158807
Richards

Ticor/Goldman

APR 29 '91 10:59 TICOR TITLE INSURANCE CO. P.3/3

91023585

TICOR TITLE INSURANCE

AFFIDAVIT

STATE OF INDIANA }
} SS:
COUNTY OF LAKE }

STATE OF INDIANA/S.S. NO.
LAKE COUNTY
FILED FOR RECORD
MAY 17 ... 37 '91
ROBERT ...
RECORDER

Frances V. Jablonski being first duly sworn upon oath, deposes and says:

1. That Affiant's spouse, Edward F. Jablonski, a/k/a Edward Frederick Jablonski died (without leaving a will) ~~(leaving a will)~~ on September 23 19 90 at 7905 Jennings Place, Merrillville, Indiana (Home)

2. That they were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

15-360

Lot 235 in Lincoln Gardens Third, in the Town of Merrillville, as per plat thereof, recorded in Plat Book 35 page 33, in the office of the Recorder of Lake County, Indiana.

#15-360-235

3. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of ~~(his)~~ ~~(her)~~ His 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 not sufficient to necessitate payment of Federal Estate Tax.

FILED
MAY 15 1991
Anna N. Anton
AUDITOR LAKE COUNTY

Further affiant sayeth not.

Frances V. Jablonski
Frances V. Jablonski

Subscribed and sworn to before me, a Notary Public, this 30th day of April, 19 91.

Gloria Miller
Gloria Miller Notary Public

My Commission expires:
10-24-92

County of Residence:
Lake

This Instrument prepared by Frances V. Jablonski

8.00 pd

00286

#15 5807

Local No. 1943-90

INDIANA STATE BOARD OF HEALTH
CERTIFICATE OF DEATH

State No. ....

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED—NAME (First, Middle, Last): EDWARD FREDERICK JABLONSKI
2. SEX: MALE
3a. TIME OF DEATH: 8:58 A. M
3b. DATE OF DEATH (Month, Day, Yr): SEPTEMBER 23, 1990
4. SOCIAL SECURITY NUMBER: 314-09-7265
5a. AGE—Last Birthday (Years): 70
5b. UNDER 1 YEAR (Months, Days):
5c. UNDER 1 DAY (Hours, Minutes):
6. DATE OF BIRTH (Mo, Day, Yr): FEB. 6, 1920
7. BIRTHPLACE (City and State or Foreign Country): GARY, INDIANA
8a. WAS DECEDENT A U S VETERAN?: YES
8b. YEAR LAST SERVED IN US ARMED FORCES?: 1946
9a. PLACE OF DEATH (Check only one. See instructions): HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☐ Other (Specify) ☒ Residence
9b. FACILITY NAME (If not institution, give street and number): 7905 JENNINGS PLACE
9c. CITY, TOWN, OR LOCATION OF DEATH: MERRILLVILLE
9d. COUNTY OF DEATH: LAKE
10. MARITAL STATUS (Specify): MARRIED
11. SURVIVING SPOUSE (If wife, give maiden name): FRANCES LENART
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): LABORER
12b. KIND OF BUSINESS/INDUSTRY: CONSTRUCTION
13a. RESIDENCE—STATE: INDIANA
13b. COUNTY: LAKE
13c. CITY, TOWN, OR LOCATION: MERRILLVILLE
13d. STREET AND NUMBER: 7905 JENNINGS PLACE
13e. ZIP CODE: 46410
13f. INSIDE CITY LIMITS: ☐ No ☒ Yes
13g. ON A FARM?: ☒ No ☐ Yes
14. CITIZEN OF WHAT COUNTRY?: U.S.A.
15. WAS DECEDENT OF HISPANIC ORIGIN? ☒ No ☐ Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)
16. RACE—American Indian, Black, White, etc. (Specify): WHITE
17. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5 +):

PARENTS

18. FATHER'S NAME (First, Middle, Last): JOHN JABLONSKI
19. MOTHER'S NAME (First, Middle, Maiden Surname): SOPHIE SZYMANSKI

INFORMANT

20a. INFORMANT'S NAME (Type/Print): FRANCES JABLONSKI
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 7905 JENNINGS PLACE MERRILLVILLE, IN, 46410
20c. Relationship: WIFE

DISPOSITION

21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Entombment ☐ Removal from State ☐ Donation ☐ Other (Specify)
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): SEPTEMBER 26, 1990 CALUMET PARK CEMETERY
21c. LOCATION—City or Town, State: MERRILLVILLE, IN.
22a. EMBALMER'S NAME: KEITH A. DILLON
22b. EMBALMER'S LICENSE NO.: FD01012056
23. WAS DEATH REPORTED TO CORONER? ☐ No ☒ Yes
24a. SIGNATURE OF FUNERAL DIRECTOR: Keith A Dillon
24b. LICENSE NUMBER (of Licensee): FD01012056
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: GEISEN FUNERAL HOME, INC. FH8300776 7905 BROADWAY MERRILLVILLE, IN. 4641

CAUSE OF DEATH

26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

IMMEDIATE CAUSE (Final disease or condition resulting in death)
a. Coronary Ath[...]
DUE TO (OR AS A CONSEQUENCE OF):
b.
DUE TO (OR AS A CONSEQUENCE OF):
c.
DUE TO (OR AS A CONSEQUENCE OF):
d.

Approximate Interval Between Onset and Death

Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last

PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.

27. WAS DECEDENT PREGNANT OR 6 WEEKS POSTPARTUM? (Yes or no): NO
28a. WAS AN AUTOPSY PERFORMED? (Yes or no): NO
28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no): NO

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT.
SEP 2[...] 1990
LAKE COUNTY HEALTH COMMISSIONER

CERTIFIER

29a. CERTIFIER (Check only one):
☒ CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated.
☐ 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.
☐ 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.
29b. SIGNATURE AND TITLE OF CERTIFIER: [signature]
29c. MEDICAL LICENSE NO.: 17087
29d. DATE SIGNED (Month, Day, Year): 9-24-90
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): John G. Kolettis, M.D., 6111 Harrison Street, Merrillville, Indiana 46410

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE: Paul A Johnson
32. DATE FILED (Month, Day, Year): Sept. 25, 1990

FILED MAY 15 1991

CORONER USE ONLY

33. MANNER OF DEATH: ☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide
34a. DATE OF INJURY:
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.:
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.

Dana N. Antone
AUDITOR LAKE COUNTY

00287

Lincoln Gardens Lt 235 #15-360-235

SBH06-004 State Form 10110 (R2/3-89) DEA CERT/PD 1