



COMMUNITY TITLE COMPANY

COMMUNITY TITLE COMPANY
FILE NO. 27207

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

AFFIDAVIT

93083869

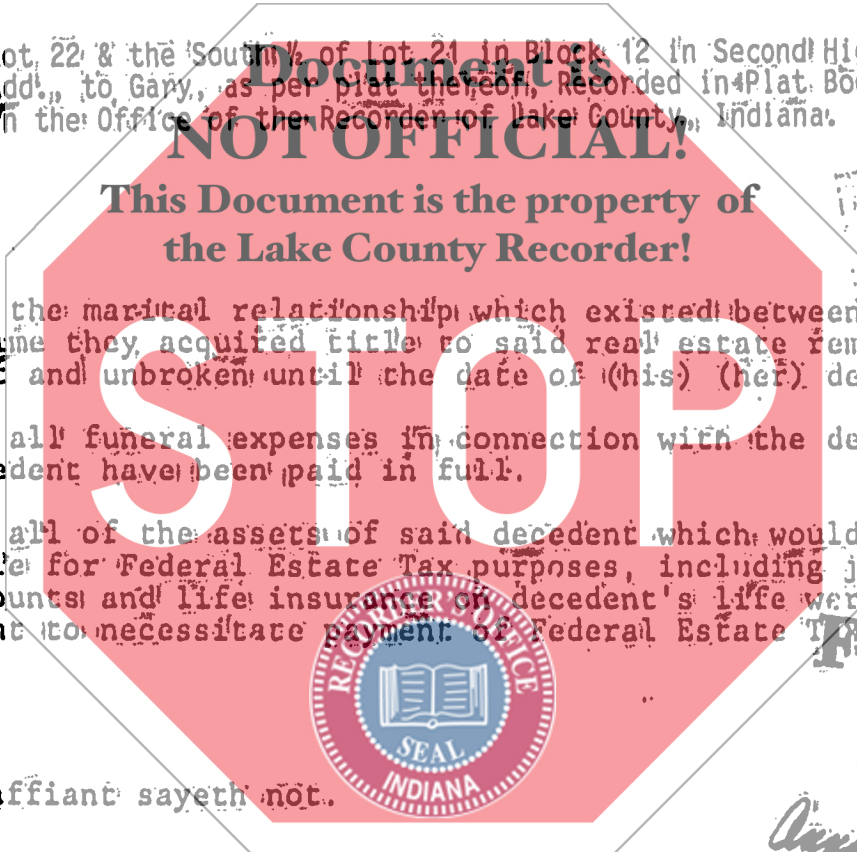
STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Margaret Dunda, being first duly sworn upon oath, deposes and says:

1. That Affiant's spouse, Michael Dunda died (without leaving a will) (~~on 11/15/93~~) on April 24, 1986 at Men, La. Louisiana-Missouri

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 22 & the South 1/2 of Lot 21 in Block 12 in Second Highland Park Add., to Gary, as per plat thereof, Recorded in Plat Book 8, Page 231 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.

STATE OF INDIANA
LAKE COUNTY
FILED
DEC 13 12 08 PM '93

FILED

NOV 30 1993

Ann N. Anton
AUDITOR LAKE COUNTY

Margaret Dunda
Margaret Dunda

Subscribed and sworn to before me, a Notary Public, this 19th day of November, 1993.

Daniel W. Slusser
Notary Public
Daniel W. Slusser

My Commission expires:

8/3/96

County of Residence:

lake

This Instrument prepared by Margaret Dunda

01933

800
CM

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. _____

Local No. 866-86

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 _____
- K _____
- L _____
- M _____
- N _____
- O _____
- P _____
- Q _____
- R _____
- S _____
- T _____
- U _____
- V _____
- W _____
- X _____
- Y _____
- Z _____

FUNERAL HOME
242

LICENSE No. 689

EMBALMER'S NAME: Michael J. Clark

FUNERAL DIRECTOR'S SIGNATURE: [Signature]
FUNERAL DIRECTOR'S LICENSE No. 968

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED:

USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION

PARENTS

PROFESSION

M.D. OR D.O.

CONDITIONS IN ANY CASE WITHIN LAST 7 DAYS STATING THE UNDERLYING CAUSE LAST

CAUSE

DECEASED NAME MICHAEL DUNDA		SEX Male	DATE OF DEATH MONTH DAY YEAR April 24, 1986
RACE White	AGE 83	UNDER 1 YEAR MOS. _____ DAYS _____	UNDER 1 DAY HOURS _____ MINS _____
CITY, TOWN OR LOCATION OF DEATH Merrieville		HOSPITAL OR OTHER INSTITUTION Southlake Methodist	IF HOSP OR INST UNDER DOC. # Inpatient
STATE OF BIRTH Czech	CITIZENSHIP U.S.A.	MARRIAGE HISTORY Widowed	SURVIVORS Margaret Zeilik
SOCIAL SECURITY NUMBER 308-32-3355	USUAL OCCUPATION Retired Blastfurence	KIND OF BUSINESS OR INDUSTRY U.S. Steel	
RESIDENCE STATE Indiana	CITY, TOWN OR LOCATION Merrieville	IS RESIDENCE ON A FARM? NO	INSIDE CITY LIMITS YES
STREET AND NUMBER 3882 Maryland		IS DECEASED OF SPANISH DESCENT? NO	
FATHER NAME Vasili	MOTHER MAIDEN NAME Helen	RELATIONSHIP N/A	
INFORMANT NAME Elizabeth Babich (Dau)		MAILING ADDRESS 706 E. Oak Hill Rd. Chesterton, Indiana 46304	
BURIAL CREMATION/REMOVAL Burial		CEMETERY OR CREMATORY Calumet Park Cemetery	
DATE April 28, 1986		LOCATION Merrieville, Indiana	
NAME OF ATTENDING PHYSICIAN Dr. Bader		FURNERIAL HOME Stalinovich & Matnollik 7535 Taft St. Merr., In 46410	
MAILING ADDRESS PHYSICIAN 5490 Broadway		DATE RECEIVED BY LOCAL HEALTH OFFICER 4-25-86	
HEALTH OFFICER [Signature]		AUDITOR [Signature]	
PART I IMMEDIATE CAUSE Arteriosclerosis		INTERMEDIATE CAUSE Chronic	
PART II UNDERLYING CAUSE Chronic Arteriosclerosis		INTERMEDIATE CAUSE Chronic	
PART III OTHER SIGNIFICANT CONDITIONS Chronic Arteriosclerosis		AUTOPSY NO	