" 158774 Maguery

Tean-Merculaille

## M TICOR TITLE INSURANCE

91021080

**AFFIDAVIT** 

STATE OF INDIANA ):	
COUNTY OF LAKE.	
Patricia: A. Magurany , being fil sworns upon oath, deposes and says:	rst⊣düly.
1. That Affiant's spouse, Daniel L. Magurany	
died (without leaving a will) (1944/1970, will) on 1988 at Merrelvice	menter II,
2'. That they were duly and legally married at the time acquired title as husband and wife to the following de real estate:	scribed
Lot 8 in Stri-Kil Acres Unit No. 1, as per plat thereof, recorder Book 39 page 47, in the Office of the Recorder of Lake County, I	ndiana.
	ROBE
	- F. W. 7. 5. 6. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
<b>Document is</b>	NECCO TO THE COLUMN
NOT OFFICIALS	ID DE AH 19 THE CORDER OF THE MAINTY
3. That the marital relationship which existed between	i them 🖹 👸 🛠
at the time they has direct with the state of this has the restriction of the state	nained 5
4. That all funeral expenses in connection with the desaid decedent have been paid in full.	•
5. That all of the assets of said decedent which would	li≀he'
includable for Federal Estate Tax purposes, including bank accounts and life insurance on decedent's life wi	oint
sufficient to necessitate payment of Federal Estate Ta	ILED
COURT OF THE PARTY	APR: 2,9:1991
Further affiant sayeth not	
SEAL SEAL	AUTORIA LANGUATY
WDIANA	
Patternal May	Wrong.
Patricia: A: Magurany (1)	0.
Subscribed and sworn to before me, a Notary Public, thi	.ś <u>17th</u>
day of spritt. 1991	
	<b>.</b> .
Dear May	Bucke
Linda J. McRyide Nota	ry Public
My Commission expires: 1-26-95.	
My County of residence: Lake	
The state of the s	
County of Residence:	
Lake	
This Instrument prepared by Patricia A. Magurany	
This Instrument prepared by Patricia A. Magurany	<del></del>

## Local No. 2413-88 INDIANA STATE BOARD OF HEALTH

State No
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, 🕏											
TYPE/PRINT	DECEASED-NAME FIRST	MIC	DOLE	LAST		.[:	SEX	3 DATE OF DEATH (Mo Day Yr)			
IN	DANIEL	L.		MAGURANY				NOVEMBER 21,1988			
PERMANENT		AGE—Lest Birthday	56 UNDER 1 YEAR			BIRTH (Month	7 BIRTHPLA	CE (City and State or Foreign Country)			
BLACK INK	312-58-1459	(*36	Months Days		TOTAL BIJISH TREETOND! THOUSEN						
	8-YEAR L'AST-SERVED IN										
		C MP40X	ent LI ER/Outpatienti	1 00x	T. Programme						
DECEDENT	96 FACILITY NAME (If not institution, give street and number)  97.90 HARMS ROAD  MERRILLVILLE  LAKE										
	10 MARITAL'STATUS Married 11	SURVIVING SPOUSE		120 DECEDENT'S USUA	L OCCUPATION!		12b: KIND	OF BUSINESS/INDUSTRY			
•	Never Married, Widowod  Divorced (Specify MARRIED	PATRICIA S	CHROEDER	(Give kind of work do Do not use retired)	ÉCHANIC"	king Me'	1	STEEL			
	130 RESIDENCE—STATE 136 COUNTY 136 CITY, TOWN OR LOCATION 136 STREET AND NUMBER:										
	· ·	LAKE	MERRILLV		14	790 HAR		D.			
	136 INSIDE CITY 13F FARM	139 ZIP CODE		OF HISPANIC ORIGIN?	15 RACE Ame	rican Indian.		DECEDENT'S EDUCATION			
	LIMIT ST (Yes or no)		Mexican, Puerto Ri	e M yes abacity Cuben can etc) No V			Elementary/Se	coly only highest grade completed ::			
a	YES NO	46410	Specity		MHIT	de comment s	12	1 0			
PARENTS 0	17. FATHERS NAME (FWELT MINISTE LAST) WILLIAM MAGURAI	VY I	Docum	nent is	THERS NAME (Friel A	liddle, Maiden Si [TA:	EARLY				
NICORNALIT I	19a. INFORMANT S NAME (Type/Print)		19b. MAILING	ADDRESS (Street and Nu	mber or Rural Route N	umber, City or Ti	wn State Zip	Code) 19c Relationship			
INFORMANT K	PATRICIA MAGURANY	NO	3790 PH	ARMS ROAD,	MERRILLY.	ILLE, I	ND 464	10 WIFE			
0	20a METHOD OF DISPOSITION		206 DATE AND PLACE	OVEMBER 23	of completely cremetor	y, or 20	e. LOCATION	I—City or Town, State			
DISPOSITION	Burist Cremation Rem	This Do	<b>HARLAND</b> M	EMORY PANES	CREMATO	W.	DOLTON	, ILLINOIS			
DISPOSITION	218 SIGNATURE OF FUNERAL DIRECTOR	the L	ake Cou	CENSE NUMBER COL	122 NAME ADDR			OF FUNERAL HOME			
N.		•		(of Licensee)				SERVICE #3002453			
		unin:		09893	6360 BR	THE RESERVE TO THE PERSON NAMED IN		LLVILLE, IN 46410			
PRONOUNCINO:	when certifying physician is	To the best of my knowl	ledge, death occurred at the	ne time, date, and place state	ed.	236 LICENSE	NUMBER"	23c. (DATE SIGNED (Month: Day, Year)			
ITEMS 24-28 MUST	not available at time of death	eture and Trile	العالم المناف المالية المنافرة			.7		and the second of the second o			
BE COMPLETED BY		DATE PRONOUNCED D	EAD (Month Day, Year)			26: WAS CA		TO MEDICAL EXAMINER/CORONER?			
PRONOUNCES DEATH	6:15 A.M. N	OVEMBER, 21	, 1 <mark>988</mark> !			i i i i i i i i i i i i i i i i i i i	" yes	3)			
1/2		or complications that ca	nused the death Do not en	ter the mode of dying, such	as cardiac or respirat		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Approximate.			
THIS CERTIF	ES THE AROUT TO A TOUR			un givea	• • • • • • • • • • • • • • • • • • •	a		D Onset and Death			
COMPLETEN	Gisease or condition, STIFICATE OF	, COV OV	OR AS A CONSEQUENC	angular.	review		<u> </u>				
SEE INSTAUCTIONS!	mineDIATE CAUSE TRIME I RUE AND Christosse or condition in death?	DUE TO (	OH AS A CONSEQUENC		l <del>v</del> , •			e elektrone e e e e			
DEALTH DEP	if any, leading to immediate	DUE TO (	OR AS A CONSEQUENC	EOF S			APR 2	9 1991			
( ) b	Cause Enter UNDERLYING  CAUSE (Disease or Injury	DUE TO (	OR AS A CONSEQUENC	S OF I				Could the space of the Country of th			
	that initiated events ' ) resulting in death) LAST	d:		AL XXX		1.	. 1	n			
CAUSE OF A	FARTIL'CIL SIGNALESM COMO	ing to design out not resum	ing in the underlying caus	a green or Fart		- Car Halla	HUTONSL	20 LOUIS AND THOMAS			
DEATH	The month of	J				(Yes or	HENTOR L	COMPLETION OF CAUSE			
	مر المراجع الم	7-Cu-5. • . C		· · · · · · · · · · · · · · · · · · ·		No		OF DEATH? (Yes or no)			
TAKE CO-	14 -PE - CE - ISSIONER		77 mg az 1		. — <u></u>	<u> </u>		<u>'</u>			
SEE	Check only			n when another physician hi e(s) and manner as stated	es pronounced death a	nd completed ite	m 231	L.			
INSTRUCTIONS	1:			***************************************		:	******************	************************************			
CERTIFIER	To the best	of my knowledge, death	occurred at the time, date	both pronouncing death and and place, and due to the (	, cerorying cause of di cause(s) and manner s	e stated.					
	□ MEDICAL	EXAMINER COR	ONER DHEALTH	 DFFICER		**********************	***************************************				
4		s of examination and/or i	nvestigation, in my opinior	n, death occurred at the time	e, date, and place, and	due to the cause	(s) and manner	as stated:			
હ	296. SIGNATURE AND TITLE OF CERTIFIER	)	<b>0000-</b> 000 /c:	T7\ 2000 1 .		NSE NUMBER		29d. DATE SIGNED (Month, Day, Year)			
Ž.		, •••	0089-988 (6)	IDICHDIN	01	0.33.34	12	11/21184			
(! A):	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF TATAL PARTY										
<b>A</b> 14.	Manufacture Compacture										
HEALTH W	31. HEALTH OFFICER'S SIGNATURE	••	CAILANI	H'YO CEN	elf for	victor	من والمرر	32 DATE FILED (Month, Day, VO)			
OFFICER	33 MANNER OF DEATH	34a: DATE OF INJU	RY 345 TIME OF	F 1 34c INJURY AT	WORK? I 34d	DESCRIBE HO	W INJURY OC	CURRED.""			
1	<b>f</b> .	(Month, Day, Ye		(Yes or no)		•					
CORONER OR X	Natural Pending Investigation			ŀ	}		O	1492			
EXAMINER USE ONLY	Suicide Could not be		URYAt home, farm, stre	et, factory, office	341 LOCATION	(Street and Num	ber or Rural R	oute Number, City or Town, State)			
ONLI	Homicide Determined	building, etc (Sa	овспуз	· •·							

Rev 10/87

State Form 10110

SBH06-004