91008853

STATE OF INDIANA

ss:

COUNTY OF LAKE

4

#### AFFIDAVIT

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

FILED

FEB 25 1991

AUDITOR LAKE COUNTY

The south 50 feet of that part of the west one-half 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

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

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

C1427

TATE OF INDIANA/SIS.

LAYE COUNTY
FILED FOR DECORD

Local No. 2171-90

## INDIANA STATE BOARD OF HEALTH CERTIFICATE OF DEATH

State No.	•••••••

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State Form 10110 (R2/3-89)

STATE OF INDIANA )
COUNTY OF LAKE )

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#### AFFIDAVIT

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. Sperkov who died a resident of Hammond, Lake County, Indiana on October 27, 1990.
- 3. That she is the surviving and exclusive owner of the G 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

The south 50 Test of the Record 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

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

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

# Local No. 2171-90

### INDIANA STATE BOARD OF HEALTH CERTIFICATE OF DEATH

State No.	
State No.	********************

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	gow	K   Y + .	AMMON			7051	Kenne dy	Av., H	ammond,	IN 4
E OF	MANEDIATE CAUSE OF decese or condition resulting in death)  Conditions, if any, which nee to the immediate ca- stering the underlying cause lest	HEALTH DEF	b DUE TO	COR AS A CONSCIUENT OF AS A CONS	CE ON	EARC'	7,0~			
	PART II. Other significa	Circle	n proses	but not previous (195	All Hitter PO	S DECEDENT COMMIT ON SO STPARTUMT OP/no)	(Yes or ne	07.	AVAILABLE PROFITO COMPLETION OF GAI OF DEATHT (Yes or no	USE
		LARE COU	HTY HEALTH COMMISS	IONER	·		NO		المنيان المستحد المستحد	
	29s. CERTIFIER (Check only ana)	HEALTH	TING PHYSICIAN To the OFFICER On the besse of ER. On the besse of example of	of examination and/or time	sequent is my operant o	leath occurred at t	the sime, class, and place, a	nd due to the cause		·
	200 SIGNATURE AND						L MEDICAL UCENSEN		DATE SIGNED (Month	Dey, Yearl
FIER	- 37/\\\	The D		MES			36785	0	CTOBER 24	,1990
	30. NAME AND ABOR	ESS OF PERSON	MAY COMPLETED CAUS	E OF DEATH (ITEM 26) (	Type/Prind			•	•	<i>,</i> .
	DR. MAR	K F. KEV	IN M. D.	905 CAL	IMET AVENU	E MUNST	ER. INDIAN	A 46321		
TH ER	31. HEALTH OFFICER			lAJohn					Trees	30,
	33. MANNER OF DEAT	TH .	34 DATE OF INJ		F SIL BLURY		344 DESCRIBE HOW	INJURY OCCUPE	ED .	/
	☐ Netural □	Pending Investorson	(Month, Day, Yo	est) BNJURY	(You or A					,,
ONER ONLY	Accident - Suicide  Hemicide	Could not be Determined	34e. PLACE OF INA building, stc. (S	JUNY—At home, form, or pecify)	set factory, effice	34, LOC	ATION (Street and Numb	er er Rurel Rouse N	umber, City or Town, Sta	ne)
	349. DATE PRONOUN	CED DEAD (Allore)	Cey, Yeart 34h, MO1	OR VEHICLE ACCIDENT	7 (Yes er not - Eyes, a	pocify diver; pas	senger, pedealnen, etc.			
	S8H06-004 St	ate Form 101	10 (R2/3-89)	DEA CERT/FO I						

State Form 10110 (R2/3-89)