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STATE OF INDIANA )  
                          ) SS:  
COUNTY OF LAKE   )

MAY 11 1992

*Anna N. Anton*  
AUDITOR LAKE COUNTY

AFFIDAVIT

Edna F. Stankovich, being duly sworn upon her oath, deposes and says as follows:

1. That by Warranty Deed dated March 20, 1956, and recorded on February 9, 1957, in Book 1052, Page 348, in the Office of the Recorder of Lake County, Indiana, the following described real estate, to-wit:

Lot 3 as marked and laid down on the recorded plat of Schillings First Addition to Dyer, in Dyer, Lake County, Indiana, as same appears of record in Plat Book 30, Page 17, in the Office of Lake County, Indiana, and in the declaration of correction recorded 08-13-54 in Miscellaneous Record 616, Page 186,

was conveyed and transferred to Joseph C. Stankovich and Edna F. Stankovich (this affiant), as husband and wife.

2. That this affiant, Edna F. Stankovich and Joseph C. Stankovich were husband and wife at the time the aforesaid real estate was transferred and conveyed to them, and remained married until the death of Joseph C. Stankovich on March 26, 1992.

3. That Joseph C. Stankovich died in Lake County, Indiana, on March 26, 1992, as evidenced by the attached death certificate.

4. That from and after the death of Joseph C. Stankovich on March 26, 1992, Edna F. Stankovich, by reason of survivorship, became the sole owner of the aforesaid real estate.

*Lesniak & Ruff*  
1802 E. Columbus Dr  
E. Chicago 76312

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May 1 10 52 AM '92

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LAKE COUNTY  
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5. That Edna F. Stankovich makes this Affidavit based upon her personal knowledge.

6. That Edna F. Stankovich makes this Affidavit to induce the officials of Lake County, Indiana, to reflect the proper changes in the title of said real estate in their records.

Edna F. Stankovich

Edna F. Stankovich

Subscribed and sworn to before me this 10<sup>th</sup> day of April,

1992.

My Commission Expires:

04-13-94

**Document is  
NOT OFFICIAL!**

**This Document is the property of  
the Lake County Recorder!**

Richard J. Lesniak  
Richard J. Lesniak, Notary Public  
Resident of Lake County, Indiana

Prepared By: Richard J. Lesniak, Attorney at Law, 1802 E.  
Columbus Drive, East Chicago, Indiana 46312

**STOP**



INDIANA STATE BOARD OF HEALTH

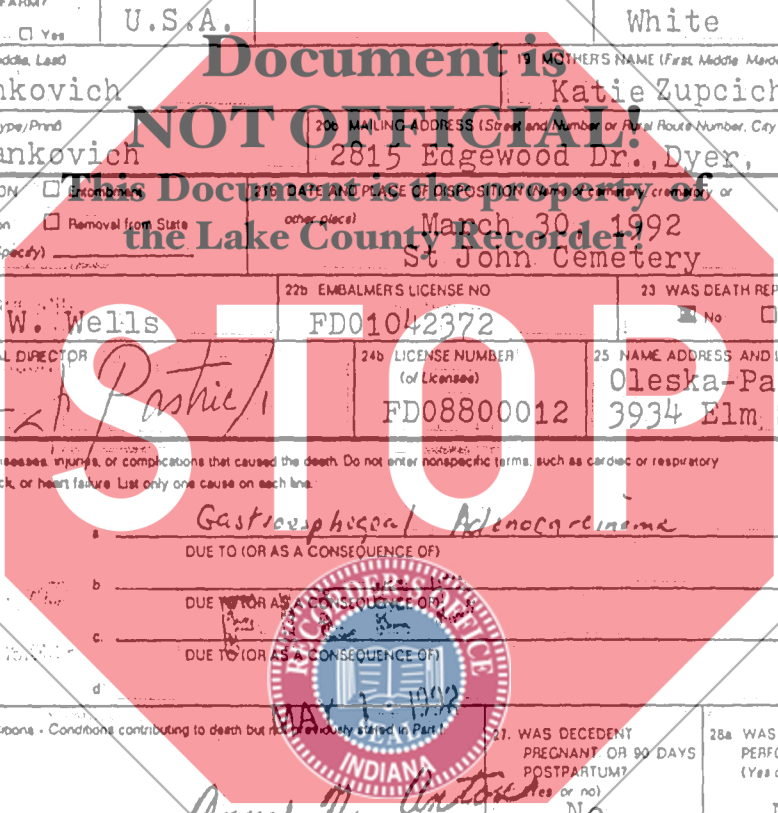
CERTIFICATE OF DEATH

Local No. 0715-42

State No. ....

TYPE/PRINT IN PERMANENT BLACK INK

1 DECEASED—NAME (First Middle Last) Joseph C. Stankovich		2 SEX Male	3a TIME OF DEATH 5:50 p.m.	3b DATE OF DEATH (Month Day Year) March 26, 1992	
4 SOCIAL SECURITY NUMBER 314-05-0429	5a AGE—Last Birthday (Year) 72	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo Day Yr) Oct. 26, 1919	
7 BIRTHPLACE (City and State or Foreign Country) East Chicago, Indian	8a WAS DECEDENT A U.S. VETERAN? Yes	8b YEAR LAST SERVED IN U.S. ARMED FORCES? 1945	9a PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence		
9b FACILITY NAME (If not institution, give street and number) 2815 Edgewood Drive		9c CITY, TOWN OR LOCATION OF DEATH Dyer	9d COUNTY OF DEATH Lake		
10 MARITAL STATUS (Specify) Married	11 SURVIVING SPOUSE (If wife, give maiden name) Edna Flynn	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Management	12b KIND OF BUSINESS/INDUSTRY Westinghouse Supply		
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY, TOWN OR LOCATION Dyer	13d STREET AND NUMBER 2815 Edgewood Drive		
13e ZIP CODE 46311	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" 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 10-12 College (1-4 or 5 +) 0 - 12 5+		18 FATHER'S NAME (First, Middle, Last) Joe Stankovich			
19 MOTHER'S NAME (First, Middle, Maiden Surname) Katie Zupcich		20a INFORMANT'S NAME (Type/Print) Edna Stankovich			
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2815 Edgewood Dr., Dyer, IN 46311		20c Relationship Wife			
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b DATE AND PLACE OF DISPOSITION (City or Town, State, or other place) March 30, 1992 St John Cemetery		21c LOCATION—City or Town, State Hammond, Indiana	
22a EMBALMER'S NAME Charles W. Wells		22b EMBALMER'S LICENSE NO. FD01042372	23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a SIGNATURE OF FUNERAL DIRECTOR David Pastrick		24b LICENSE NUMBER (of License) FD08800012	25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME #155 Oleska-Pastrick Funeral Home 3934 Elm St. East Chicago, IN 46311		
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. MAR 30 1992 IMMEDIATE CAUSE (Final disease or condition resulting in death) Gastroesophageal Adenocarcinoma DUE TO (OR AS A CONSEQUENCE OF) DUE TO (OR AS A CONSEQUENCE OF) DUE TO (OR AS A CONSEQUENCE OF) DUE TO (OR AS A CONSEQUENCE OF)		Approximate Interval Between Onset and Death			
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I		27. WAS DECEDENT PRECANT OR 90 DAYS POSTPARTUM? No	28a WAS AN AUTOPSY PERFORMED? No	28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) No	
29a CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated <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) as stated <input type="checkbox"/> 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 D.S. Draga			
29c MEDICAL LICENSE NO. 01031484		29d DATE SIGNED (Month, Day, Year) March 30, 92			
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Dr. Ray E. Drasga, M.D. 8127 Merrillville Road, Merrillville, IN 46410					
31 HEALTH OFFICER'S SIGNATURE Alexander Williams MD				32 DATE FILED (Month, Day, Year) March 30, 1992	
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		34a DATE OF INJURY (Month, Day, Year)	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. (Specify)		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. 68-A			



DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

CORONER USE ONLY

THIS CERTIFICATE IS TO BE FILED IN THE COUNTY HEALTH DEPARTMENT  
 # Schell 156 283 14-10333