

**FILED**

AUG 21 1992

STATE OF INDIANA )  
                          ) SS:  
COUNTY OF LAKE )

**AFFIDAVIT OF SURVIVORSHIP**

*Anna M. Anton*  
AUDITOR LAKE COUNTY

**92053888**

Catherine F. Sheehy, being first duly sworn upon her oath,  
deposes and says:

1. That this Affidavit is made with reference to the following  
described real estate, to-wit:

*24-81-1*  
Lots 1, 2, and 3 in Block 11 in Meyer Manor Terrace,  
in the Town of Cedar Lake, as per plat thereof,  
recorded in Plat Book 21 page 49, in the Office of  
the Recorder of Lake County, Indiana.

2. That your affiant is the surviving daughter of the deceased  
and is familiar with the affairs of the said Lillian Bobola and  
the death of such deceased.

3. That the said Lillian Bobola died on the 20th day of  
February, 1991, a resident of Lake County, Indiana, and  
residence at the time of her death was 8825 Dodge Street, Cedar  
Lake, Indiana.

4. That the decedent died leaving a last Will and Testament  
which was not subject to probate administration; that the decedent's  
estate including the above-described real estate was subject to  
Indiana Inheritance Tax which was determined and paid pursuant to  
order of the Lake Superior Court, Room 5, in Lake County, Indiana  
under cause number 45D05-9107-ES-170; that the decedent's estate  
was not subject to Federal Estate Tax.

5. That this Affidavit is made in order to remove the name  
of Lillian Bobola from title and establish that Catherine F. Sheehy  
and Mary Anna Shevitz are owners of record as the Surviving Joint  
Tenants of Lillian Bobola, deceased.

Further Your Affiant Says Not.

*Catherine F. Sheehy*  
CATHERINE F. SHEEHY

Subscribed and sworn to before me, a Notary Public, this 11th  
day of August, 1992.

*David J. Sims*  
NOTARY PUBLIC: DAVID J. SIMS

My Commission Expires:  
November 2, 1993.  
Lake County Resident

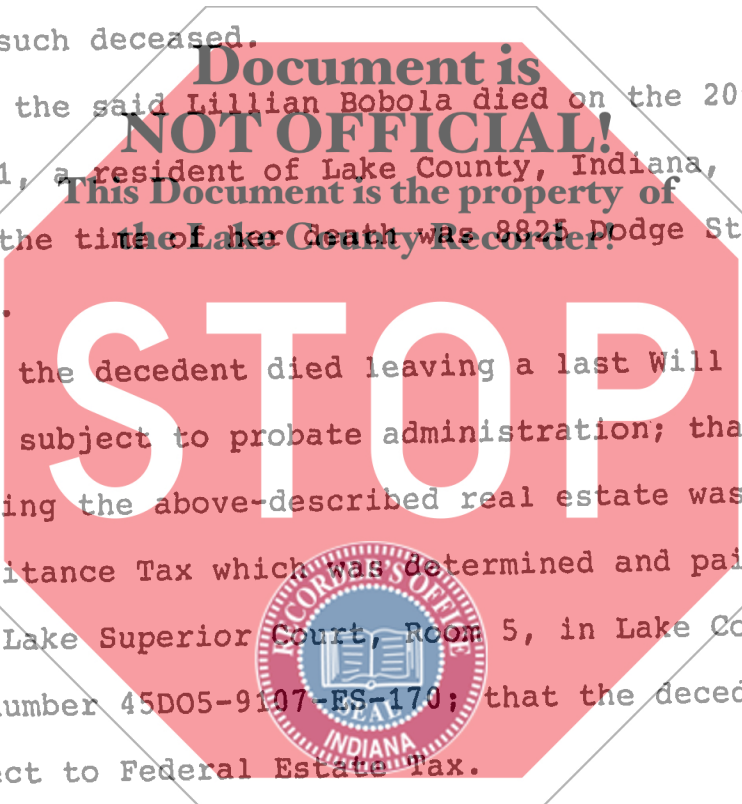
Prepared by: David J. Sims  
Attorney at Law  
P.O. Box 88, 11108 W. 133rd Ave.  
Cedar Lake, IN 46303  
(219) 374-6264

00818

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

ROBERT H. EELAND  
RECORDER

AUG 25 8 58 AM '92



800

INDIANA STATE BOARD OF HEALTH

CERTIFICATE OF DEATH

Local No. 399-91

State No.

TYPE/PRINT IN PERMANENT BLACK INK

1 DECEASED-NAME (First, Middle, Last) William Bobola
2 SEX Female
3a TIME OF DEATH 9:30 AM
3b DATE OF DEATH (Month, Day, Yr) February 20, 1991
4 SOCIAL SECURITY NUMBER 304-42-2605
5a AGE-Last Birthday (Years) 86
5b UNDER 1 YEAR Months Days
5c UNDER 1 DAY Hours Minutes
6 DATE OF BIRTH (Mo, Day, Yr) Aug. 30, 1904
7 BIRTHPLACE (City and State or Foreign Country) Chicago, Illinois
8a WAS DECEDENT A US VETERAN? No
8b YEAR LAST SERVED IN US ARMED FORCES?
9a PLACE OF DEATH (Check only one. See instructions)
HOSPITAL: [X] Inpatient [ ] ER/Outpatient [ ] DOA
OTHER: [ ] Nursing Home [ ] Other (Specify) [ ] Residence

DECEDENT

9b FACILITY NAME (If not institution, give street and number) St. Anthony's Hospital
9c CITY, TOWN, OR LOCATION OF DEATH Crown Point
9d COUNTY OF DEATH Lake
10 MARITAL STATUS (Specify) Married
11 SURVIVING SPOUSE (If wife, give maiden name) Jimmy Bobola
12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Housewife
12b KIND OF BUSINESS/INDUSTRY Own Home
13a RESIDENCE-STATE Indiana
13b COUNTY Lake
13c CITY, TOWN, OR LOCATION Cedar Lake
13d STREET AND NUMBER 8825 Dodge

PARENTS

13e ZIP CODE 46303
13f INSIDE CITY LIMITS [ ] No [X] Yes
13g ON A FARM? [ ] No [X] Yes
14 CITIZEN OF WHAT COUNTRY? U.S.A.
15 WAS DECEDENT OF HISPANIC ORIGIN? [X] No [ ] 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) 8 College (1-4 or 5+)
18 FATHER'S NAME (First, Middle, Last) Frank Predenkiewicz
19 MOTHER'S NAME (First, Middle, Maiden Surname) Anna Hinc

INFORMANT

20a INFORMANT'S NAME (Type/Print) Kay Sheehy
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 13212 Parrish Cedar Lake, Indiana 46303
20c Relationship Daughter

DISPOSITION

21a METHOD OF DISPOSITION [X] Burial [ ] Cremation [ ] Removal from State [ ] Donation [ ] Other (Specify)
21b DATE AND PLACE OF DISPOSITION (Date of interment, crematory, or other place) February 23, 1991 Holy Name Cemetery
21c LOCATION-City or Town, State Cedar Lake, Indiana

CAUSE OF DEATH

22a EMBALMERS NAME Fred Oparka
22b EMBALMERS LICENSE NO. FD01016076
23 WAS DEATH REPORTED TO CORONER? [X] No [ ] Yes
24a SIGNATURE OF FUNERAL DIRECTOR Fred Oparka
24b LICENSE NUMBER (of Licensee) FD01016076
25 NAME, ADDRESS AND LICENSE NUMBER OF THE STATE HEALTH DEPARTMENT WHERE DEATH REPORTED: E. COMPLETE BODY FH 8820000000 B: C DEATH OIL Lake, INDIANA LAKE COUNTY B 03 HEALTH DEPT.
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.
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. pneumonia
b. due to (or as a consequence of) G to pneumonia
c. due to (or as a consequence of) Semi-Coma
d. due to (or as a consequence of)
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) No
28a. WAS AN AUTOPSY PERFORMED? (Yes or no) No
28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) No

CERTIFIER

29a. CERTIFIER (Check only one) [X] CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) as stated.
[ ] 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.
[ ] 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 Jon Michels
29c. MEDICAL LICENSE NO. 020009008
29d. DATE SIGNED (Month, Day, Year) 2/21/91

HEALTH OFFICER

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)
31. HEALTH OFFICER'S SIGNATURE Alexander S. Williams MD
32. DATE FILED (Month, Day, Year) February 21, 1991

CORONER USE ONLY

33. MANNER OF DEATH [ ] Natural [ ] Pending Investigation [ ] Accident [ ] Suicide [ ] Homicide [ ] Could not be Determined
34a. DATE OF INJURY (Month, Day, Year) AUG 21 1992
34b. PLACE OF INJURY-At home farm street, factory, office building, etc. (Specify)
34c. INJURY AT WORK? (Yes or no)
34d. DESCRIBE HOW INJURY OCCURRED
34g. DATE PRONOUNCED DEAD (Month, Day, Year)
34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc. AUDITOR LAKE COUNTY

