

Citation Fee
to 7 Pledge
P. 21
Thurman

TICOR TITLE INSURANCE

92053553

AFFIDAVIT

ROBERT RECORDER
BEEBLAND

AUG 24 9 25 AM '92

STATE OF INDIANA
LAKE COUNTY
FILE FOR RECORD

STATE OF INDIANA }
COUNTY OF LAKE } SS:

John Mikulay, being first duly sworn upon oath, deposes and says:

1. That Affiant's spouse, Helen Mikulay a/k/a Helen T. Mikulay died (~~without leaving a will~~) (leaving a will) on July 7th 1974 at 1502 MYRTLE, HAMMOND, IN (Whiting Pl)
2. That they were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

1523 Myrtle Ave.

Lot 6 in Block 3 in Agnes Roberts' Subdivision, in the City of Hammond, as per plat thereof, recorded in Plat Book 2 page 20, 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 ~~her~~ (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.

Ac # 35-294-7

A. Roberts Sub. Lot 6 313

Further affiant sayeth not.

John Mikulay
John Mikulay

Subscribed and sworn to before me, a Notary Public, this 7th day of August, 1992.

Jan McGrath
Notary Public

FILED

AUG 20 1992

My Commission expires: 8/7/92

County of Residence: LAKE

Anna N. Anton
AUDITOR LAKE COUNTY

This Instrument prepared by John Mikulay

00775

8/14

TICOR TITLE INSURANCE
Crown Point, Indiana

255697

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

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No.

Local No. 6-12

169952

A. Roberts Sub. Lot 6, Blk 3, Hammond
Roberts Sub. Hammond
Blk 6 Blk 3, page 20
Blk 6 #35-294-7

Disposition Permit Issued
Provisional Certificate
 Yes No

FUNERAL HOME No. 726
LICENSE No. L074
FUNERAL DIRECTOR'S LICENSE No. 702
EMBALMER'S NAME Martin Gabor
FUNERAL DIRECTOR'S SIGNATURE Irene Baran

PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS		DECLAIED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)		
1.		HELEN				MIKULY	FEMALE	JULY 3, 1974		
RACE		AGE—LAST BIRTHDAY (YEAR)	UNDER 1 YEAR MOS	UNDER 1 DAY HOURS	DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF DEATH				
4. White		5a. 52	5b.	5c.	3-12-1922	Lake				
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)						
7b. Hammond		7c. yes		7d. 1502 Myrtle Avenue						
7e. (Whiting P.O.)		STATE OF BIRTH (IF NOT IN U.S.A.)		CITIZEN OF WHAT COUNTRY		MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)		10.		
8 Indiana		9. U.S.A.		WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		11. John Mikuly				
USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.		SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, WHEN RETIRED)		KIND OF BUSINESS OR INDUSTRY				
12. 309-56-8533		13a. Own Home		13b.						
RESIDENCE—STATE		COUNTY	CITY, TOWN OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)	TOWNSHIP				
14a. Indiana		14b. Lake	14c. Hammond		14d. yes	14e. North				
14f. 1502 Myrtle Avenue		14g. WAS DECEASED EVER IN U.S. ARMED FORCES? (If no, or unknown)		14h. IS RESIDENCE ON A FARM?						
14i. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		14j. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>								
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME		FIRST	MIDDLE	LAST	
15. John Kosco					16. Mary Jankovsky					
17a. John Mikuly		RELATIONSHIP		17b. Husband		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)				
17c. 1502 Myrtle Ave.		17d. Whiting, Ind.		17e. 46394						
PART I. DEATH WAS CAUSED BY:		(ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
18. IMMEDIATE CAUSE		Secondary O cellulosis				immediate				
(a) DUE TO, OR AS A CONSEQUENCE OF:		Hypertensive Heart Disease				10 yrs				
(b) DUE TO, OR AS A CONSEQUENCE OF:										
(c) DUE TO, OR AS A CONSEQUENCE OF:										
PART II. OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A)		C. Pulmonary Tuberculosis				AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		19b. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH YES <input type="checkbox"/> NO <input type="checkbox"/>		
DATE & TIME OF DEATH		MONTH	DAY	YEAR	HOUR	DATE SIGNED	MONTH	DAY	YEAR	
20. July		INDIANA	5	1974	5 P.M.	21a. July 5	1974			
PHYSICIAN'S NAME (TYPE OR PRINT)		SIGNATURE OF		PHY. CODE NO.						
22a. C. E. Frankowski, M.D.		22b. [Signature]		2419						
MAILING ADDRESS—PHYSICIAN		STREET OR R.F.D. NO		CITY OR TOWN		STATE		ZIP		
23. 1907 New York Avenue		Whiting		Indiana		46394				
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY, CREMATORY, FUNERAL HOME		LOCATION		STATE				
24a. Burial		24b. St. John Cemetery		24c. Hammond		Indiana				
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS		(STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)						
24d. July 6, 1974		24e. Baran & Son, Inc., 1235 119th St.		Whiting, Ind.		46394				
HEALTH OFFICER—SIGNATURE		DATE RECEIVED BY LOCAL HEALTH OFFICER								
25b. [Signature]		26a. JUL 8 1974								



FILED
JUL 5 1974
INDIANA

00776