

93041956

STATE OF INDIANA)
COUNTY OF LAKE)SS:

**AFFIDAVIT OF HEIRSHIP
AND FOR TRANSFER OF REAL ESTATE**

JUN 23 2 25 PM '93
SANDY J. WILLIAMS
RECORDER

STATE OF INDIANA, S. NO.
LAKE COUNTY
FILED FOR RECORD

GORDON I. GERBICK of Crown Point, Lake County, Indiana, being first
duly sworn upon his oath says:

1. That SOPHIE GERBICK SELNER also known as Sophie G. Selner and
Sophia Selner died intestate on the 7th day of July, 1981, while domiciled in
Cook County, State of Illinois.

2. That no petition for the appointment of a Personal Representative for
said decedent is pending in any Court in this State nor in the State of Illinois and
that more than forty-five (45) days has elapsed since the date of death of Sophie
Gerbick Selner.

3. That your affiant is the adult brother of the decedent, Sophie Gerbick
Selner.

4. That the value of the said decedent's gross probable estate in Indiana
on the date of her death, less liens and encumbrances, does not exceed the sum
of the surviving spouse allowance provided by Indiana Code 29-1-4-1, the
reasonable funeral expenses of decedent and the costs and expenses of
administration.

5. That all funeral expenses of the decedent are paid and there are no

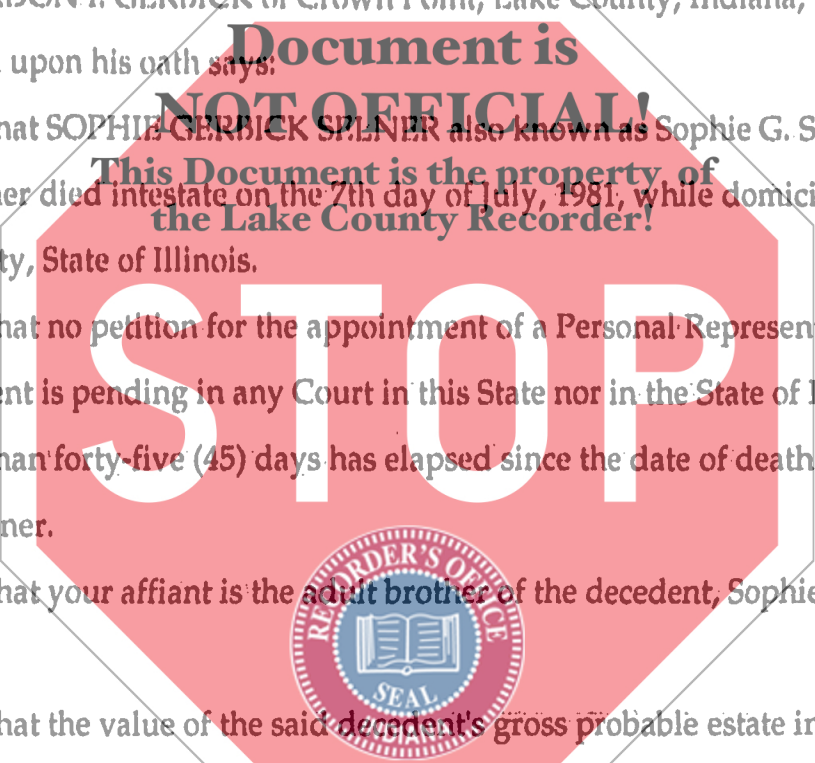
DULY ENTERED FOR TAXATION SUBJECT TO
FINAL ACCEPTANCE FOR TRANSFER.

JUN 29 1993

Oliver N. Cantone
AUDITOR LAKE COUNTY

02010

1400



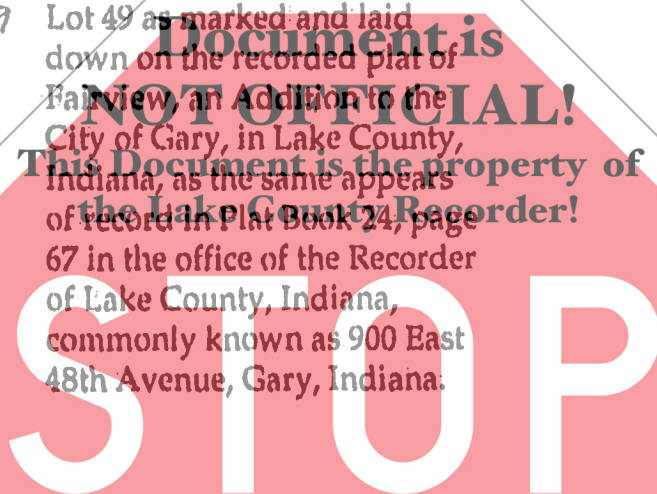
known creditors of the estate of the decedent.

6. That the decedent, Sophie Gerbick Selner, had no children born to her during her lifetime but she was survived by her husband, Rudolph A. Selner, as her sole and only heir at law.

7. That on the date of her death, Sophie Gerbick Selner, was the owner as tenant in common with your affiant of an undivided one half (1/2) interest in the following described real estate situated in Lake County, Indiana, to-wit:

KEY 43-404-9

Lot 49 as marked and laid down on the recorded plat of Fairview, an Addition to the City of Gary, in Lake County, Indiana, as the same appears of record in Plat Book 24, page 67 in the office of the Recorder of Lake County, Indiana, commonly known as 900 East 48th Avenue, Gary, Indiana.



8. That Mildred Gerbick, mother of your Affiant and of Sophie Gerbick Selner, the owner of a life estate in the above described real estate, died on the 4th day of September, 1971, as evidenced by a certified copy of her death certificate attached hereto and made a part hereof by reference.

9. That your affiant makes this affidavit to show that upon the death of Sophie Gerbick Selner title to her undivided one half (1/2) interest in the above described real estate vested in Rudolph A. Selner, her husband and sole and only heir at law.

10. That by virtue of all the foregoing stated matters no Indiana Inheritance Tax is due or assessable by reason of the death of Sophie Gerbick Selner and Mildred Gerbick or by reason of this transfer.

11. That your affiant makes this affidavit pursuant to the provisions of Indiana Code 29-1-8-1 and Indiana Code 29-1-8-3(b).


GORDON I. GERBICK

Subscribed and sworn to before me a Notary Public in and for said County and State this 28th day of June, 1993.



My Commission Expires:

2-4-95



TINA M. HIGHLAN, Notary Public
Resident of Porter County

Document is NOT OFFICIAL!

Prepared by Atty. Roy Dakich, 100 E. 90th Drive, Merrillville, IN 46410

This Document is the property of the Lake County Recorder!

STOP



INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No.

Local No. **71-1284**

11020

PERMANENT INK
SEE HANDBOOK FOR
INSTRUCTIONS

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)		
1. Mildred (Milica) Gerbick					Female	3. September 4, 1971		
2. RACE	3. AGE—LAST BIRTHDAY (YEARS)	4. UNDER 1 YEAR MOS. DAYS	5. UNDER 1 DAY HOURS MIN.	6. DATE OF BIRTH (MONTH, DAY, YEAR)		7. COUNTY OF DEATH		
4. White	5a. 83	5b.	5c.	Mar. 16, 1888		7a. Lake		
8. CITY, TOWN, OR LOCATION OF DEATH		7c. INSIDE CITY LIMITS (SPECIFY YES OR NO)		7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)				
7b. Gary		7c. Yes		7d. St. Mary Mercy Hospital				
9. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		10. CITIZEN OF WHAT COUNTRY		11. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)				
8. Jugoslavia		9. U.S.A.		11. WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>				
12. SOCIAL SECURITY NUMBER		13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		13b. KIND OF BUSINESS OR INDUSTRY				
12. 312 05 3585 D		13a. Housewife		13b. Self				
14a. RESIDENCE—STATE		14b. COUNTY	14c. CITY, TOWN OR LOCATION		14d. INSIDE CITY LIMITS (SPECIFY YES OR NO)		14e. TOWNSHIP	
14a. Indiana		14b. Lake	14c. Gary		14d. No		14e. Calumet	
14f. STREET AND NUMBER		14g. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		14h. IS RESIDENCE ON A FARM? (Yes, no, or unknown)				
14f. 900 E. 18th Ave.		14g. No		14h. No				
15. FATHER—NAME		FIRST	MIDDLE	LAST	16. MOTHER—MAIDEN NAME		FIRST MIDDLE LAST	
15. Nickola Potrebic					16. Soka			
17a. INFORMANT—NAME		17b. RELATIONSHIP		17c. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)				
17a. Gordon Gerbick		17b. Son		17c. 5365 Johnson St. Gary, Ind.				
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		(a) Cerebral Vascular Accident					8-26	
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST		(b) Diabetes Mellitus					FILED	
PART II. OTHER SIGNIFICANT CONDITIONS GIVEN IN PART I (A)		Fracture Rt. Hoya					AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> JUN 29 1997	
CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE							19a. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 19b. YES <input type="checkbox"/> NO <input type="checkbox"/>	
20. DATE & TIME OF DEATH		MONTH	DAY	YEAR	HOUR	DATE SIGNED		
						9 9 71		
21. PHYSICIAN'S NAME (TYPE OR PRINT) LAST IN ATTENDANCE		21a. SIGNATURE OF PHYSICIAN		21b. (DEGREE OR TITLE)				
21. Dr. L. D. Olson		21a. L. D. Olson MD		21b. M.D.				
22. MAILING ADDRESS—PHYSICIAN		22a. STREET OR R.F.D. NO.		22b. CITY OR TOWN		22c. STATE ZIP		
22. 7863 Broadway		22a. Merrillville		22b. Indiana		22c. 46110		
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		24a. CEMETERY, CREMATORY, FUNERAL HOME		24b. LOCATION		24c. CITY OR TOWN STATE		
23. Burial		24a. Oake Hill Cem.		24b. Gary, Indiana		24c. Gary, Indiana		
25. DATE (MONTH, DAY, YEAR)		25a. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)						
25. Sept. 7, 1971		25a. Stilinovich & Palmer 4213 Broadway Gary, Ind. 46109						
26. HEALTH OFFICER'S SIGNATURE		26b. DATE RECEIVED BY LOCAL HEALTH OFFICER						
26. [Signature]		26b. SEP 10 1971						



EMBALMER'S NAME: **Erwin B. Cook**
 FUNERAL DIRECTOR'S LICENSE No. **5371**
 FUNERAL HOME: **242**
 SIGNATURE: **George Stilinovich**
 KEY **43-404-9**
 FAIRVIEW **LOT 49**

STOP

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FILED

Anna N. Anton
 Auditor Lake County

L. D. Olson MD
 Physician

Health Officer's Signature
 [Signature]

Permit No.

REGISTRATION DISTRICT NO **16.10**
REGISTERED NUMBER

STATE OF ILLINOIS

STATE FILE NUMBER

614329

MEDICAL CERTIFICATE OF DEATH

July 8, 1981

STATE DEPARTMENT OF HEALTH CITY OF CHICAGO

1. DECEASED NAME: **SOPHIA SELNER** 2. SEX: **FEMALE** 3. DATE OF DEATH: **JULY 07, 1981**

4a. RACE: **WHITE** 4b. ORIGIN OR DESCENT: **AMERICAN** 5a. AGE - LAST BIRTHDAY (YRS): **65** 5b. UNDER 1 YEAR: **MO** 5c. UNDER 1 DAY: **HR** 6. DATE OF BIRTH (MO, DAY, YEAR): **NOV. 18, 1915** 7a. COUNTY OF DEATH: **Cook**

7b. CITY: **Chicago** 7c. HOSPITAL OR OTHER INSTITUTION: **RESURRECTION HOSPITAL** 7d. IF HOSP. OR INST. INDICATES DOA OF FIMER NM INPATIENT (SPECIFY): **INPATIENT**

8. STATE OF BIRTH (IF NOT IN U.S.A. NAME COUNTRY): **INDIANA** 9. CITIZEN OF WHAT COUNTRY: **U.S.A.** 10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): **MARRIED** 11. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE): **RUDOLPH SELNER**

12. SOCIAL SECURITY NUMBER: **314-09-7543** 13a. USUAL OCCUPATION: **HOUSEWIFE** 13b. KIND OF BUSINESS OR INDUSTRY: **OWN HOME** 13c. U.S. WAR VETERAN (YES/NO): **NO** 13d. WAR OR DATES OF SERVICE: **NONE**

14a. RESIDENCE STREET AND NUMBER: **4119 W. 98TH ST** 14b. CITY TOWN, TWP OR ROAD DISTRICT NO.: **OAK LAWN** 14c. INSIDE CITY (YES/NO): **YES** 14d. COUNTY: **COOK** 14e. STATE: **ILLINOIS**

15. FATHER NAME: **ISAAC GERSICK** 16. MOTHER MAIDEN NAME: **ROSE**

17a. INFORMANT'S SIGNATURE: *A. Buschner* 17b. RELATIONSHIP: **HOSP. REC** 17c. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP): **7435 W. TALCOTT CHICAGO, ILL. 60631**

18. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))

PART I: IMMEDIATE CAUSE	(a) CARDIORESPIRATORY ARREST	10 MINUTES
CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (II) STATING THE UNDERLYING CAUSE LAST.	(b) ACUTE MYOCARDIAL INFARCTION	7 DAYS
	(c) ANOXIC ENCEPHALOPATHY	7 DAYS

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART II: OTHER SIGNIFICANT CONDITIONS: **CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)**

19a. AUTOPSY (YES/NO): **NO** 19b. IF YES, REPE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH:

20a. DATE OF OPERATION, IF ANY

20b. MAJOR FINDINGS OF OPERATION

21a. I ATTENDED THE DECEASED FROM (MONTH, DAY, YEAR): **JUNE 30, 1981** TO (MONTH, DAY, YEAR): **JULY 07, 1981** 21b. AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR): **JULY 06, 1981** 21c. HOUR OF DEATH: **02:00A M.**

22a. SIGNATURE: *C. Paik* 22b. DATE SIGNED: **JULY 07, 1981**

22c. NAME AND ADDRESS OF CERTIFIER: **C.H. PAIK, M.D. 2 TALCOTT RD. PARK RIDGE, ILL. 60068** 22d. ILLINOIS LICENSE NUMBER: **36-43115**

23. BURLIAL CREMATION (REMOVAL SPECIFY): **BURIAL** 24b. CEMETERY OR CREMATORY - NAME: **CALUMET PARK** 24c. LOCATION: **MERRILLVILLE, INDIANA** 24d. DATE (MONTH, DAY, YEAR): **7-10-1981**

25a. FUNERAL HOME NAME: **MRAZEK & RUSS FUNERAL SERVICE** 25b. STREET AND NUMBER OR R.F.D.: **1706 W. JACKSON BLVD.** 25c. CITY OR TOWN: **CHICAGO, ILL. 60612**

25d. FUNERAL DIRECTOR'S SIGNATURE: *[Signature]* 25e. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: **5029**

26a. LOCAL REGISTRAR'S SIGNATURE: *[Signature]* 26b. CHICAGO DEPT. OF HEALTH: **RICHARD J. DALEY CENTER, ROOM 111 CONCOURSE LEVEL, CHICAGO 60602** 26c. DATE REC'D BY LOCAL REGISTRAR (MONTH, DAY, YEAR): **JUL 8 1981**

STATE OF ILLINOIS }
COUNTY OF COOK } SS
CITY OF CHICAGO }

I, Hugo H. Muriel, M.D. Local Registrar of Vital Statistics of the City of Chicago, do hereby certify that I am the keeper of the records of births, stillbirths and deaths of the City of Chicago by virtue of the laws of the State of Illinois and the ordinances of the City of Chicago; that the accompanying certificate on this sheet is a true copy as a record kept by me in pursuance of said laws and ordinances.

KEY 43-404-9
FAIRVIEW LOT 49

H. Muriel
LOCAL REGISTRAR



This Certified Copy VALID
When MULTICOLOR SEAL
And BLUE INK FILED
Affixed.

JUN 29 1981

Anna N. Anton
AUDITOR LAKE COUNTY