birthday (Yrs.) 66	DATE OF BIRTH (MO., DAY, YR.) Oct. 9, 1918	COUNTY OF DEATH Lake
CITY, TOWN OR LOCATION OF DEATH Hammond	HOSPITAL OR OTHER INSTITUTION - Name of and address, give street and number St. Margaret Hospital		IF HOSP. OR INST. INDIAN I. O. V. (Spec. Res. Inpatient Report) Inpatient
STATE OF BIRTH Illinois	CITIZEN OF WHAT COUNTRY USA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married	SURVIVING SPOUSE (with give marriage date) Esther (Blazak)
SOCIAL SECURITY NUMBER 352-09-6046	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Insulator	KIND OF BUSINESS OR INDUSTRY American Oil Co.	
RESIDENCE - STATE Indiana	COUNTY Lake	CITY, TOWN OR LOCATION Hammond	
STREET AND NUMBER 7536 Jarnecke Avenue		IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes
IS DECEASED OF SPANISH ORIGIN? (If YES SPECIFY HISPANIC, CUBAN, PUERTO RICAN, ETC.) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
FATHER - NAME George Popovich		MOTHER - MARDEN NAME Irene Argandine	
INFORMANT - NAME (Type of person) Esther Popovich - Wife		MAILING ADDRESS 7536 Jarnecke Ave., Hammond, Ind. 46321	
DISPOSITION Burial		CEMETERY OR CREMATORY - FUNERAL HOME Holy Cross Cemetery, Calumet City, Ill.	
DATE Feb. 4, 1985		FUNERAL HOME - NAME AND ADDRESS Solar Funeral Home, 7109 Calumet Ave., Hammond, Ind.	
CERTIFIER Daniel Thomas, M.D., 2293 N. Main St., Crown Point, Ind. 46307		DATE SIGNED (MO., DAY, YR.) 2/1/85	HOUR OF DEATH 4:32 P.M.
NAME AND ADDRESS OF CERTIFIER (Type of person) Daniel Thomas, M.D., 2293 N. Main St., Crown Point, Ind. 46307		PRONOUNCED DEAD (MO., DAY, YR.) 1/31/85	PRONOUNCED DEAD (MO., DAY, YR.) 10:30 P.M.
HEALTH OFFICER - NAME Anthony Solar		DATE RECEIVED BY LOCAL HEALTH OFFICER FEB - 4 1985	
CAUSE PART I IMMEDIATE CAUSE Marked cardiomegaly, Ascites, Dilated small intestine Undetermined with marked edema of mucosa; Hepatomegaly with large hydrops of gallbladder with jaundice			
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not stated in cause given in Part I None			
AGE, SEX, RACE, HOGS, LIQUOR, OR PRECIPITANT CAUSE Natural	DATE OF INJURY (MO., DAY, YR.) None	HOUR OF INJURY None	EXPOSURE TO TOXIC AGENTS OCCURRED None
PLACE OF INJURY - All homes, farm, street, factory, office building, etc. None	CITY OR TOWN STATE		