

168756 *Wahn*

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TICOR TITLE INSURANCE

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2: 92052768

AFFIDAVIT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Adele Korczak, being first duly sworn upon oath, deposes and says:

1. That Affiant's spouse, Richard Korczak, a/k/a Richard H. Korczak died ~~with no surviving spouse~~ (leaving a will) on September 18, 1991 at Americana Nursing Home South Holland, IL

2. That they were duly and legally married at the time they acquired title as husband and wife to the following described real estate: 1129-171st Street, Hammond, IN 46324

The West 1/2 of Lot 20 in Birdview Addition to Hammond as per plat thereof, recorded in Plat Book 20, Page 26 in the office of the recorder of Lake County, Indiana

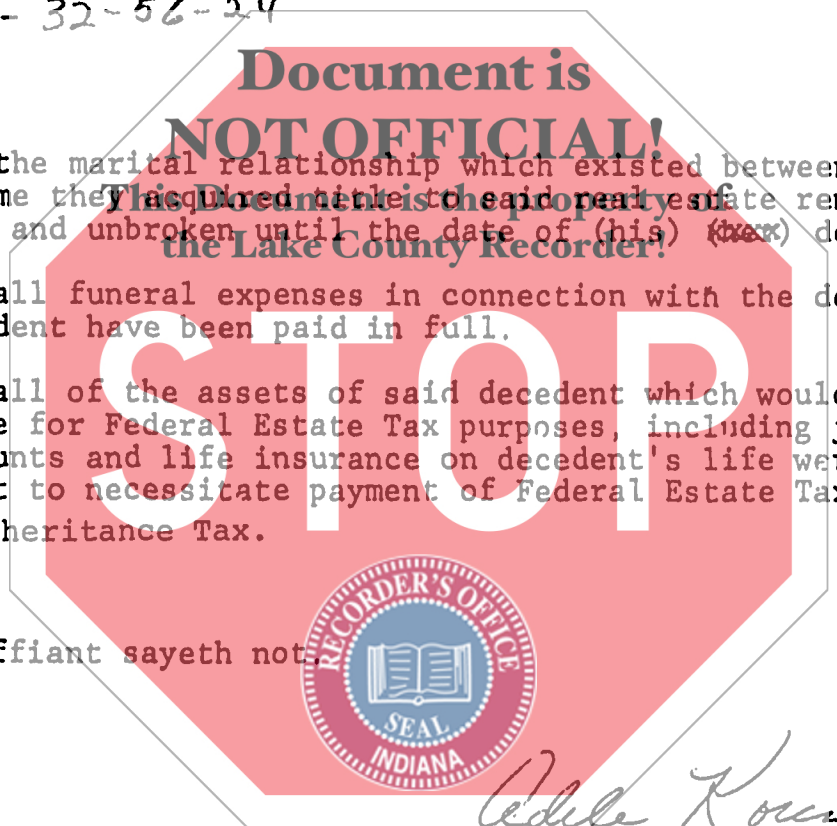
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3. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of (his) ~~her~~ death.

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 sufficient to necessitate payment of Federal Estate Tax or Indiana Inheritance Tax.

Further affiant sayeth not.



Adele Korczak
Adele Korczak

Subscribed and sworn to before me, a Notary Public, this 1ST day of JUNE, 1992.

Robert S. DeVore
Notary Public
Robert S. DeVore

FILED

My Commission expires:
MAY 2, 1996

AUG 17 1992

County of Residence:
LAKE

Anna M. Anton
AUDITOR LAKE COUNTY

This Instrument prepared by ROBERT S. DEVORE

STATE OF INDIANA/S.S.IND.
LAKE COUNTY
FILED FOR RECORD
AUG 19 8 59 AM '92
ROBERT S. DEVORE
RECORDER
INDIANAPOLIS, INDIANA



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800/2

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I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death and record for the decedent named in item 1 and that this record was established and filed in my office in accordance with the provisions of the Illinois statutes relating to the registration of births, stillbirths and deaths September 19, 1991

SIGNED Kathryn A. Kersten Official Title Chief Deputy Registrar At Cook County Department of Public Health - Maywood, Illinois 60153

REGISTRATION DISTRICT NO. <u>16.0</u>		STATE OF ILLINOIS				STATE FILE NUMBER	
REGISTERED NUMBER		MEDICAL CERTIFICATE OF DEATH					
DECEASED-NAME FIRST MIDDLE LAST		SEX		DATE OF DEATH (MONTH DAY YEAR)			
1. Richard H. Korczak		2 Male		3 September 18 1991			
COUNTY OF DEATH		AGE-LAST BIRTHDAY (YRS)		DATE OF BIRTH (MONTH DAY YEAR)			
4. Cook		5a. 63		5d. July 15 1928			
CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT WEATHER, GIVE STREET AND NUMBER)			IF HOSP. OR INST. INDICATE D.O.A. OR F.M.I. OR INPATIENT (SPECIFY)		
6a. South Holland		6b. Americana Health Care Center			6c. Inpatient		
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)		WAS OF CEASED DEVER IN U.S. ARMED FORCES? (YES NO)	
7. Hammond, Ind.		8a. Married		8b. Adele Cap		9. Yes	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY		EDUCATION (SPECIFY OR Y HIGH EST GRADE COMPLETED)	
10. 309 24 7934		11a. Supervisor		11b. Drug Car Shop		12. 12	
RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP, OR ROAD DISTRICT NO.		INSIDE CITY (YES NO)		COUNTY	
13a. 13052 Brandon Ave.		13b. Chicago		13c. Yes		13d. Cook	
STATE		RACE (WHITE, BLACK, AMERICAN INDIAN etc.) (SPECIFY)		OF HISPANIC ORIGIN? (SPECIFY) YES IF YES SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.			
13e. Illinois		13f. 60633		14. No			
FATHER-NAME FIRST MIDDLE LAST		MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST		SPECIFY			
15. George Korczak		16. Anna Zon		17. Yes			
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP		MAILING ADDRESS (STREET AND NO OR R.F.D., CITY OR TOWN, STATE, ZIP)			
17a. Adele Korczak		17b. Wife		17c. 13052 Brandon Chicago, IL 60633			
18. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
Immediate Cause (Final disease or condition resulting in death)		(a) prostate carcinoma metastatic to bone, liver & lung.		6 mos.			
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(b) DUE TO, OR AS A CONSEQUENCE OF					
		(c) DUE TO, OR AS A CONSEQUENCE OF					
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		AUTOPSY (YES NO)		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?			
		19a. No		20c. YES [] NO []			
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?			
20b.		20b.		20c. YES [] NO []			
20b. (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES NO)		HOUR OF DEATH			
21a.		21b. No		21c. 3:00 pm M.			
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		DATE SIGNED (MONTH, DAY, YEAR)					
22a. SIGNATURE		22b. Sept 19 1991					
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		ILLINOIS LICENSE NUMBER					
22c. P. Neale DO 16168 Drexel So. Holland, IL. 60473		22d. 036-073399					
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.					
23.		23.					
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY-NAME		LOCATION CITY OR TOWN STATE		DATE (MONTH, DAY, YEAR)	
24a. Burial		24b. Holy Cross		24c. Calumet City, Illinois		24d. Sept 21 1991	
FUNERAL HOME NAME		STREET AND NUMBER OR R.F.D.		CITY OR TOWN STATE		ZIP	
25a.		25a. Opyt Funeral Home 13350 So. Baltimore Ave. Chicago, IL. 60633					
FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER					
25b.		25c. 34-010821					
LOCAL REGISTRAR'S SIGNATURE		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)					
26a. KAREN L. SCOTT, M.D. REGISTRAR		26b. September 19 1991					

26-32-56-24

