



COMMUNITY TITLE COMPANY

- An Indiana Corporation -
421 West 81st Avenue
Merrillville, Indiana 46410
219-736-2810

COMMUNITY TITLE COMPANY
FILE NO. 2 7184

93082241

AFFIDAVIT

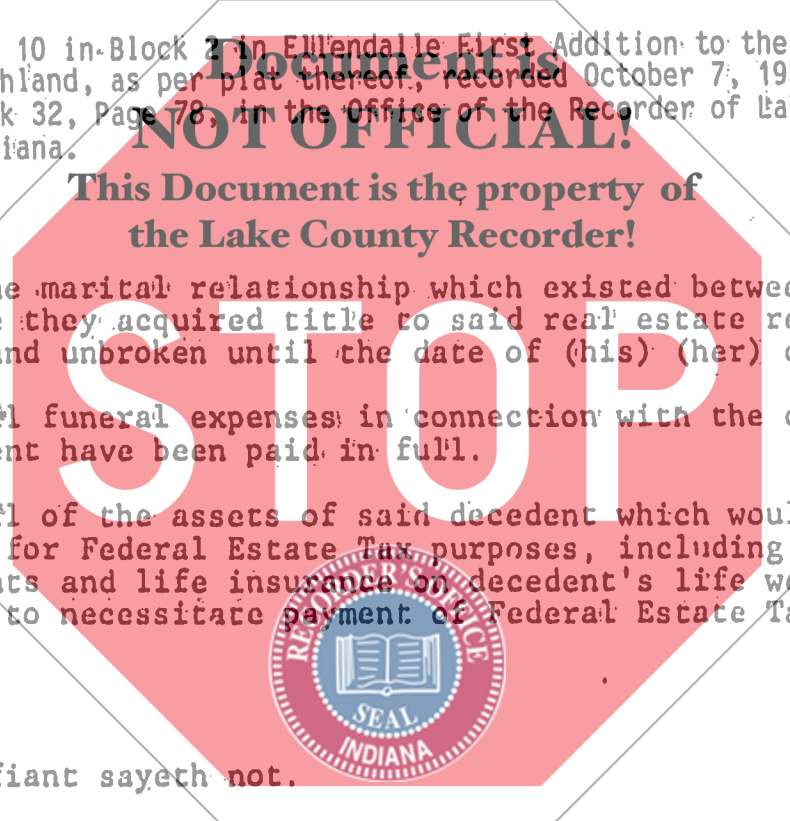
STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Sharon L. Sikora, being first duly sworn upon oath, deposes and says:

1. That Affiant's spouse, Alfred C. Sikora died (without leaving a will) (~~XXXXXXXXXXXXXXXXXXXX~~) on July 12 19 95 at St. Catherine Hospital

2. That they were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

Lot 10 in Block 2 in Ellendale First Addition to the town of Highland, as per plat thereof, recorded October 7, 1958 in Plat Book 32, Page 78, in the Office of the Recorder of Lake County, Indiana.



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 (his) (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.

Further affiant sayeth not.

Sharon L. Sikora
Sharon L. Sikora

Subscribed and sworn to before me, a Notary Public, this 29th day of November, 19 93.

Daniel W. Slusser
Notary Public

My Commission expires:
8/3/96

County of Residence:
Lake

This Instrument prepared by Sharon L. Sikora 900
cm

STATE OF INDIANA
CLERK OF SUPERIOR COURT
FILED FOR RECORD

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 _____

Disposition Permit
Issued / /
Provisional
Certificate
 Yes No

EMBALMER'S NAME: Cornelius A. Kuiper LICENSE No. 1451

FUNERAL HOME: 750 FUNERAL DIRECTOR'S: 94 LICENSE No. FUNERAL DIRECTOR'S: 94 LICENSE No. SIGNATURE: *William H. Mott*

**INDIANA STATE BOARD OF HEALTH
CORONER'S CERTIFICATE OF DEATH**

Local No. 416 Death No. _____

PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS

DECEASED—NAME			FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. ALFRED C. SIKORA						2. MALE	3. 7-12-75
4. RACE WHITE, NEGRO, AMERICAN INDIAN, ETC (SPECIFY)		5a. AGE—LAST BIRTHDAY (YEARS)	5b. UNDER 1 YEAR MOS.	5c. UNDER 1 DAY HOURS	5d. UNDER 1 DAY MIN.	6. DATE OF BIRTH (MONTH, DAY, YEAR)	7a. COUNTY OF DEATH
4. White		5a. 46				6. 11-8-28	7a. Lake
7b. East Chicago			7c. Yes		7d. St. Catherine Hospital		
8. STATE OF BIRTH (IF NOT IN U.S.A. NAME COUNTRY)			9. U.S.A.		10. Married		11. Sharon Hunter
12. 722-12-8873			13. Maize Traffic Manager			14. North	
14a. Ind.		14b. Lake	14c. Highland		14d. Yes		
14e. 3304 Farmer Drive			14f. Yes 1951-53		14g. Yes		
15. Koriat Sikora			16. Mary		17. Unknown		
17a. Sharon Sikora			17b. Wife		17c. 3304 Farmer Drive, Highland, Ind. 46928		
18. Coronary Heart Disease			18. Coronary occlusion				
19a. yes			19b. yes				
20a. Natural			20b. July 12, 1975		20c. 8:05 P.M.		
21a. William H. Mott, M.D.			21b. July 12, 1975		21c. July 14, 1975		
22a. 2293 North Main Street			22b. Crown Point		22c. Indiana 46307		
23a. Burial			23b. Ridgelawn		23c. Gary Indiana		
24a. 7-15-75			24b. Kuiper Funeral Home		24c. 9039 Kleinman Rd. Highland, IN.		
25a. E. A. Campagna, M.D.			25b. 7-15-75				

