

158774 Magurany

Town - Merrillville

# TICOR TITLE INSURANCE

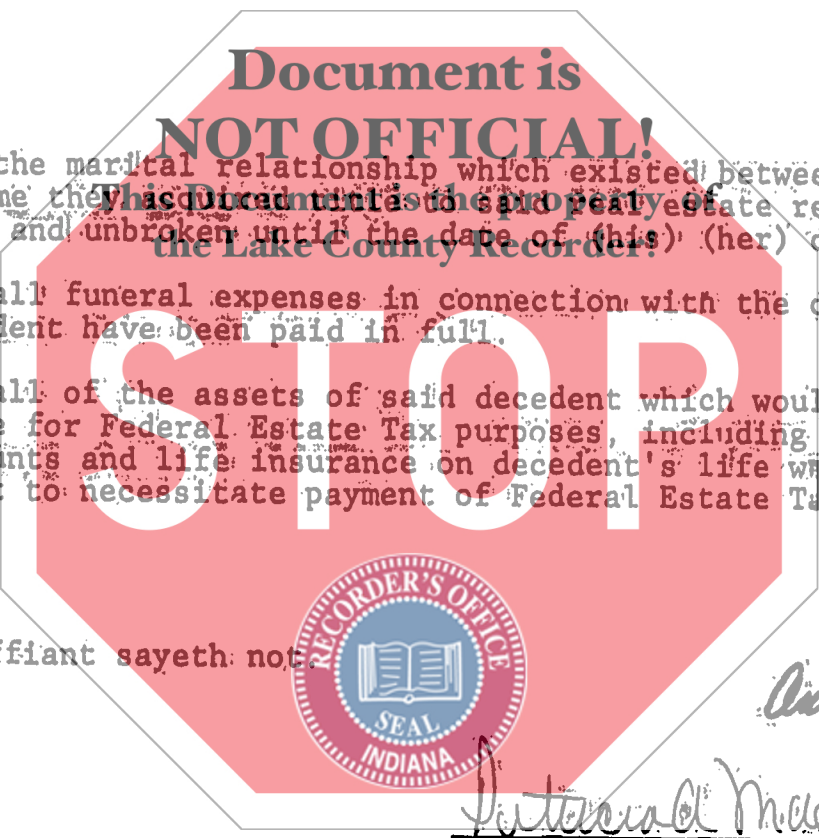
91021080

## AFFIDAVIT

STATE OF INDIANA )  
                          ) SS:  
COUNTY OF LAKE )

Patricia A. Magurany, being first duly sworn upon oath, deposes and says:

1. That Affiant's spouse, Daniel L. Magurany died (without leaving a will) (~~leaving a will~~) on November 21, 1988 at Merrillville
2. That they were duly and legally married at the time they acquired title as husband and wife to the following described real estate: Key 22-54-2  
Lot 8 in Stri-Kil Acres Unit No. 1, as per plat thereof, recorded in Plat Book 39 page 47, in the Office of the Recorder of Lake County, Indiana.
3. That the marital relationship which existed between them at the time they had ~~acquired~~ acquired the property 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 sufficient to necessitate payment of Federal Estate Tax.



STATE OF INDIANA'S S. NO.  
 LAKE COUNTY  
 FILED  
 MAY 3 10 06 AM '91  
 ROBERT H. ROSS, CLERK AND RECORDER

### FILED

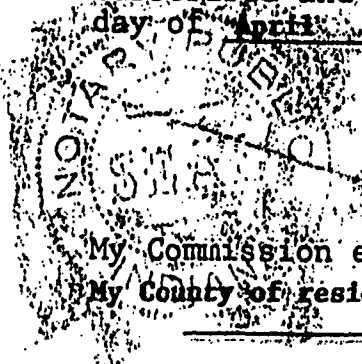
APR 29 1991

Further affiant sayeth not.

Anna N. Antone  
AUDITOR LAKE COUNTY

Patricia A. Magurany  
Patricia A. Magurany

Subscribed and sworn to before me, a Notary Public, this 17th day of April, 1991.



Linda J. McBride  
Linda J. McBride Notary Public

My Commission expires: 1-26-95  
My County of residence: Lake

County of Residence:  
Lake

This Instrument prepared by Patricia A. Magurany

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INDIANA STATE BOARD OF HEALTH

CERTIFICATE OF DEATH

Local No. 2413-88

State No. ....

TYPE/PRINT IN PERMANENT BLACK INK

Form with fields for DECEASED-NAME (DANIEL L. MAGURANY), SOCIAL SECURITY NUMBER (312-58-1459), DATE OF BIRTH (DECEMBER 24, 1952), PLACE OF DEATH (MERRILLVILLE, INDIANA), MARRIAGE STATUS (MARRIED), SURVIVING SPOUSE (PATRICIA SCHROEDER), OCCUPATION (MECHANIC), RESIDENCE (INDIANA, LAKE, MERRILLVILLE), FATHER'S NAME (WILLIAM MAGURANY), MOTHER'S NAME (JUANITA EARLY), INFORMANT'S NAME (PATRICIA MAGURANY), METHOD OF DISPOSITION (CREMATION), SIGNATURE OF FUNERAL DIRECTOR (Thomas Pruzin), TIME OF DEATH (6:15 A.M.), DATE PRONOUNCED DEAD (NOVEMBER 21, 1988), CAUSE OF DEATH (Advanced Cholinergic carcinoma), and SIGNATURE AND TITLE OF CERTIFIER (E. Gailani).

DECEDENT

PARENTS

INFORMANT

DISPOSITION

PRONOUNCING PHYSICIAN ONLY

ITEMS 24-26 MUST BE COMPLETED BY PERSON WHO PRONOUNCES DEATH

THIS CERTIFICATE IS THE TRUE AND COMPLETE DEATH ON HEALTH DEATH

CAUSE OF DEATH

SEE INSTRUCTIONS

CERTIFIER

HEALTH OFFICER

CORONER OR MEDICAL EXAMINER USE ONLY



FILED

APR 29 1991