

167752 Ojrowski

Traci Wright

TICOR TITLE INSURANCE

92034231

AFFIDAVIT

FILED

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

MAY 26 1992

Anna M. Anton
Notary Public, Lake County

Clarene Sera, being first duly sworn upon oath, deposes and says:

1. That Affiant's spouse, Andrew E. Sera a/k/a Andrew E. Sera Jr. died (without leaving a will) (~~leaving a will~~) on February 3, 1992 at Highland, IN

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 Block 1 in Viant's Addition to Lowell, as per plat thereof, recorded in Plat Book 4 page 14, in the Office of the Recorder of Lake County, Indiana.

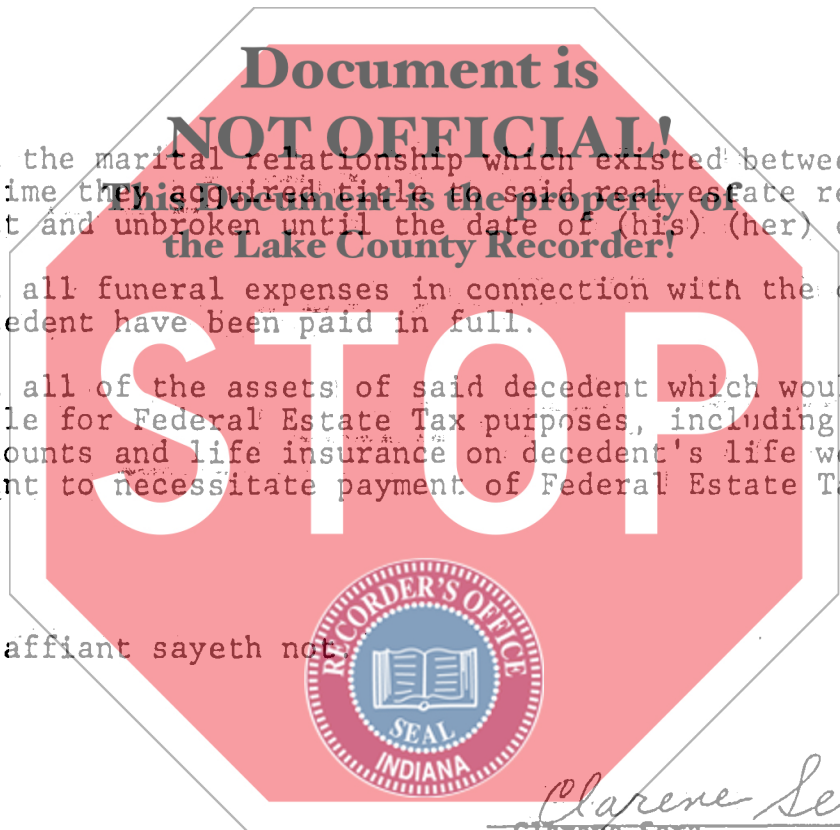
4-46-3

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.



Clarene Sera
Clarene Sera

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
MAY 29 9 05 AM '92
ROBERT J. JENSEN
RECORDER

Subscribed and sworn to before me, a Notary Public, this 05th day of May, 1992.

Linda J. McBride
Linda J. McBride Notary Public

My Commission expires:
01-26-95

County of Residence: Lake

This Instrument prepared by Clarene Sera

00558 400
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INDIANA STATE BOARD OF HEALTH

Local No. 029992

CERTIFICATE OF DEATH

State No.

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

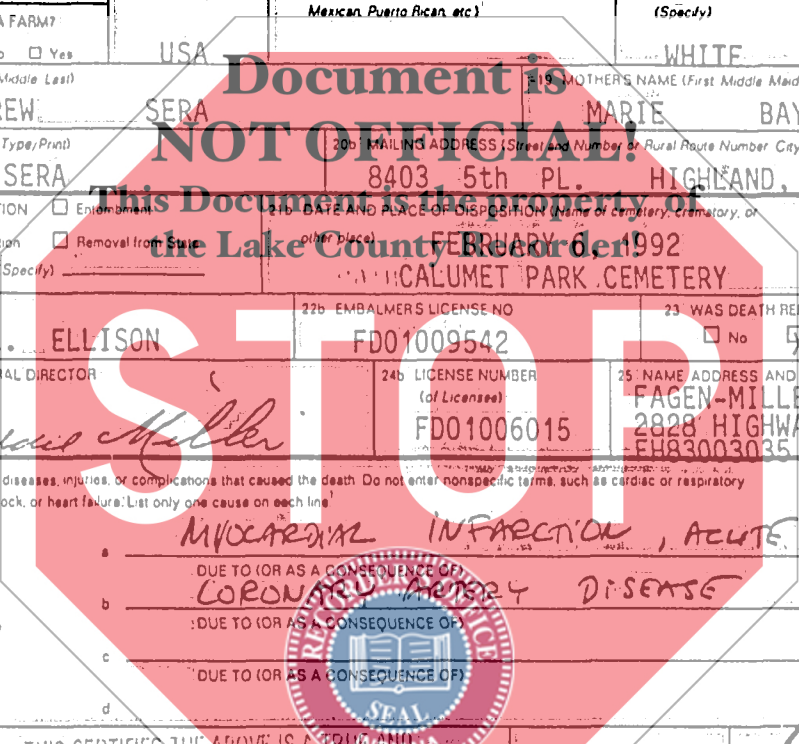
CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

CORONER USE ONLY

1 DECEASED—NAME (First Middle Last) ANDREW E. SERA				2 SEX MALE	3a TIME OF DEATH 9:13 A.M.	3b DATE OF DEATH (Month Day Yr) FEBRUARY 3, 1992
4 SOCIAL SECURITY NUMBER 315-09-0597		5a AGE—Last Birthday (Years) 79	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo Day Yr) SEPT. 20, 1912	7 BIRTHPLACE (City and State or Foreign Country) SPRINGFIELD, ILLINOIS
8a WAS DECEDENT A U.S. VETERAN? NO	8b YEAR LAST SERVED IN U.S. ARMED FORCES?	HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER, Outpatient <input type="checkbox"/> DOA		9a PLACE OF DEATH (Check only one. See instructions) <input checked="" type="checkbox"/> Residence		
9b FACILITY NAME (If not institution, give street and number) 8403 5th PL.			9c CITY, TOWN OR LOCATION OF DEATH HIGHLAND		9d COUNTY OF DEATH LAKE	
10 MARITAL STATUS MARRIED	11 SURVIVING SPOUSE (If wife, give maiden name) CLARENE DAKEWICZ		12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of most of life. Do not use retired) LABORER		12b KIND OF BUSINESS/INDUSTRY CHEMICAL	
13a RESIDENCE—STATE INDIANA		13b COUNTY LAKE	13c CITY, TOWN OR LOCATION HIGHLAND		13d STREET AND NUMBER 8403 5th PLACE	
13e ZIP CODE 46322	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? USA	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) 7 College (1-4 or 5-9)
18 FATHER'S NAME (First Middle Last) ANDREW SERA			19 MOTHER'S NAME (First Middle Maiden Surname) MARIE BAYNARD			
20a INFORMANT'S NAME (Type/Print) CLARENE SERA			20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 8403 5th PL. HIGHLAND, INDIANA		20c Relationship WIFE	
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) FEBRUARY 1, 1992 CALUMET PARK CEMETERY		21c LOCATION—City or Town, State: MERRILLVILLE, INDIANA		
22a EMBALMER'S NAME ELVIN L. ELLISON		22b EMBALMER'S LICENSE NO. FD01009542		23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
24a SIGNATURE OF FUNERAL DIRECTOR <i>Lawrence Miller</i>		24b LICENSE NUMBER (of Licensee) FD01006015		25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME FAGEN-MILLER FUNERAL GARDENS, INC. 2828 HIGHWAY AVE. HIGHLAND, IN FH83003035		
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. MYOCARDIAL INFARCTION, ACUTE CORONARY ARTERY DISEASE				Approximate Interval Between Onset and Death 10 YEARS		
IMMEDIATE CAUSE (Final disease or condition resulting in death) MYOCARDIAL INFARCTION, ACUTE				FILED		
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last DOE TO (OR AS A CONSEQUENCE OF) CORONARY ARTERY DISEASE				MAY 26 1992		
PART II Other significant conditions contributing to death but not the proximate cause COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT.				27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) NO		28. WERE AUTOPSY FINDINGS PERFORMED? (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. FEB 03 1992				29b. MEDICAL LICENSE NO. 25594		29d. DATE SIGNED (Month, Day, Year) 2/5/92
29b. SIGNATURE AND TITLE OF CERTIFIER <i>M. G... M.D.</i>				30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) 4320 FIR ST. EAST CHICAGO, IN 46312		
31. HEALTH OFFICER'S SIGNATURE <i>Alexander Williams, M.D.</i>				32. DATE FILED (Month, Day, Year) February 3, 1992		
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)	34d. 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) 00555				
34g. DATE PRONOUNCED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.				



17-4-46-3