

165645
Mayennik

Ticor
Title
H.O.

TICOR TITLE INSURANCE

92012987

AFFIDAVIT

2

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Bozetarnik

Lillian L. Bozetarnik A.K.A. Lillian / being first duly sworn upon oath, deposes and says:

1. That Affiant's spouse, Julius F. Bozetarnik died (without leaving a will) ~~XXXXXXXXXXXX~~ on September 24, 1983 at Munster Community Hospital Lake County 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: Lot 3 in Bohman Manor, in the Town of Griffith, as per plat Book 29 page 103 in the Office of the Recorder of Lake County, Indiana.

26-199-7



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)~~ 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

x Lillian Bozetarnik
Lillian Bozetarnik aka Lillian L. Bozetarnik

Subscribed and sworn to before me a Notary Public, this 12th day of February, 1992

Cynthia D. Dixon
Notary Public

My Commission expires:

NOTARY PUBLIC, STATE OF FLORIDA.
MY COMMISSION EXPIRES: Oct. 1, 1995.
~~BONDED WITH NOTARY PUBLIC UNDERWRITERS.~~

County of Residence:

Polk
Polk

FILED

FEB 28 1992

Anna N. Antos
AUDITOR LAKE COUNTY

This Instrument prepared by Lillian L. Bozetarnik

01537
xx
800

STATE OF INDIANA/S.S.HO.
LAKE COUNTY
FILED FOR RECORD

MAR 3 12 54 PM '92
ROBERT (BOB) FREEL
RECORDER

**TYPE OR PRINT
PLAINLY WITH
UNFADING INK
THIS IS A
PERMANENT
RECORD**

Below for State Office Use

A _____
B _____
C _____
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Z _____

165665 K# 15-26-199-3
 I HAVE TO A TRUE AND
 COMPLETE COPY OF THE CERTIFICATE ON BLANK
 IN FILL WITH THE LAKE COUNTY HEALTH DEPT.
 SEP 27 1983

EMBALMER'S NAME: Ronald A. Reed
 LICENSE No. 108
 FUNERAL HOME: 150
 FUNERAL DIRECTOR'S SIGNATURE: [Signature]

FUNERAL HOME: 150
 FUNERAL DIRECTOR'S SIGNATURE: [Signature]
 LAKE COUNTY HEALTH COMMISSIONER: [Signature]

165665 K# 15-26-199-3
**INDIANA STATE BOARD OF HEALTH
 MEDICAL CERTIFICATE OF DEATH**
 Local No. 1575-83 State No. _____

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS - SEE HANDBOOK		DECEASED - NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH DAY YEAR)			
		1		Julius	F.	Bozetarnik	Male	September 24, 1983			
RACE - (a) White (b) Black (c) American Indian (d) Other (Specify)		AGE - (a) Under 1 Year (b) 1-4 (c) 5-9 (d) 10-14 (e) 15-19 (f) 20-24 (g) 25-29 (h) 30-34 (i) 35-39 (j) 40-44 (k) 45-49 (l) 50-54 (m) 55-59 (n) 60-64 (o) 65-69 (p) 70-74 (q) 75-79 (r) 80-84 (s) 85-89 (t) 90-94 (u) 95-99 (v) 100		4		White	56	DATE OF BIRTH (MO DAY YEAR)			
CITY, TOWN OR LOCATION OF DEATH		7b		Munster		HOSPITAL OR OTHER INSTITUTION - (Name (do not abridge), give street and number)		7c			
				Community Hospital		8		1-7-1927			
STATE OF BIRTH (a) in U.S.A. (b) Foreign (Specify)		CITIZEN OF WHAT COUNTRY		MARRIED NEVER MARRIED WIDOWED DIVORCED (Specify)		SURVIVING SPOUSE (a) yes (b) no (Specify name)		7d			
6		Indiana		U.S.A.		10		Married			
SOCIAL SECURITY NUMBER		13		USUAL OCCUPATION (Last 10 years of work done during most of life - long list, pages 4-12-100)		14b		U.S. Post Office			
314-20-0395		14a		Retired		14c		U.S. Post Office			
RESIDENCE - STATE		CITY, TOWN OR LOCATION		STREET AND NUMBER		IS RESIDENCE ON A FARM?		INSIDE CITY LIMITS (Specify Yes or No)			
18a		Indiana		Lake		1643 North Indiana		161			
15c		15b		15a		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		Yes			
15		DECEASED OF SPANISH DESCENT? (If Yes Specify Mexican, Cuban, Puerto Rican, etc.)		15b		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
PARENTS		FATHER - NAME		FIRST	MIDDLE	LAST	MOTHER - MAIDEN NAME		FIRST	MIDDLE	LAST
		16		Frank		Bozetarnik	17		Martha		Paul
DISPOSITION		INFORMANT - NAME (Type or print)		RELATIONSHIP		MAILING ADDRESS		CITY OR TOWN		STATE ZIP	
		18a		Mrs. Lil Bozetarnik		Wife		18b		1643 North Indiana	
		18c		Burial		190		Chapel Lawn Cemetery		19c	
		19a		September 28, 1983		20a		Kuiper Funeral Home		9039 Kleinman Rd. Highland, IN 46322	
M.D. OR D.O.		21a		NAME OF ATTENDING PHYSICIAN (Type or print)		DATE SIGNED (MO DAY YEAR)		HOUR OF DEATH		21c	
				E. Cespedes		9/26/83		9/24/83		PM	
		21d		MAILING ADDRESS - PHYSICIAN		21e		HEALTH OFFICER - SIGNATURE		DATE RECEIVED BY LOCAL HEALTH OFFICER	
				101 N. GRIFFITH, GRIFFITH, IND		21f		[Signature]		9-27-83	
CAUSE		23		IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		24		OTHER SIGNIFICANT CONDITIONS - (Conditions contributing to death but not related to cause given in PART I (a), (b), and (c))		AUTOPSY (Specify Yes or No)	
		PART I		(a)		M I O C A R D I A L I N F A R C T I O N					
				(b)		D U E T O O R A S A C O N S E Q U E N C E O F A R T H E R O S C L E R O T I C H E A R T D I S E A S E					
				(c)		D I A B E T E S M E L L I T U S					