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92010414

STATE OF INDIANA)

COUNTY OF LAKE)

SS:

RECORDED
FEB 20 11 28 AM '92

A F F I D A V I T

Louise Hodorek, after first being duly sworn upon her oath alleges and says:

A/K/A EDWARD J. HODOREK

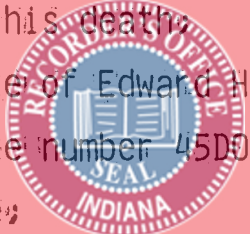
1. That she is the wife of Edward Hodorek, now deceased;
2. That Edward Hodorek died on the 11th day of July, 1991 testate;
3. That this affiant is the duly appointed Executrix of the Last Will and Testament of Edward Hodorek, now deceased;
4. That this affiant is the widow of Edward Hodorek, of the Lake County Recorder's office, owned a parcel of real estate located in Lake County, Indiana legally described as follows:

Lot 15, Block 13, Meadowdale Subdivision, as shown in Plat Book 31, page 52, in Lake County, Indiana.

5. That this affiant lived as husband and wife with Edward Hodorek until the date of his death;
6. That in the estate of Edward Hodorek pending in the Lake Superior Court under estate number 45D03-9108-ES-00134 an order was entered showing no tax due;
7. That the estate of Edward Hodorek was not subject to federal estate tax;
8. This affidavit is given to induce the Auditor of Lake County to remove the name of Edward Hodorek from that parcel of real estate located in Lake County, Indiana, legally described as;



15-276-15



FILED

Taxes: 1201 W. 56th Ave
Gary, IN

FEB 20 1992

Anna M. Anton
AUDITOR LAKE COUNTY

01037

1050

Affiant further sayeth not.

Louise Hodorek
LOUISE HODOREK

SUBSCRIBED AND SWORN TO BEFORE ME, a Notary Public this 17
day of Feb, 1992.

Document is
NOT OFFICIAL!

This Document is the property of
the Lake County Recorder.

Vitold Reey
Notary Public

My Commission Expires: 8/17/94

My County of Residence: Pauli

STOP



Prepared by: Vitold Reey (6015-45)
Attorney at Law
5681 Broadway
Merrillville, IN 46410
(219) 887-9569



20ccs + 2 Vat.

Violated Trust

INDIANA STATE BOARD OF HEALTH

Local No. 1421-911 CERTIFICATE OF DEATH State No. _____

TYPE/PRINT IN PERMANENT BLACK INK

1 DECEASED—NAME (First Middle Last) EDWARD (EDDIE) J. HODOREK		2 SEX Male	3a TIME OF DEATH 11:20 P.	3b DATE OF DEATH (Month Day Yr) July 11, 1991
4 SOCIAL SECURITY NUMBER 303-24-5457	5a AGE—Last Birthday (Years) 65	5b UNDER 1 YEAR Months: Days	5c UNDER 1 DAY Hours: Minutes	6 DATE OF BIRTH (Mo Day Yr) May 4, 1926
7 BIRTHPLACE (City and State or Foreign Country) Gary, Indiana	8a WAS DECEDENT A US VETERAN? Yes			
8b YEAR LAST SERVED IN US ARMED FORCES? 1945	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"/> Other (Specify) <input type="checkbox"/> Residence			

DECEDENT

9b FACILITY NAME (If not institution give street and number) St. Anthony Medical Center		9c CITY, TOWN OR LOCATION OF DEATH Crown Point	9d COUNTY OF DEATH Lake
10 MARITAL STATUS (Specify) Married	11 SURVIVING SPOUSE (If wife give maiden name) Louise Gonsiorowski	12a DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life Do not use retired) Recorder	12b KIND OF BUSINESS/INDUSTRY U.S. Steel

PARENTS:

13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY, TOWN OR LOCATION Merrillville	13d STREET AND NUMBER 1201 West 56th Avenue
13e ZIP CODE 46410	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 13g ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? U.S.A.	15 WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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+)	

INFORMANT:

18 FATHER'S NAME (First Middle Last) Frank Hodorek	19 MOTHER'S NAME (First Middle Maiden Surname) Anna Oleksy	
20a INFORMANT'S NAME (Type/Print) Louise Hodorek	20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town State Zip Code) Merrillville, IN 46410	20c Relationship Wife

DISPOSITION

21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)	21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) July 16, 1991 Calumet Park Cemetery	21c LOCATION—City or Town, State Merrillville, Indiana
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CAUSE OF DEATH:

22a EMBALMERS NAME Charles W. Wells	22b EMBALMERS LICENSE NO 1042372	23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
24a SIGNATURE OF FUNERAL DIRECTOR <i>Thomas J. Pruzin</i>	24b LICENSE NUMBER (of Licensee) 1009893	25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME PRUZIN BROS. FUNERAL SERVICE #3002453 6360 Broadway, Merrillville, IN 46410

CERTIFIER

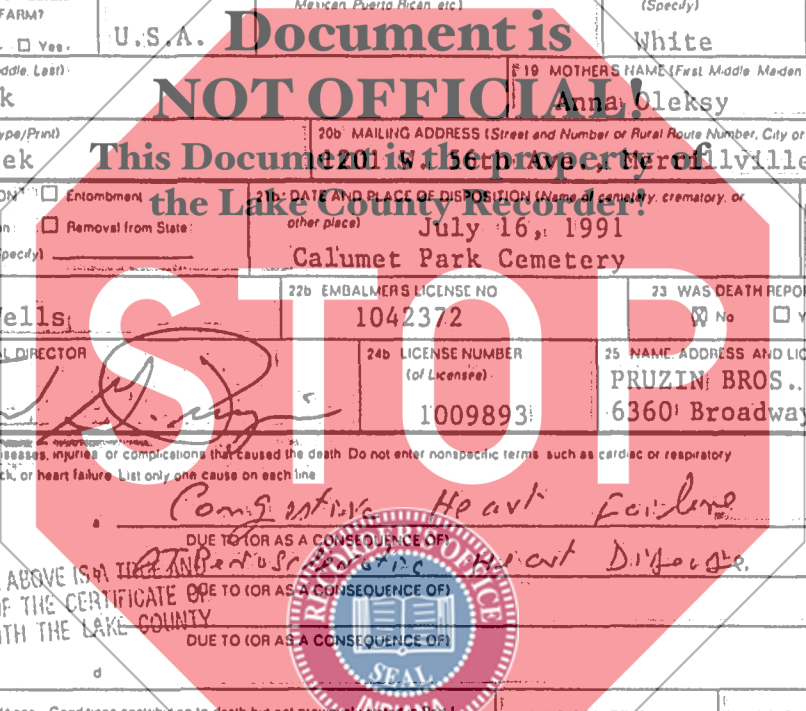
26 PART I Enter the diseases, injuries or complications that caused the death Do not enter nonspecific terms such as cardiac or respiratory arrest, shock, or heart failure List only one cause on each line Congestive Heart Failure	Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) Congestive Heart Failure	
THIS CERTIFICATE IS VALID ONLY IF THIS COPY OF THE CERTIFICATE IS FILED WITH THE LAKE COUNTY HEALTH DEPT. DUPLICATE TO BE FILED WITH THE LAKE COUNTY HEALTH DEPT.	
26 PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I Emphysema, Coronary Artery Disease, Venous Thrombosis, cerebral	

HEALTH OFFICER:

27 WAS DECEDENT PREGNANT OR 90 DAYS 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)
29a CERTIFIER (Physician or Health Officer) certifying to the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated Alexander S. Williams, M.D.		
29b SIGNATURE AND TITLE OF CERTIFIER <i>Alexander S. Williams, M.D.</i>		
29c MEDICAL LICENSE NO 1-034369	29d DATE SIGNED (Month Day Year) 7-12-91	

CORONER USE ONLY:

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Zafar Khalid, M.D., 9001 Broadway, Merrillville, Indiana 46410 (219) 769-3550				
31 HEALTH OFFICER'S SIGNATURE <i>Alexander S. Williams, M.D.</i>			32 DATE FILED (Month Day Year) July 12, 1991	
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide	34a DATE OF INJURY (Month Day Year)	34b TIME OF INJURY	34c INJURY AT WORK? (Yes or no) FEB 20 1992	34d DESCRIBE HOW INJURY OCCURRED
34e PLACE OF INJURY—At home farm street factory office building etc (Specify) Class N. Anton			34f LOCATION (Street and Number or Rural Route Number, City or Town State) AUDITOR LAKE COUNTY	
34g DATE PRONOUNCED DEAD (Month Day Year)		34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver passenger, pedestrian, etc 01038		



2.15 BL 13 Meade State Sub