



93087858 SURVIVORSHIP AFFIDAVIT

2 STATE OF INDIANA } S. S.
COUNTY OF LAKE

On this December 31, 1993 before me personally appeared
(insert date)
Ruth E. Gregas

to me personally known, who being duly sworn on oath did say that: 35-34-33

- 1. Affiant resides at the address given below affiant's signature;
- 2. Affiant is Owner (state interest of affiant in the above premises as "owner," "son of owner," etc.);
- 3. Said premises were formerly owned as joint tenants or as tenants by the entireties by William M. Gregas, Jr. and Ruth E. Gregas

4. Said William M. Gregas, Jr. AKA WILLIAM M. GREGAS
(insert in name of co-tenant)

died on June 23, 1985 leaving NO will; (insert "a" or "no" if will left, attach a copy)

5. The legal description of the premises in question is: Lot 29, Block 2, Maywood Addition to Hammond, as shown in Plat Book 11, page 32, in Lake County, Indiana

6. To the best of affiant's knowledge there is no Federal or State estate or inheritance tax liability by reason of the death of said decedent.

7. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced? NO

(If answer is "Yes," identify the divorce proceedings:)

8. Affiant's relationship to the deceased was wife

Signature: Ruth E. Gregas
Address: 17 Detroit St
Hammond In 46320

X Subscribed and sworn to before me by the affiant

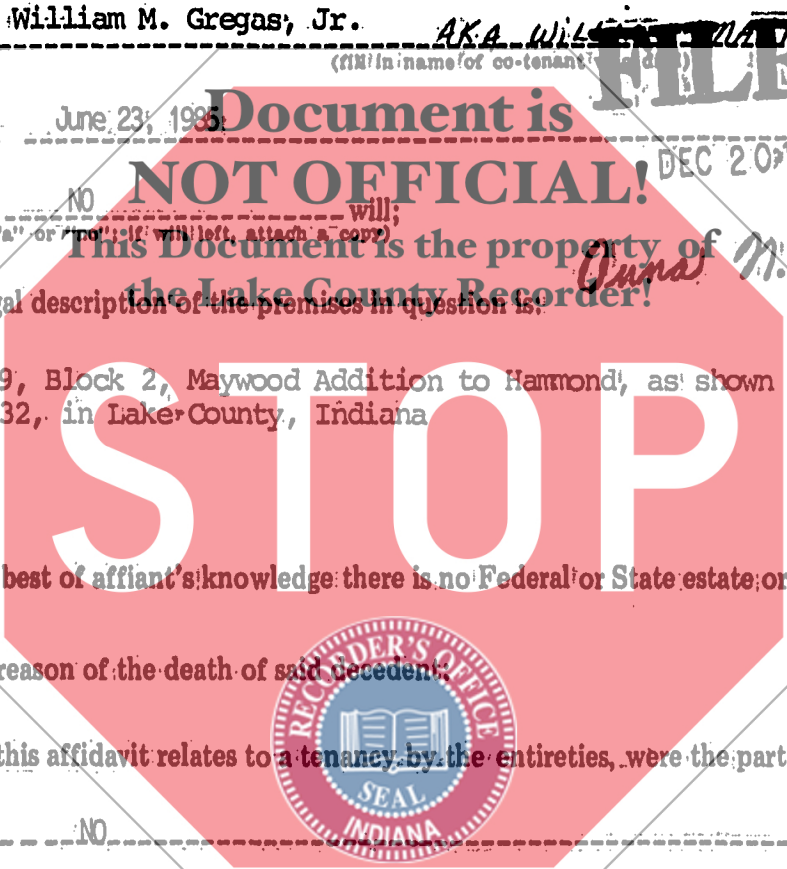
this 3rd day of December, 1993 (insert date)

Janet Pavelka
Janet Pavelka Notary Public

Res. Lake Co. My Commission Expires January 28, 1994

This instrument prepared by Ruth E. Gregas

Chicago Title Insurance Company



STATE OF INDIANA'S S. NO. LAKE COUNTY FILED FOR RECORD
DEC 27 12 23 PM '93
SAMUEL ORLICH RECORDER

800
12/31/93

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

Below for State Office Use

Chicago Title Insurance Company

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No.

Local No. 474

1. DECEASED—NAME FIRST MIDDLE LAST <i>William Martin Gregas</i>		2. SEX <i>Male</i>	3. DATE OF DEATH (MONTH DAY YEAR) <i>June 23, 1985</i>		
4. RACE—(a) White, (b) Black, (c) American Indian, (d) Other (Specify)	5. AGE—Last Birthday Mo: <i>74</i> Yr: <i>74</i>	6. UNDER 1 YEAR Mo: <i>74</i> Yr: <i>74</i>	7. UNDER 1 DAY Mo: <i>74</i> Yr: <i>74</i>	8. DATE OF BIRTH (Mo Day Yr) <i>1/11/1910</i>	9. COUNTY OF DEATH <i>Lake</i>
7a. CITY, TOWN OR LOCATION OF DEATH: <i>Hammond</i>		7b. HOSPITAL OR OTHER INSTITUTION—Name (if not in other give street and number) <i>Residence</i>		7c. IF HOSP OR INST indicate DOA (Specify Yes or No) <i>174</i>	
10. STATE OF BIRTH (if not in U.S.A. Name Country) <i>Illinois</i>	11. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>	12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	13. SURVIVING SPOUSE (if wife give maiden name) <i>Ruth Delaney</i>		14. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) <i>yes</i>
15. SOCIAL SECURITY NUMBER <i>306-707-4409</i>		16. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Pipelitter</i>		17. KIND OF BUSINESS OR INDUSTRY <i>Local #597</i>	
18. USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION. RESIDENCE—STATE COUNTY CITY, TOWN OR LOCATION <i>Indiana Lake Hammond</i>		19. RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20. INSIDE CITY LIMITS (Specify Yes or No) <i>yes</i>	
19a. STREET AND NUMBER <i>7017 Eaton Street</i>		21. IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		22. IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
18. FATHER—NAME: FIRST MIDDLE LAST <i>William Charles Gregas</i>		19. MOTHER—MAIDEN NAME: FIRST MIDDLE LAST <i>Elizabeth Barbara Klauis</i>			
18a. INFORMANT—NAME (Type or grade) RELATIONSHIP <i>Mrs. Ruth Gregas (Wife)</i>		18b. MAILING ADDRESS: STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP <i>1017 Eaton Street Hammond, Indiana 46320</i>			
19. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <i>Burial</i>		19a. CEMETERY OR CREMATORY—FUNERAL HOME <i>Chapel Lawn Mem. Gardens</i>		19b. LOCATION: CITY OR TOWN STATE <i>Schenerville, Indiana</i>	
20. DATE (MONTH, DAY, YEAR) <i>June 26, 1985</i>		20a. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) <i>Bocken Funeral Home, Inc. 7042 Kennedy Ave. Hammond, Ind. 46323</i>		20b. DATE SIGNED (Mo Day Yr) <i>6/24/85</i>	20c. HOUR OF DEATH: <i>2M</i>
21. NAME OF ATTENDING PHYSICIAN (Type or Print) <i>Laurence D. Bernstein, M.D.</i>		21a. MAILING ADDRESS—PHYSICIAN <i>5500 Hoffman Avenue Hammond, Indiana 46320</i>			
22. HEALTH OFFICER—NAME (Type or Print) <i>John C. Ault</i>		22a. DATE RECEIVED BY LOCAL HEALTH OFFICER <i>4/1985</i>			
23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a) AND (b)) PART I (a) <i>Cerebral metastases</i> DUE TO OR AS A CONSEQUENCE OF: (b) <i>Metastatic Lung Carcinoma</i> DUE TO OR AS A CONSEQUENCE OF: (c) <i>Dilated Aortic Aneurysm</i>		23a. INTERVAL BETWEEN ONSET AND DEATH <i>Month 4 5</i> 23b. INTERVAL BETWEEN ONSET AND DEATH <i>Year</i> 23c. INTERVAL BETWEEN ONSET AND DEATH <i>Year</i>			
24. OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to those given in PART I (a) (b) (c) <i>Dilated Aortic Aneurysm</i>		24. AUTOPSY (Specify Yes or No) <i>yes</i>			

THIS CERTIFIES THAT THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPT JUN 24 1985

FUNERAL HOME No. 280
FUNERAL DIRECTOR'S LICENSE No. 1005
EMBALMER'S NAME John C. Ault
FUNERAL DIRECTOR'S SIGNATURE [Signature]
LICENSE No. 16350
FUNERAL DIRECTOR'S LICENSE No. 1005

Date Issued

FILED DEC 20 1993

Anna N. Ault