STATE OF INDIANA

COUNTY OF LAKE



93015920

SURVIVORSHIP AFFIDAVIT

George Sceniak, being first duly sworn upon his oath, deposes and says:

That he is the owner in fee simple of the following described real estate located in Lake County, Indiana, to wit:

SS:

Lot 209 in Englehart's Country Club Manor, as perplat thereof, recorded in Plat Book 24, page 75 cm, the Recorder's Office of Lake County, Indiana,

Commonly known as: 1108 W. 62nd Place, Merrillv file,

Key number: 15-164-6

and that he and his now deceased wife, Irene Sceniak, were husband and wife at the time they acquired title, as tenants by the entireties, to said real estate by deed of conveyance dated July 26, 1956, and recorded on September 7, 1956, in the office of the Recorder of Lake County, Indiana;

- 2. That the marital relationship which existed between said affiant and Irene Sceniak, his wife, continued unbroken from the time they iso acquired title to said real estate until the death of his said wife on October 6, 1987, at which time this affiant acquired title to said real estate as surviving tenant by the entireties;
- That there has never been any administration upon the estate of said Irene Sceniak;
- That the gross value of the estate of the said Irene Sceniak, deceased, taking into consideration in the evaluation thereof, the value of all her gifts in contemplation of death, including all gifts made by her in the two years preceding her death, together with the value of all of her investments in joint properties and estates by the entireties, including the real estate above described, plus the proceeds of all insurance on his life, did not equal or exceed the sum of \$600,000.00, as a consequence of which her estate was not subject to Federal Estate Tax.

Further affiant sayeth not.

Subscribed and sworn to before me this the day of ____, 1993·.

T: Oates, Notary Public Lawrence

Commission expires: April 17, 1996

of Residence: Porter

This instrument prepared by:

Lawrence T. Oates OATES & OATES, Attorneys 101 W. 75th Place 46410 Merrillville, IN (219) 769-6653

00619

TYPE OR PRINT INDIANA STATE BOARD OF HEALTH PLAINLY, WITH Local No. 1823-87 State MEDICAL CERTIFICATE OF DEATH UNFADING INK No. THIS IS A HOME DATE OF DEATH MONTH DAY 1849. DICEASED - NAME TYPE OR PRINT PERMANENT IRENE SCEN1AK Female , October 6, 1987 PERMANENT RECORD RACE to g this Block American AGE -tes Bemder UNDER LOAV DATE OF BIRTH OF DR. 1 COUNTY OF DEATH UNDER 1 YEAR 30024 INK FOR INSTRUCTIONS FUNERAL HIR-85 7 0415 . 61 White . 12/27/1925 Lake Below for State Office Use SEE CITY TOWN OR LOCATION OF DEATH HOSPITAL OR OTHER INSTITUTION have due a rise gregor potentioner IF HOSP OR INST 1-44 PF BOA Merrillville 1108 W. 62nd Place SURVIVING SPOUSE #= to gio me we reme STATE OF BIRTH W NO IN U S 4 MARRIED NEVER MARRIED WAS DITEDENT EVER IN U.S. CITIZEN OF WHAT COUNTRY ARMED FORCES! WIDOWED DIVORCED IN THE DECEASED Indiana n George Sceniak m Married 38. SOCIAL SECURITY NUMBER USUAL OCCUPATION IS not and and sine state of miles at KIND OF BUSINESS OR INDUSTRY 317-20-8657 146 Own Home USUAL MESIDENCE WHERE DECEASED LIVED IN DEATH RESIDENCE STATE WHERE DECLASED

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OC H. 1642 ABOVELIS, Indiana 🗚 STREET AND NUMBER Prizibides led Bigum. INSIDE CITY LIMITS 1108 his Dacument is the property of M THIS GRITTES THE ABON CONTIETE COPY OF THE USATH OF SILE WITH THE 1595 FH 1 115 DA NON yes IN OFCEASED OF SPANISHOUSE IN LIST ARE IN LINEAR TOWN IN COORDER! JASSES MAIDEN HAMELY COMMING TATHER-NAME 1455 Kallok Mary Stefan Andrew LANE CO. RELATIONSHIP MAILING ADDRESS STREET OR RED HOL HIT ORIMANT - NAME (type or print) George Sceniak Husband 1108 W. 62nd Place, Merrillville, Indiana 46410 BURIAL CREMATION REMOVAL, OTHER ISMENT CEMETERY OR CREMATORY - JUNERAL HOME Merrillville, Indiana Calumet Park Cemetery Burial DISPOSITION: FUNERAL HOME - NAME AND ADDRESS DATE IMONIN DAY YEAR) ISTRICT OR RED NO CITY OF TOWN STATE OF PRUZIN BROTHERS FUNERAL SERVICE, 6360 Broadway, Merr. Ind. 46410 October 9, 1987 HOUR OF DEATH , 6:05 am Ocotber 7, 1987 M.D. NAME OF ALTENDING PHYSICIAN (Inne or Prin OR Errest C. Mirich M.D. D.O. 3 MAILING ADDRESS - PHYSICIAN Charles 9001 Aroadway, Merrillville, Indiana 46410 DATE RECEIVED BY LOCAL HEALTH OFFICER COMPUTANT # ANT AISE TO PART FUNERAL DIRECTOR STATING THE DUE TO DR AS A CONSTITUENCE O CAUSE LAST DIR TO OR AS A CONSTRUCTOR SIGNATURE CAUSE AUTOPST ISpecie tes & Aus PART felcions SBH 06-003 State Form 35430 REV. 10/77