Swir- Highland

## TICOR TITLE INSURANCE

92041722

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	STATE	OF	INDIANA

•	III I IDNA I I		
STATE OF INDIANA ) COUNTY OF LAKE )			
Helen Japkowski sworn upon oath, deposes an	nd says:	first duly	
1. That Affiant's spouse, died (without leaving a will 1982 at Hammond, IN	Leo R. Japkowski	November 6	
real estate:		described	
Lots 3, 4 and 5 in Block 1 in Hammond, as per plat thereof, in the Office of the Recorder	recorded in Plat Book 16 page	ty of 34.?/ <i>.3</i> e 27,	411
Doo	cument is		
3. That the marital relati at the time the phase divided in in effect and unbroken unti	<b>EXITY OF TOUCH BY THE PROPERTY OF THE PARTY OF THE PARTY</b>	remained	
4. That all funeral expens said decedent have been pai	es in connection with the		
5. That all of the assets includable for Federal Esta bank accounts and life insusufficient to necessitate p	te Tax purposes, includin	ig joint were mot by Tax. E. 33	m Company
Further affiant sayeth no	SEAL MOIANA MANAGEMENT OF THE PARTY OF THE P	05 M '92	
	Addin telen Jarkowsk	water	
Subscribed and sworn to bef day of	ore me, a Notary Public,	this 15th	
	Linda J. McBride	Moleculary Public	
My Commission expires: 01-26-95		LEO	
County of Residence: Lake	NUL	1 2 4 1992	
erant to the same of the same	auditor	n. antow	

This Instrument prepared by Helen Japkowski

	, Y	et 3,4,5	16 1 Hersaille -4 1/28705 linet 26-144 + 31	1-71-3 and		
TYPE OR PRINT	رعد.	le Par 37	Homing pe Be # 168705 linet 26-14y + 39	4		
PLAINLY WITH	, '			• '		
UNFADING INK		Local No	875 MEDICAL CERTIFICATE OF DEATH State No.			
THIS IS A	Ä	TYPE	DECEASED-NAME INST MODE LAST SEX DATE OF DEATH IMONT			
PERMANENT	номе	OR PRINT IN	LEO R. JAPKOWSKI , M NOVEMBE	R 6.1982		
RECORD	<b>L 1</b>	PERMANENT INK FOR	RACE - to g White Back American AGE - Loss Buildery UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH INC. Do, Fr. COUNTY OF DEATH	011202		
		INSTRUCTIONS SEE	WHITE 6. 72 6. CATE CATE APRIL 2.1910 7. LAKE			
AND EATH JEPT.	NE.	HANDBOOK	CITY, TOWN OR LOCATION OF DEATH HOSPITAL OR OTHER INSTITUTION—have in our purp purp purper and number)	IF HOSP OR INST Indicate DOA OP Emp. Rm. Impotent (Specify)		
TRUE AN OF DEAT ITH DEPT	FUNERA	DECEASED	<u>ь HAMMOND</u> <u>ь 2938 - 165th ST</u>	7d		
OF THE DISSERTED TO THE PROPERTY OF THE PROPER			STATE OF BIRTH MI AND ON U.S. A. CITIZEN OF WHAT COUNTRY MARRIED, NEVER MARRIED, SURVIVING SPOUSE IN wife gree marker name)	WAS DECEDENT EVER IN U.S. ARMED FORCES?		
등 유도 교통 			•ILLINOIS WARRIED HELEN LECKOS	ARMED FORCES?		
		• • • • • • • • • • • • • • • • • • •	SOCIAL SECURITY NUMBER  TUSUAL OCCUPATION Towns and specific stores during most of making most of making free to the storest of making free towns.  The storest of the stor			
A E II O	۵۲-	USUAL RESIDENCE WHERE DECEASED	13 312-09-1380 STEEL 140 STEEL			
FICA FICA LITH OLITH	: 22 O	LIVED IF DEATH OCCURRED IN	RESIDENCE—STATE TOURTY TAY TO THE PROPERTY OF			
		INSTITUTION GIVE RESIDENCE BEFORE	STREET AND NUMBER DOLON TAKENT IS THE HAMMONDY OF HIS RESIDENCE ON A FARMY	INSIDE CITY LIMITS		
	RE	ADMISSION	150 2938-165m Isake County Recorder!	151 YES		
S S S S	į A,	j	IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN PUERTO RICAN, ETC	1 ta. 1 DO		
	A A L	a E	15g YES NO M	•		
L TENS NS REER NS NS REER NS		M S Z PARENTS	FATHER-NAME FIRST MODES LAST MOTHER-MAIDEN NAME FIRST MODE	il LAST		
HT-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		PARENTS (	16 FRANK JAPKOWSKI 17 LUCY SIWINSKI			
		1	INFORMANT—NAME LITTOR OF DIVINI RELATIONSHIP MAILING ADDRESS STREET OR R.J. D. NO. CITY OR TOWN	STATE JIP		
1 0 TO				46323		
正公正		1	BURIAL, CREMATION, REMOVAL, OTHER (Sport of )  CEMETERY OR CREMATORY—FUNERAL HOME  LOCATION  CITY OR TON			
アビッグ		DISPOSITION	BURIAL  190 HOLY CROSS CEMETERY  190 CALUMET CI  DATE (MORITH DAY YEAR)  FUNERAL HOME—NAME AND ADDRESS  190 BURIAL  190 CALUMET CI			
F - 8 - 8 - 8 - 8 - 8 - 8 - 8 - 8 - 8 -	1 1		NOVEMBER 10, 1982 VIRGIL HUBER FUNERAL HOME HAMMOND			
の日日の一部出	11		To the boot of the however death accourse symbol me, dots with the book of the boot of the			
S S L	1		210 (Superior Lance) 210 216	M		
E865 8	( //	M.D.	NAME OF ATTENDING PHYSICIAN (1100 or Print)			
3	' / ì	OR D.O.	DANIEL MOTYKA D.O.			
٠ •	F N	.] \	MAILING ADDRESS - PHYSICIAN WOLAND WILLIAM AND			
	1	<b>J</b> . j.	216 9335 CALUMET AVE MUNSTER IN AUDITOR LAKE COUNTY	·		
	1	1 %	DATE RECEIVED BY LOCAL HEAL			
7		CONDITIONS		- 9 1982		
***	30	WHICH GAVE				
		BAUSE SAUSE SHE DWINE	PART (a) Cardiforespiratory Arrest	Minutes  Interest between oncest and death		
9	DIRECTOR	CAUSE LAST	Decompensating Congestive Heart Failure			
46	S IN .	<b>→</b>	DUI 10 ON AS A CONSTOURNED OF			
11	•	Z Chuse	(c) Coronary Artery Disease 01235	Years		
140	ALMER ERAL		PART OTHER SIGNHICANS CONDITIONS - Conditions contributing to death but not related to cause given in PART Equi	AUTOPSV ISpecify too as from		
12	MBALMEKS UNERAL DI	S C	" Cerebro-Vascular Accident, Hypothyroidism	<sub>24</sub> No		
`		<u> </u>	SBH 06-003 State Form 35430			

SBH 06-003 State Form 3543 REV.10/77