

91008853

STATE OF INDIANA )  
 ) SS:  
COUNTY OF LAKE )

A F F I D A V I T

ANNE SPERKO, being first duly sworn upon her oath, states:

1. That she resides at 7120 Colorado, Hammond, Lake County, Indiana.

2. That she is the surviving widow of Walter J. Sperko, who died a resident of Hammond, Lake County, Indiana on October 27, 1990.

3. That she is the surviving and exclusive owner of the following parcel of real property, which is located at 7120 Colorado, Hammond, Lake County, Indiana, and legally described as: **This Document is the property of**

**Document is NOT OFFICIAL!**  
Key # 37-174-31  
the Lake County Recorder!  
The south 50 feet of that part of the west one-half of the west one-half of the southeast one-quarter of the southeast one-quarter of Section 9, Township 36 North, Range 9 west of the second principal meridian in the City of Hammond, Lake County Indiana, lying east of Lot A and North of Lot 21, Van Til Addition to Hammond, as recorded in plat book 19, page 23 in the Office of the Recorder of Lake County, Indiana and the south 50 feet of said Lot A

4. That Exhibit "A" attached hereto, is a true, correct and authentic copy of the death certificate of the aforesaid Walter J. Sperko.

**FILED**

FEB 25 1991

*Anna M. Anton*  
AUDITOR LAKE COUNTY



*Anne Sperko*  
ANNE SPERKO

ROBERT  
RECORDER  
FEB 25 1 05 PM '91

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

SUBSCRIBED and SWORN to before me, a Notary Public, this 14th day of February, 1991.

*Kenneth M. Wilk*

My Commission Expires: February 5, 1995  
County of Residence : Lake

This Document Prepared By: Kenneth M. Wilk, Attorney at Law,  
3235 - 45th Street, Highland, IN



C144580

**INDIANA STATE BOARD OF HEALTH  
CERTIFICATE OF DEATH**

Local No. 2171-90

State No. ....

TYPE/PRINT  
IN  
PERMANENT  
BLACK INK

1. DECEASED—NAME (First, Middle, Last) <b>WALTER SPERKO</b>		2. SEX <b>MALE</b>	3a. TIME OF DEATH <b>2:07 A.M.</b>	3b. DATE OF DEATH (Month, Day, Yr) <b>OCTOBER 27, 1990</b>	
4. SOCIAL SECURITY NUMBER <b>137-032255</b>	5a. AGE—Last Birthday (Year) <b>71</b>	5b. UNDER 1 YEAR Months: _____ Days: _____	5c. UNDER 1 DAY Hours: _____ Minutes: _____	6. DATE OF BIRTH (Mo, Day, Yr) <b>Dec. 6, 1918</b>	
7. BIRTHPLACE (City and State or Foreign Country) <b>Plymouth, Penn</b>	8a. WAS DECEDENT A U.S. VETERAN? <b>No</b>				
8b. YEAR LAST SERVED IN U.S. ARMED FORCES? <b>N/A</b>	8c. PLACE OF DEATH (Check only one. See instructions) <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> EPO/Outpatient <input type="checkbox"/> OCA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence				
9a. FACILITY NAME (If not institution, give street and number) <b>THE COMMUNITY HOSPITAL</b>		9b. CITY, TOWN, OR LOCATION OF DEATH <b>MUNSTER</b>	9c. COUNTY OF DEATH <b>LAKE</b>		
10. MARITAL STATUS (Specify) <b>Married</b>	11. SURVIVING SPOUSE (If wife, give maiden name) <b>Anne Boskovich</b>	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Service Engineer</b>		12b. KIND OF BUSINESS/INDUSTRY <b>Youngstown Steel</b>	
13a. RESIDENCE—STATE <b>Indiana</b>	13b. COUNTY <b>Lake</b>	13c. CITY, TOWN, OR LOCATION <b>Hammond</b>	13d. STREET AND NUMBER <b>7120 Colorado</b>		
13e. ZIP CODE <b>46323</b>	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? <b>USA</b>	15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16. RACE—American Indian, Black, White, etc. (Specify) <b>White</b>	
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>12</b> College (1-4 or 5+) <b>4</b>		18. FATHER'S NAME (First, Middle, Last) <b>Wasil Sperko</b>			
19. MOTHER'S NAME (First, Middle, Maiden Surname) <b>Natalie Matzaj</b>		20a. INFORMANT'S NAME (Type/Print) <b>Anne Sperko</b>			
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>7120 Colorado Ave, Hammond, IN 46323</b>		20c. Relationship <b>wife</b>			
21a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) _____		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>October 29, 1990 Oakland Memory Lanes</b>		21c. LOCATION—City or Town, State <b>Dolton, Illi</b>	
22a. EMBALMER'S NAME <b>Charles D. Schever, Jr.</b>		22b. EMBALMER'S LICENSE NO. <b>1006049</b>	23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a. SIGNATURE OF FUNERAL DIRECTOR <i>John V. Huber</i>		24b. LICENSE NUMBER (of License) <b>1045362</b>	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>3002869-Virgil Huber F.H. 7051 Kennedy Av., Hammond, IN 46323</b>		
26. PART I. Enter the immediate cause of death and conditions, if any, which gave rise to the immediate cause, stating the underlying cause last. <b>HEALTH DEPT. DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT. DUE TO (OR AS A CONSEQUENCE OF) MYOCARDIAL INFARCTION</b>					
27. PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I. <b>LAKE COUNTY HEALTH COMMISSIONER</b>					
28a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER 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) as stated. <input type="checkbox"/> CORONER 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.		28b. WAS AN AUTOPSY PERFORMED? (Yes or no) <b>NO</b>	28c. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)		
29a. SIGNATURE AND TITLE OF CERTIFIER <i>Mark F. Kevin</i>		29b. MEDICAL LICENSE NO. <b>36785</b>	29c. DATE SIGNED (Month, Day, Year) <b>OCTOBER 29, 1990</b>		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>DR. MARK F. KEVIN M. D. 905 CALUMET AVENUE MUNSTER, INDIANA 46321</b>					
31. HEALTH OFFICER'S SIGNATURE <i>Paul Johnson</i>				32. DATE FILED (Month, Day, Year) <b>October 30, 1990</b>	
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be Determined		34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)	34d. DESCRIBE HOW INJURY OCCURRED
34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
34g. DATE PRONOUNCED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.			

DECEDENT

PARENTS

INFORMANT

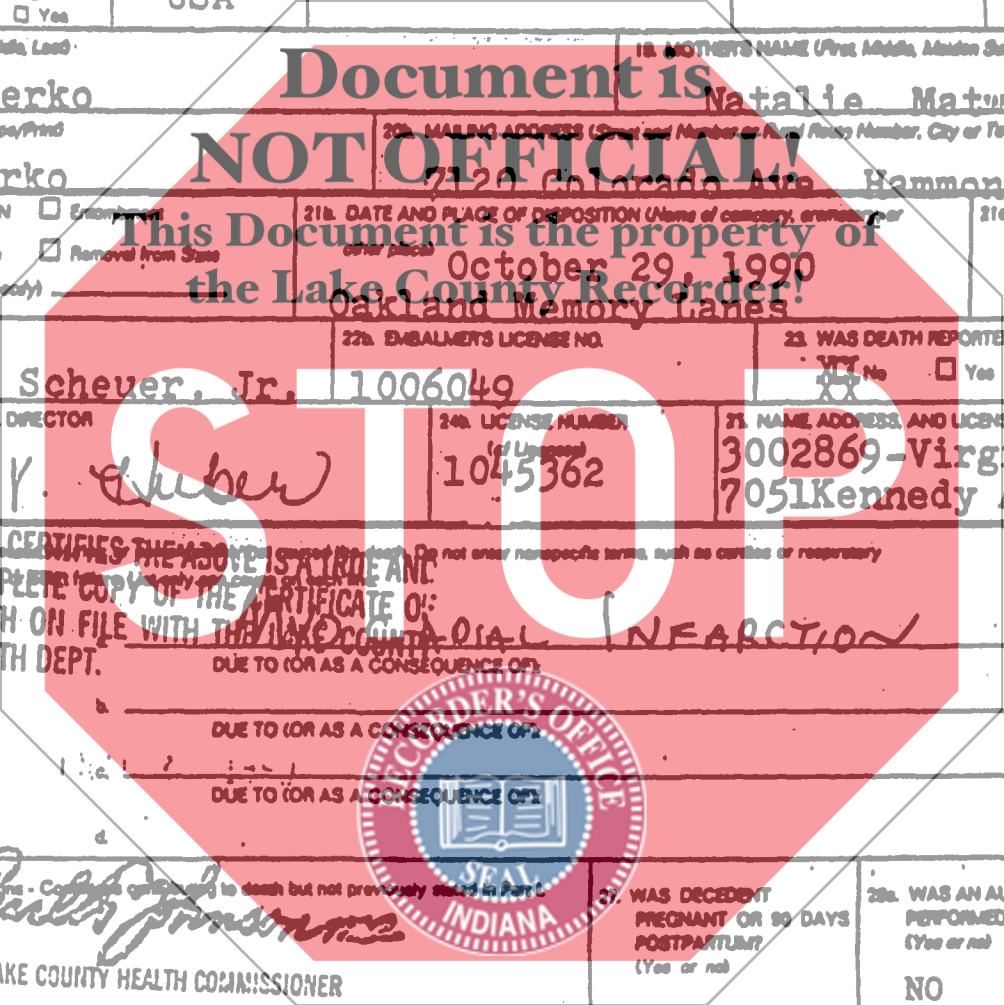
DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

CORONER USE ONLY



C

*Copy*

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                          ) SS:  
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The south 50 feet of that part of the west one-half of the west one-half of the southeast one-quarter of the southeast one-quarter of Section 9, Township 36 North, Range 9 west of the second principal meridian in the City of Hammond, Lake County Indiana, lying east of Lot A and North of Lot 21, Van Til Addition to Hammond, as recorded in plat book 19, page 23 in the Office of the Recorder of Lake County, Indiana and the south 50 feet of said Lot A

4. That Exhibit "A", attached hereto, is a true, correct and authentic copy of the death certificate of the aforesaid Walter J. Sperko.



*Anne Sperko*  
ANNE SPERKO

SUBSCRIBED and SWORN to before me, a Notary Public, this 14th day of February, 1991.

*Kenneth M. Wilk*

My Commission Expires: February 5, 1995  
County of Residence : Lake

This Document Prepared By: Kenneth M. Wilk, Attorney at Law,  
3235 - 45th Street, Highland, IN

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
FEB 26 1 05 PM '91  
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INDIANA STATE BOARD OF HEALTH

CERTIFICATE OF DEATH

Local No. 2171-90

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TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

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CAUSE OF DEATH

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8b. YEAR LAST SERVED IN U.S. ARMED FORCES? <b>N/A</b>		8c. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence		
9a. FACILITY NAME (If not institution, give street and number) <b>THE COMMUNITY HOSPITAL</b>		9b. CITY, TOWN OR LOCATION OF DEATH <b>MUNSTER</b>	9c. COUNTY OF DEATH <b>LAKE</b>	
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26. PART I. Enter the immediate cause of death on the basis of the information furnished. Do not enter nonspecific terms, such as cardiac or respiratory arrest. IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT.</b>				
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last a. <b>HEALTH DEPT.</b> b. <b>HEALTH DEPT.</b> c. <b>HEALTH DEPT.</b>				
PART II. Other significant conditions contributing to death but not previously listed in Part I. <i>Charles Johnson</i> <b>LAKE COUNTY HEALTH COMMISSIONER</b>				
27. WAS DECEDENT PREPREGNANT ON 90 DAYS POSTPARTUM? (Yes or no) <b>NO</b>		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) <b>NO</b>		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)
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