

TICOR TITLE INSURANCE

91025947

AFFIDAVIT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Andrew Krohman, being first duly sworn upon oath, deposes and says:

1. That Affiant's spouse, Anna E. Krohman, a/k/a Anna Krohman died (without leaving a will) (leaving a will) on May 16 19 88 at Community Hospital, Munster, Indiana

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 # 28-5-21

Part of the East half of the Northeast Quarter of Section 19, Township 36 North, Range 9 West of the 2nd P.M., commencing at a point on the West line of said tract 1623.2 feet North of the Southwest corner thereof, and running thence North along the West line of said tract 117.5 feet, thence North 89 degrees 50 minutes 30 seconds East 369.21 feet, thence South 0 degrees 15 minutes East 117.5 feet, thence South 89 degrees 50 minutes 30 seconds West 369.54 feet to the place of beginning, containing 1 acre, more or less, except the West 20 feet conveyed for street purposes in the Town of Munster, Lake County, Indiana, except parts platted as Lots 1 & 2 in Krohman's First Addition, and Lot 1 in Krohman's 2nd Addition, commonly known as 1825 Greenwood Avenue, Munster, Indiana 46321

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) 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.

Further, affiant sayeth not



Andrew Krohman
Andrew Krohman

Subscribed and sworn to before me, a Notary Public, this 10th day of May, 1991.

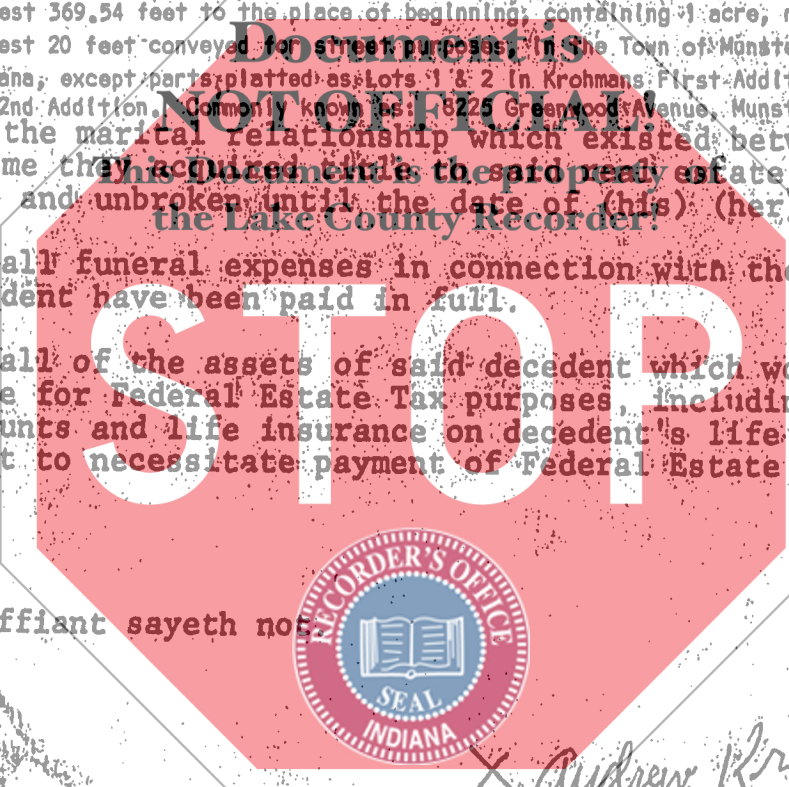
Adeline Copak
ADELINE COPAK Notary Public

My Commission expires: 6-7-94

County of Residence: Lake

Anna N. Anton
AUDITOR LAKE COUNTY

This Instrument prepared by Andrew Krohman



STATE OF INDIANA/S.S.I.D.
LAKE COUNTY
FILED FOR RECORD
MAY 29 10 29 AM '91
ROBERT BOB REELANIS
RECORDER

FILED

MAY 21 1991

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INDIANA STATE BOARD OF HEALTH

CERTIFICATE OF DEATH

Local No. 1079-88

Key# 28-5-21 People Bond
Pt. 811a US 4 E. E. 30F4
State No. S. 19 T. 36 R. 9. 185Ac.

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

1. DECEASED—NAME FIRST: ANNA MIDDLE: KROHMAN LAST: KROHMAN				2. SEX FEMALE	3. DATE OF DEATH (Mo., Day, Yr.) MAY 16, 1988
4. SOCIAL SECURITY NUMBER 306-03-8958B	5a. AGE—Last Birthday (Years) 85	5b. UNDER 1 YEAR Months: Days: Hours: Minutes:	5c. UNDER 1 DAY Hours: Minutes:	6. DATE OF BIRTH (Month, Day, Year) APRIL 9, 1903	7. BIRTHPLACE (City and State or Foreign Country) East Chicago, IN
8. YEAR LAST SERVED IN U.S. ARMED FORCES? N/A		9a. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)			
9b. FACILITY NAME (If not institution, give street and number) THE COMMUNITY HOSPITAL			9c. CITY, TOWN, OR LOCATION OF DEATH MUNSTER	9d. COUNTY OF DEATH LAKE	
10. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Andrew	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Homemaker		12b. KIND OF BUSINESS/INDUSTRY Home	
13a. RESIDENCE—STATE INDIANA	13b. COUNTY LAKE	13c. CITY, TOWN, OR LOCATION MUNSTER		13d. STREET AND NUMBER 8225 GREENWOOD	
13e. INSIDE CITY LIMITS? (Yes or no) Yes	13f. FARM No	13g. ZIP CODE 46321	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) No	15. RACE—American Indian, Black, White, etc. (Specify) White	18. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12): 12 College (11-4):

PARENTS

INFORMANT

DISPOSITION

PRONOUNCING PHYSICIAN ONLY

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

SEE INSTRUCTIONS

SEE INSTRUCTIONS

CERTIFIER

HEALTH OFFICER

CORONER OR MEDICAL EXAMINER USE ONLY

17. FATHER'S NAME (First, Middle, Last) George Halas		18. MOTHER'S NAME (First, Middle, Last) Suzan Stanko	
19a. INFORMANT'S NAME (Type/Print) Andrew Krohman		19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 8225 Greenwood Munster, IN 46321	19c. Relationship Husband
20a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removed from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) May 19, 1988 Elmwood Cemetery	20c. LOCATION—City or Town, State Hammond, IN
21a. SIGNATURE OF FUNERAL DIRECTOR <i>Keirn D. Leah</i>		21b. LICENSE NUMBER 1025190	22. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Burns-Kish Funeral Home #3004968 8415 Calumet Ave. Munster, IN 46321
23a. To the best of my knowledge, death occurred at the time, date, and place stated. Signature and Title <		23b. LICENSE NUMBER	23c. DATE SIGNED (Month, Day, Year)
24. TIME OF DEATH 12:40 P. M.	25. DATE PRONOUNCED DEAD (Month, Day, Year) MAY 16, 1988	26. WAS CASE REFERRED TO MEDICAL EXAMINER/CORONERY? (Yes or no) NO	
27. PART I: Enter the disease, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. a. <i>Aspiration pneumonia</i> (Aspiration Pneumonia) days b. <i>Acute cerebral infarction</i> months c. <i>Ischemic cardiomyopathy</i> d. <i>Other significant conditions contributing to death but not resulting in the underlying cause given in Part I</i>			
28a. WAS AN AUTOPSY PERFORMED? (Yes or no)		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)	
29. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN (Physician certifying cause of death when another physician has pronounced death and completed item 23) <input type="checkbox"/> PRONOUNCING AND CERTIFYING PHYSICIAN (Physician both pronouncing death and certifying cause of death) <input type="checkbox"/> MEDICAL EXAMINER <input type="checkbox"/> CORONER <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) and manner as stated.			
29b. SIGNATURE AND TITLE OF CERTIFIER <i>Thomas A. Briubaker, M.D.</i>		29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year) May 17, 1988
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type/print) THOMAS A. BRIUBAKER, M.D. 110 RIDGE ROAD, MUNSTER, IND. 46321			
31. HEALTH OFFICER'S SIGNATURE <i>Paul Johnson</i>		32. DATE FILED (Month, Day, Year) MAY 17, 88	
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. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		34d. INJURY AT WORK? (Yes or no)	34e. DESCRIBE HOW INJURY OCCURRED

157578

TICOR TITLE INSURANCE COMPANY OF INDIANA



FILED

MAY 17 1988

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