



139778 SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA } S. S.
COUNTY OF LAKE

Elaine Beluschak

On this October 7, 1990 before me personally appeared ROBERT J. BELUSCHAK
(insert date)

to me personally known, who being duly sworn on oath did say that:

1. Affiant resides at the address given below affiant's signature;
2. Affiant is son of owners (daughter)
(state interest of affiant in the above premises as "owner," "son of owner," etc.)
3. Said premises were formerly owned as joint tenants or as tenants by the entireties by
Joseph E. Beluschak and Margaret M. Beluschak

4. Said Margaret M. Beluschak
(fill in name of co-tenant who died)

died on 12-23-78 leaving No will; attached certificate
(insert "a" or "b" or "c" or "d" or "e" or "f" or "g" or "h" or "i" or "j" or "k" or "l" or "m" or "n" or "o" or "p" or "q" or "r" or "s" or "t" or "u" or "v" or "w" or "x" or "y" or "z")
This Document is the property of the Lake County Recorder!

5. The legal description of the premises in question is:
Lots 4, 5 and 6, Block 3, Broadhurst Subdivision, in the City of Gary, as shown in Plat Book 19, Page 13, in Lake County, Indiana.

6. To the best of affiant's knowledge there is no Federal or State estate or inheritance tax liability by reason of the death of said decedent.

7. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced?
No

(If answer is "Yes," identify the divorce proceedings:

8. Affiant's relationship to the deceased was son (daughter)

Signature: *Elaine Beluschak*
Address: 2517 SE 23rd Avenue
Grape Coral, FL 33904
9088 W. Waterford Sq. S.
Greenfield, WI 53228

Subscribed and sworn to before me by the affiant.

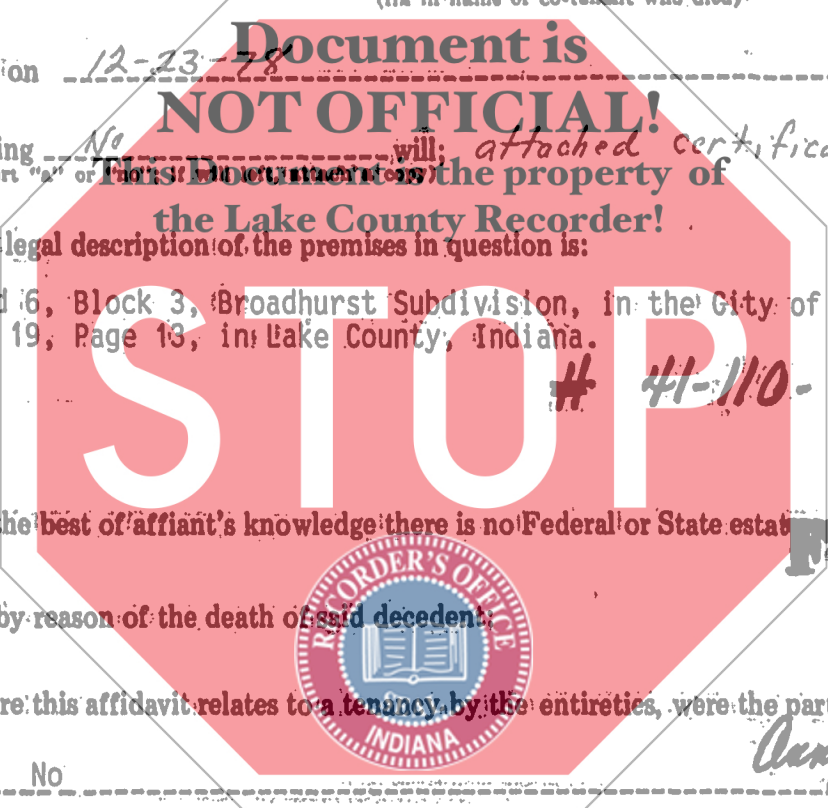
this 7th day of October, 1990
(insert date)

Thomas R. Hoffman
Notary Public

Thomas R. Hoffman
My Commission Expires 09/08/93

This instrument prepared by THOMAS K. HOFFMAN; #7731-45
CROWN POINT, IN

80800



CHICAGO TITLE INSURANCE COMPANY
INDIANA DIVISION
STATE OF INDIANA / S. NO.
LAKE COUNTY, IN
FILED
DEC 19 1 16 PM '90
41-110-4,5 & 6

FILED
DEC 18 1990
Anna M. Anton
NOTARY LAKE COUNTY

g. w.

TYPE OR PRINT
PLAINLY WITH
UNFADING INK

THIS IS A
PERMANENT
RECORD

Below for State Office

Broadhurst St. 4, 5, 6, Bl 3
THIS CERTIFICATE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT.

41-110-4, 540

APR 12 1979

Chas. W. Wetlis

EMBALMER'S NAME

FUNERAL DIRECTOR'S SIGNATURE

John P. [Signature]

FUNERAL DIRECTOR'S LICENSE No. 723

LICENSE No. 4237

FUNERAL HOME No. 245

CAUSE

DISPOSITION

PARENTS

DECEASED

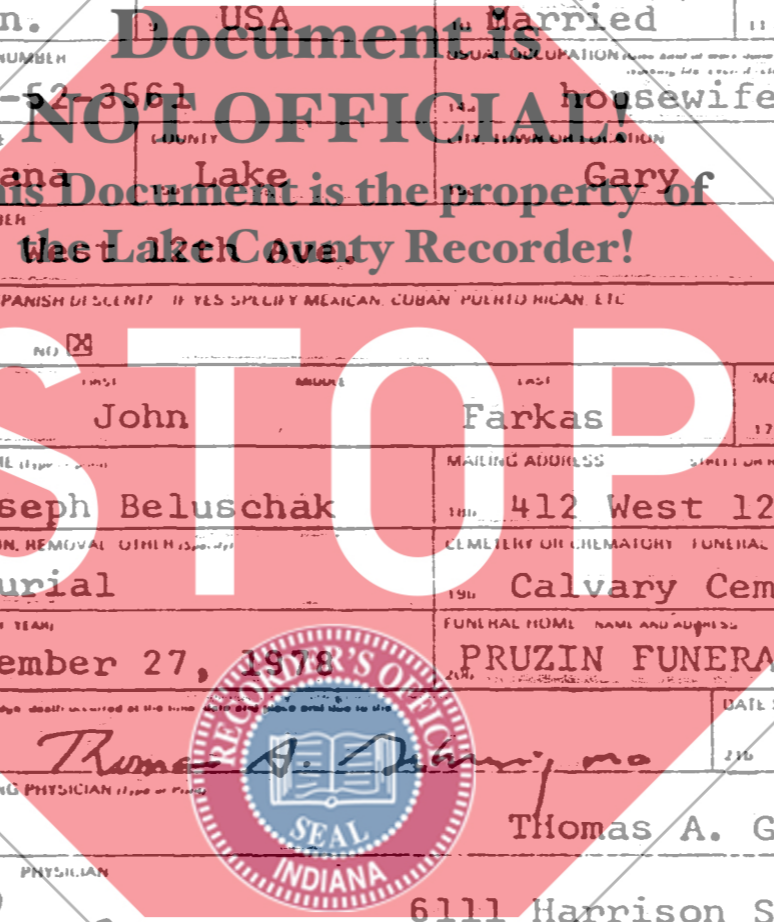
TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

Local No. *1677-78*

INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

State No. _____

DECEASED - NAME 1 MARGARET M BELUSCHAK			SEX 2 Female	DATE OF DEATH (MONTH DAY YEAR) 3 December 23, 1978
HA 1 White	AGE (Last birthday) 4 64	UNDER 1 YEAR MOS 5	UNDER 1 DAY HOURS MINS 6 10-20-1914	COUNTY OF DEATH 7 Lake
CITY, TOWN OR LOCATION OF DEATH 8 Hobart		HOSPITAL OR OTHER INSTITUTION (Name of hospital or other institution and number) 9 St. Marys Medical Center		IF HOSP OR INST. (Specify DOA, Op. Emer. Rm. treatment, etc.) 7a inpatient
STATE OF BIRTH (If not in U.S. specify country) 10 Penn.	CITIZEN OF WHAT COUNTRY 11 USA	MARRIED NEVER MARRIED, WIDOWED, DIVORCED 12 Married	SURVIVING SPOUSE (Name and present address) 13 Joseph Beluschak	WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Federal and State) 14 no
SOCIAL SECURITY NUMBER 15 317-52-3561		OCCUPATION (Specify date of death if more than one during most of working life) 16 housewife		KIND OF BUSINESS OR INDUSTRY 17 home
RESIDENCE STATE COUNTY 18a Indiana Lake		CITY, TOWN OR LOCATION 18b Gary		
STREET AND NUMBER 19 412 West 12th Ave.			IS RESIDENCE ON A FARM? 20 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	INSIDE CITY LIMITS (Specify YES OR NO) 21 yes
IS DECEASED OF SPANISH DESCENT? (If YES specify MEXICAN, CUBAN, PUERTO RICAN, ETC.) 22 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
FATHER - NAME (First Middle Last) 23 John Farkas		MOTHER - MAIDEN NAME (First Middle Last) 24 Helen Bratu		
INFORMANT - NAME (Type and name) 25a Joseph Beluschak		MAILING ADDRESS (Street or R.F.D. No., City or Town, State, ZIP) 25b 412 West 12th Ave., Gary, Indiana 46407		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 26a Burial		CEMETERY OR CREMATORIUM FUNERAL HOME 26b Calvary Cemetery		LOCATION (City or Town, State) 26c Portage, Indiana
DATE (Month Day Year) 27a December 27, 1978		FUNERAL HOME (Name and address) 27b PRUZIN FUNERAL HOME, 6360 Broadway, Merr., Ind. 46410		STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP
To the best of my knowledge, death occurred at the time and place stated and due to the causes stated. 28a (Signature) <i>Thomas A. Gehring</i>		DATE SIGNED (Month Day Year) 28b 12/26/78	HOUR OF DEATH 28c 7:15 PM	
NAME OF ATTENDING PHYSICIAN (Type or Print) 29a Thomas A. Gehring M.D.		MAILING ADDRESS PHYSICIAN 29b 6111 Harrison St., Merrillville, Indiana 46410		
HEALTH OFFICER - SIGNATURE 30a <i>Peers J. [Signature]</i>		DATE RECEIVED BY LOCAL HEALTH OFFICER 30b 12-29-78		
PART I (a) Hepatic failure		INTERVAL BETWEEN ONSET AND DEATH Weeks		
(b) Carcinoma of colon with liver metastases		INTERVAL BETWEEN ONSET AND DEATH Years		
(c) _____		INTERVAL BETWEEN ONSET AND DEATH		
PART II OTHER SIGNIFICANT CONDITIONS (Conditions contributing to death but not related to cause given in PART I) 31 _____		AUTOPSY (Specify Yes or No) 32 _____		



FILED
DEC 29 1978

Anna N. Antow
REGISTERED NURSE

6800