

92072580

RETURN TO:
FIRST AMERICAN TITLE INS. CO.
5665 CROWN POINT BLVD., SUITE 1
CROWN POINT, IN 46307

AFFIDAVIT of Herbert A. Pesdan, Jr.

The undersigned, being first duly sworn upon his oath, states and represents to First American Title Insurance Company and others as follows that:

1. That affiant is the only issue of decedent Herbert A. Pesdan (hereinafter referred to as, "father/decedent") and of decedent Angeline S. Pesdan; Herbert A. Pesdan and Angeline S. Pesdan were married on February 19, 1955, a copy is attached to this *Affidavit*.

2. That affiant's father/decedent, Herbert A. Pesdan, was married to affiant's mother, Angeline S. Pesdan, also deceased, until his death on November 12, 1987 as evidenced by the attached copy of his death certificate attached hereto and incorporated herein by reference as *Exhibit A*.

3. That affiant has personal knowledge that his father/decedent owned, as tenants by the entireties along with his wife (affiant's mother), Angeline S. Pesdan, the following described real estate, to wit:

Lot 98 in Crescent Lake, Unit #2, in the Town of Merrillville, as per Plat thereof, recorded in Plat Book 51, Page 77, in the Office of the Recorder of Lake County, Indiana.

Common Address: 7524 Wright Street, Merrillville, Indiana 46410

4. That fee simple title in the above legally described real estate vested, by operation of law, in affiant's mother due to the death of her husband, Herbert A. Pesdan, until her death.

5. That affiant's mother, Angeline S. Pesdan, never remarried and died on July 7, 1990 as evidenced by a certified copy of her death certificate attached hereto and incorporated herein by reference as *Exhibit B*.

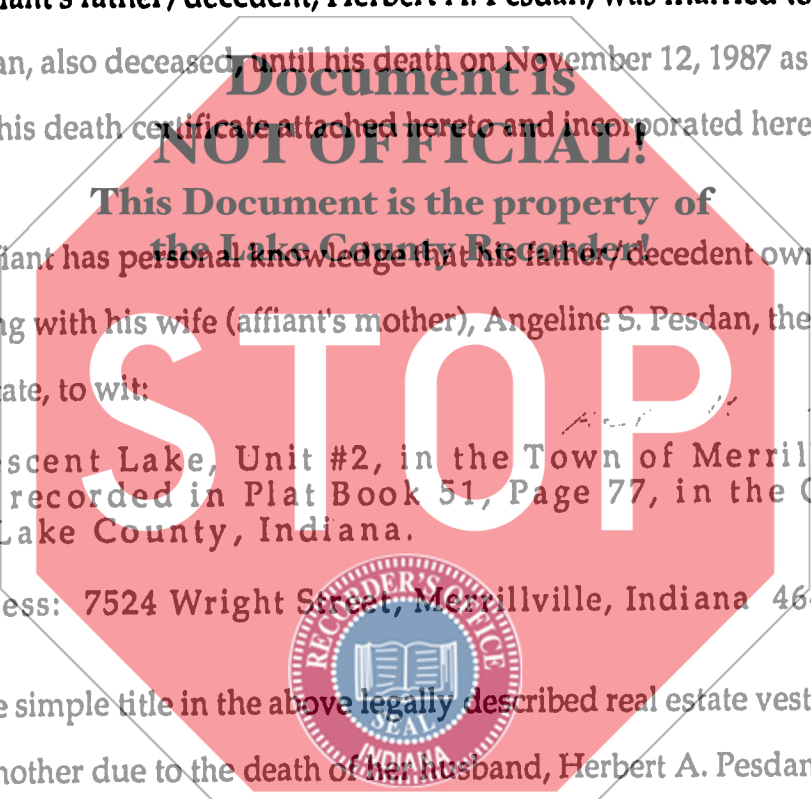
6. That an estate was opened in Lake County, Indiana for affiant's mother and that the Court appointed affiant as the Personal Representative of his mother's estate.

DULY ENTERED FOR TAXATION SUBJECT TO
FINAL ACCEPTANCE FOR TRANSFER

OCT 30 1992

Anna M. Anton
AUDITOR LAKE COUNTY

01903



STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

OCT 16 11 37 AM '92

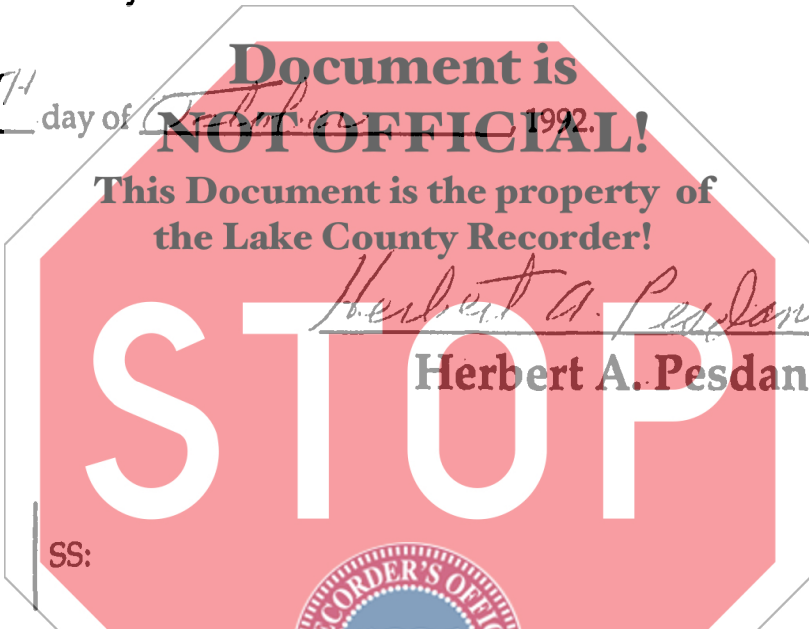
1400
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7. That the Court, in affiant's mother's estate, entered a final order of record closing the estate ordering that affiant, as the sole issue of the marriage of his parents, to receive in fee simple, title to the real estate legally described in item #3 of this Affidavit.

8. That all expenses, claims, and inheritance/estate taxes have been paid or satisfied arising from of the death of each parent of affiant with reference to the above legally described real estate.

9. Further affiant sayeth not.

Dated this 27TH day of October, 1992.



Herbert A. Pesdan, Jr.
Herbert A. Pesdan, Jr.

State of Indiana
County of Lake

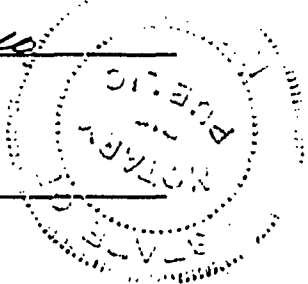
SS:

Before me, the undersigned, a Notary Public in and for said County and State, this 27 day of October, 1992, personally appeared Herbert Pesdan, Jr. and acknowledged the execution of the foregoing Affidavit of Herbert Pesdan, Jr. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

My commission expires 4 November, 1994. County of Residence: Porter.

Timothy D. Lucero
NOTARY PUBLIC

Timothy D. Lucero
PRINTED NAME



HERBERT A. PESDAN

TO

ANGELINE S. KROLL

BE IT REMEMBERED, That heretofore, to wit: on the 11th day of FEBRUARY A. D. 19 55, the following Marriage License was issued, to wit:

Marriage License

STATE OF INDIANA, LAKE COUNTY, ss:

To Any Person Empowered by Law to Solemnize Marriage — Greetings:

You are hereby authorized to join together as HUSBAND AND WIFE,

HERBERT A. PESDAN

and

ANGELINE S. KROLL

according to the laws of the State of Indiana.

IN TESTIMONY WHEREOF, I, BARTEL ZANDSTRA, Clerk of the Lake Circuit Court, hereunto subscribe my name and affix the seal of said court, at Crown Point, this 11th day of FEBRUARY, 19 55

This Document is the property of the Lake County Recorder!

BE IT FURTHER REMEMBERED, That afterwards, to wit: on the 23rd day of FEBRUARY, 19 55 the following Certificate of Marriage was filed in my office, to wit:

STATE OF INDIANA, LAKE COUNTY, ss:

THIS CERTIFIES, That I joined in Marriage as Husband and Wife,

HERBERT A. PESDAN

and

ANGELINE S. KROLL

on the 19th day of FEBRUARY, 19 55



/s/REV. LOUIS B. WOZNIAK

STATE OF INDIANA, LAKE COUNTY, ss:

I, ROBERT C. ANTICH, Clerk of the Circuit Court within and for

said County of Lake, and State of Indiana, do hereby certify the foregoing to be true and correct, copies of the Marriage License and Certificate of Marriage of HERBERT A. PESDAN *AND* ANGELINE S. KROLL

MALE BORN: DECEMBER 18, 1916

FEMALE BORN: JUNE 30, 1921

as the same now appear of record in the Marriage Records in my office.

IN WITNESS WHEREOF, I have hereto subscribed my name and affixed the seal of said court, at Crown Point, Indiana, on this 9th day of SEPTEMBER, 19 92

Robert C. Antich

Clerk Lake Circuit Court

Deputy

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

Below for State Office Use

- A _____
- B _____
- C _____
- D _____
- E _____
- F _____
- G _____
- H _____
- I _____
- J _____
- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____
- 7 _____
- 8 _____
- 9 _____
- 10 _____
- 11 _____
- 12 _____

EXHIBIT A

1901

LAKE COUNTY HEALTH DEPARTMENT

EMBALMER'S NAME..... James Cholaton..... LICENSE No. FDE1004194

FUNERAL HOME
FUNERAL DIRECTOR'S
SIGNATURE..... Robert Wiatrolak..... LICENSE No. FDE1001293

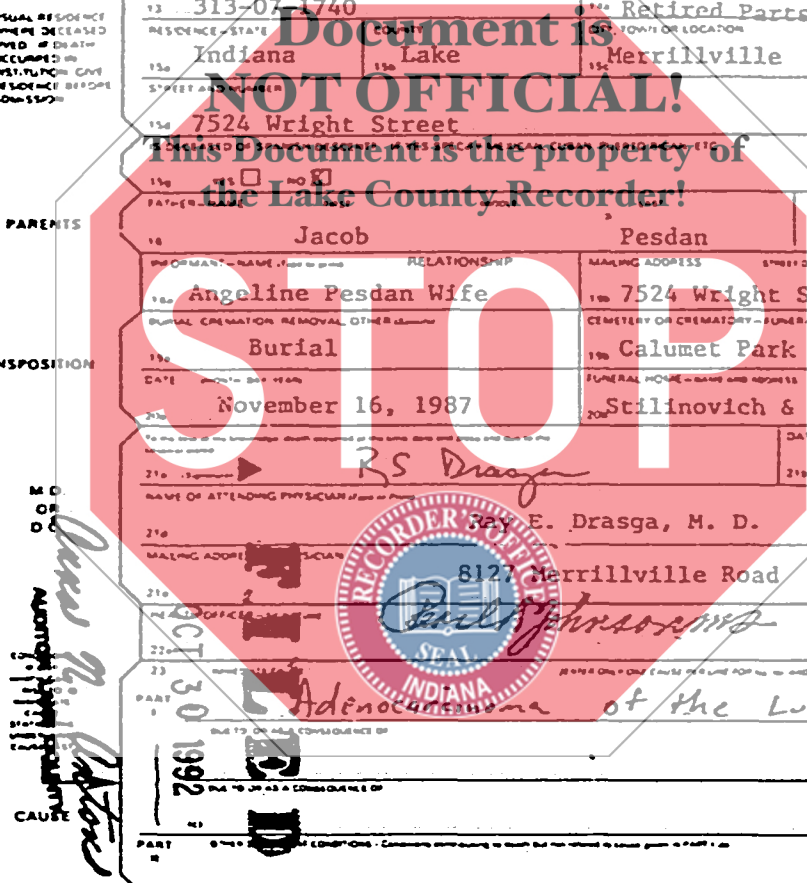
FUNERAL HOME
No. FI13004455

Local No. 3074-87

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. _____

DECEASED - NAME Herbert A. Pesdan		SEX Male		DATE OF DEATH November 12, 1987	
RACE - <input type="checkbox"/> White		AGE - 70		DATE OF BIRTH December 18, 1916	
CITY, TOWN OR LOCATION OF DEATH Merrillville		HOSPITAL OR OTHER INSTITUTION Methodist Hospital Southlake Campus		PLACE OF DEATH Inpatient	
STATE OF BIRTH Indiana		CITIZEN OF WHAT COUNTRY U.S.A.		MARRIED - <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> MARRIED	
SOCIAL SECURITY NUMBER 313-07-1740		USUAL OCCUPATION Retired Parts Department		SPOUSE'S NAME Angeline Kroll	
RESIDENCE - STATE Indiana		CITY, TOWN OR LOCATION Lake Merrillville		WAS DECEASET EVER IN U.S. ARMY OR NAVAL RESERVE? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
STREET AND NUMBER 7524 Wright Street		IS RESIDENCE ON A FARM? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		INSURE BY LIFE INSURANCE? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
FATHER'S NAME Jacob Pesdan		MOTHER - MAREN NAME Monica Kmilcick			
RELATIONSHIP Angeline Pesdan Wife		MAILING ADDRESS 7524 Wright Street Merrillville, Indiana 46410			
BURIAL, CREMATION, REMOVAL, OTHER Burial		CEMETERY OR CREMATORY - FUNERAL HOME Calumet Park Cemetery		LOCATION Merrillville, Indiana 46410	
DATE November 16, 1987		FUNERAL HOME - NAME AND ADDRESS Stililnovich & Wiatrolak 7535 Taft St. Merrillville, IN			
NAME OF ATTENDING PHYSICIAN Ray E. Drasga, M. D.		DATE SIGNED 11/16/87		PLACE OF DEATH	
MAILING ADDRESS 8127 Merrillville Road		DATE RECEIVED BY LOCAL HEALTH OFFICER 11-17-87			
CAUSE OF DEATH Adenocarcinoma of the Lung					



INDIANA STATE BOARD OF HEALTH

CERTIFICATE OF DEATH

Local No. 1443-90

State No.

TYPE/PRINT IN PERMANENT BLACK INK

1. DECEASED—NAME (First, Middle, Last) ANGELINE S. PESDAN		2. SEX FEMALE	3a. TIME OF DEATH 11:09A	3b. DATE OF DEATH (Month, Day, Yr) July 7, 1990
4. SOCIAL SECURITY NUMBER 308-18-7805	5a. AGE—Last Birthday (Years) 69	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr) June 30, 1921
7. BIRTHPLACE (City and State or Foreign Country) Gary, Indiana		8a. WAS DECEDENT A U.S. VETERAN? Yes		
8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1945		9. PLACE OF DEATH (Check only one. See instructions): <input checked="" type="checkbox"/> HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> OOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence		
9a. FACILITY NAME (If not institution, give street and number) Southlake Methodist Hospital		9b. CITY, TOWN, OR LOCATION OF DEATH Merrillville	9c. COUNTY OF DEATH Lake	
10. MARITAL STATUS (Specify) Widowed	11. SURVIVING SPOUSE (If wife, give maiden name) -0-	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 Self
13a. RESIDENCE—STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN OR LOCATION Merrillville		13d. STREET AND NUMBER 7524 Wright Street
13e. ZIP CODE 46410	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 13g. ON A FARM? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? U.S.A.	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) 1 College (1-4 or 5+)		18. FATHER'S NAME (First, Middle, Last) Michael Kroll		
19. MOTHER'S NAME (First, Middle, Maiden Surname) Mary Stalmach		20a. INFORMANT'S NAME (Type/Print) Herbert A. Pesdan		
20b. RELATIONSHIP Son		20c. ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 7524 Wright St. Merrillville, Indiana		
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, or other place) July 12, 1990, Recorder's Park Cem.		21c. LOCATION—City or Town, State Merrillville, Indiana
22a. EMBALMER'S NAME Alexis Thanos		22b. EMBALMER'S LICENSE NO. EDE 8600505	23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24. SIGNATURE OF FUNERAL DIRECTOR <i>Robert Wiatrolik</i>		24b. LICENSE NUMBER (of Licensee) EDE1001293	24c. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Stilnovich & Wiatrolik FH 3004455 7535 Taft Merrillville, Indiana 46410	
25. 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. Approximate Interval Between Onset and Death				
IMMEDIATE CAUSE (Final disease or condition resulting in death) Acute Stroke				
a. DUE TO (OR AS A CONSEQUENCE OF) Supraventricular tachycardia				
b. DUE TO (OR AS A CONSEQUENCE OF) Hypertension				
c. DUE TO (OR AS A CONSEQUENCE OF) Diabetes Mellitus				
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)		28a. WAS AN AUTOPSY PERFORMED? (Yes or no)		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or 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. <input type="checkbox"/> 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. <input type="checkbox"/> 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 <i>[Signature]</i> M.D.		
29c. MEDICAL LICENSE NO. 01036861		29d. DATE SIGNED (Month, Day, Year) 7/9/90		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 28) (Type/Print) DR. Kim 5490 BERDWAY, MERRILLVILLE				
31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>				32. DATE FILED (Month, Day, Year) JUL 10, 90
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 (Type) OCT 30 1992
34d. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		34e. LOCATION (Street and Number or Rural Route Number, City or Town, State)		
34g. DATE PRONOUNCED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) Yes <i>[Signature]</i> Auditor Lake County		



Original Lake # 77
 # 15-497-31
 # 98
 Lake CO

FILED