

20 LaSalle Jr.  
134 Pulaski Rd.  
Calumet City, Ill 60409

91060548

AFFIDAVIT

STATE OF INDIANA )  
                          ) SS:  
COUNTY OF LAKE )

Matthew J. Waskelo, being first duly sworn upon oath, deposes and says:

1. That Affiant's spouse, Margorie A. Waskelo a/k/a Marjorie A. Waskelo died (without leaving a will) ~~xxxxxxx~~ on December 25 1989 at California

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

Lot 9 in Block 3 in LaSalle Addition to Hammond as per plat thereof, recorded in Plat Book 14 Page 28, in the Office of the Recorder of Lake County, Indiana.

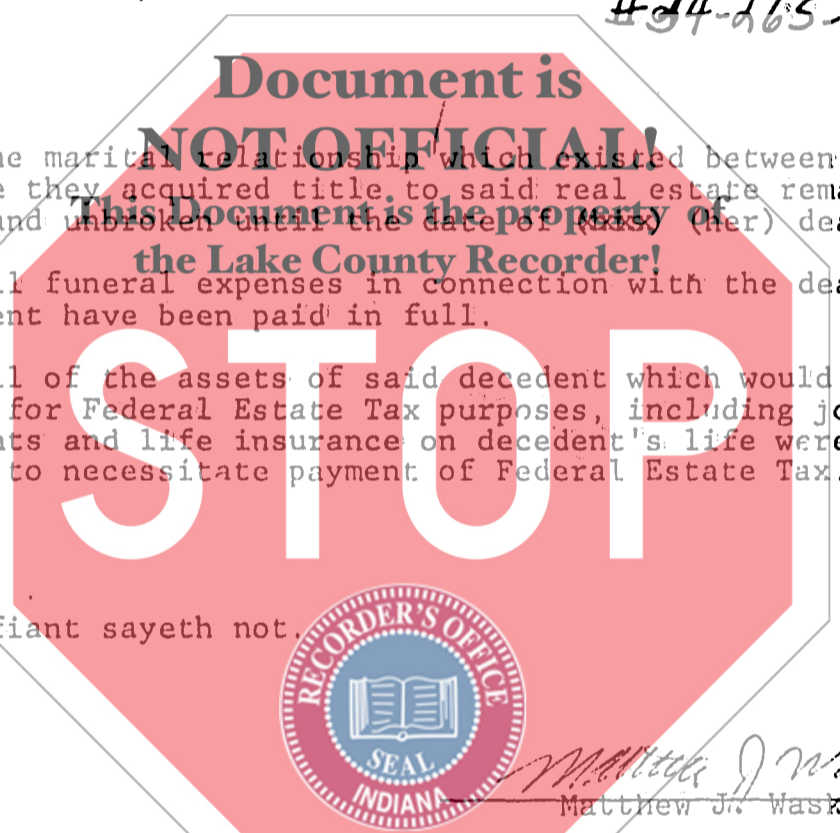
424-265-9

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 ~~xxxx~~ (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.



163566

TICOR TITLE INSURANCE  
Crown Point, Indiana

Matthew J. Waskelo  
Matthew J. Waskelo

Subscribed and sworn to before me, a Notary Public, this 8<sup>th</sup> day of November, 1991.

[Signature]  
Notary Public

**FILED**

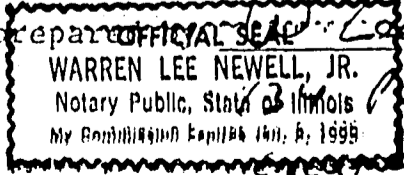
NOV 22 1991

My Commission expires:  
1/8/95

County of Residence:  
Cook

Anna M. Anton  
AUDITOR LAKE COUNTY

This Instrument prepared by Warren Lee Newell Jr. Atty.



01233

to 800

**CERTIFICATE OF DEATH** 3-89-30-014201  
STATE OF CALIFORNIA  
USE BLACK INK ONLY

STATE FILE NUMBER			LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER							
1A. NAME OF DECEDENT—FIRST (GIVEN) Marjorie		1B. MIDDLE A.		1C. LAST (FAMILY) Waskelo		2A. DATE OF DEATH—MO. DAY, YR. Dec. 25, 1989		2B. HOUR 0900	2C. SEX Female	
4. RACE Caucasian		5. SPANISH/HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		6. DATE OF BIRTH—MO. DAY, YR. Jul. 3, 1926		7. AGE IN YEARS 63	8. IF UNDER 1 YEAR MONTHS DAYS	9. IF UNDER 24 HOURS HOURS MINUTES		
8. STATE OF BIRTH IL	9. CITIZEN OF WHAT COUNTRY U.S.A.	10A. FULL NAME OF FATHER Axel Lidman			10B. STATE OF BIRTH IL	11A. FULL MAIDEN NAME OF MOTHER Alberta Schmitt		11B. STATE OF BIRTH WI		
12. MILITARY SERVICE? 19__ TO 19__ <input checked="" type="checkbox"/> NONE		13. SOCIAL SECURITY NO. 349-18-6552		14. MARITAL STATUS Married		15. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER MAIDEN NAME) Matthew J. Waskelo				
16A. USUAL OCCUPATION Secretary		16B. USUAL KIND OF BUSINESS OR INDUSTRY Banking Continental Bank		16C. USUAL EMPLOYER Continental Bank	16D. YEARS IN OCCUPATION 17	17. EDUCATION—YEARS COMPLETED 16				
18A. RESIDENCE—STREET AND NUMBER OR LOCATION 913 Wentworth Ave.						18B. CITY Calumet City		18C. ZIP CODE 60409		
18D. COUNTY Cook		18E. NUMBER OF YEARS 63	18F. STATE OR FOREIGN COUNTRY IL		20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT Matthew J. Waskelo/Husband 913 Wentworth Ave. Calumet City, IL 60409					
19A. PLACE OF DEATH Residence		19B. HOSPITAL (NAME, USE COUNTY ONE: IP, ER/OP, DOA)		19C. CITY Orange						
19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION 1719 Little Big Horn				19E. CITY Placentia		21. TIME INTERVAL BETWEEN ONSET AND DEATH	22. WAS DEATH REPORTED TO CORONER? REFERRAL NUMBER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 89-06770-KM			
21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE: (A) Metastatic Cancer DUE TO: (B) ADENOCARCINOMA OF RECTUM AND COLON DUE TO: (C)										
25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT TO CAUSE GIVEN IN 21 N/A						26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE. NO				
I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED AND THE CAUSES STATED.			27A. DECEDENT ATTENDED SINCE 12/18/89			27B. DECEDENT LAST SEEN ALIVE 12/23/89	27C. SIGNATURE AND DEGREE OR TITLE OF PHYSICIAN Edward T. Campagna, M.D.	27D. PHYSICIAN'S LICENSE NUMBER G-28655	27E. DATE SIGNED 12/27/89	
27A. DECEDENT ATTENDED SINCE 12/18/89			27B. DECEDENT LAST SEEN ALIVE 12/23/89			27C. SIGNATURE AND DEGREE OR TITLE OF PHYSICIAN Edward T. Campagna, M.D.			27D. PHYSICIAN'S LICENSE NUMBER G-28655	27E. DATE SIGNED 12/27/89
I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.						28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER Linda Blv.		28B. DATE SIGNED		
29. MANNER OF DEATH—specify one: natural, accident, suicide, homicide, pending investigation or could not be determined			30A. PLACE OF INJURY		30B. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO	30C. DATE OF INJURY MONTH, DAY, YEAR		31. HOUR		
32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)					33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)					
34A. DISPOSITION(S) CR/TR/Res.		34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS Matthew J. Waskelo/Husband 913 Wentworth Ave. Calumet City, IL			34C. DATE MO. DAY, YEAR Dec. 29 1989	35A. SIGNATURE OF EMBALMER Not Embalmed		35B. LICENSE NUMBER 01334		
36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Saddleback Chapel			36B. LICENSE NO. 1099	37. SIGNATURE OF LOCAL REGISTRAR Linda Blv.		38. REGISTRATION DATE DEC 28 1989				
La Salle Add. R9 623 #34-265-9						CENSUS TRACT				

**NOT OFFICIAL!**  
This Document is the property of the Lake County Recorder!

**STOP**

**FILED**

NOV 22 1989  
LAKE COUNTY REGISTER

THIS IS TO CERTIFY, IF IMPRESSED WITH THE SEAL OF THE ORANGE COUNTY HEALTH OFFICER, THAT THIS IS A TRUE COPY OF THE PERMANENT RECORD FILED IN THIS OFFICE.

Fee: \$7.00  No Fee Veterans Purposes   
Date: JAN 05 1990  
Health Officer and Local Registrar of Births and Deaths of Orange County