

FA-10871

STATE OF INDIANA

COUNTY OF LAKE
94003703

RETURN TO:
FIRST AMERICAN TITLE INS. CO
5265 COMMERCE DR., SUITE 1
CROWN POINT, IN 46307

94002744

SURVIVORSHIP AFFIDAVIT

JAN 13 9 25 AM '94
S. RECORDERS OFFICE
LAKE COUNTY, IN

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

Comes now CARL R. TOPOR, being duly sworn upon his oath and states as follows:
That CARL R. TOPOR is the owner in fee simple of the following described real estate:

located in Lake County, Indiana, more particularly described as follows:

Lot 10, except the South 4 1/2 feet of the West 68 feet thereof, and the North 5 1/2 feet of the East 57 feet of lot 11 all in Block 1, in Walsht's Addition to East Chicago as per Plat thereof, recorded in Plat Book 2, page 30, in the office of the Recorder of Lake County, Indiana.

Commonly known as: 5020 Reading Avenue
East Chicago, IN 46312



JAN 10 2 43 PM '94
S. RECORDERS OFFICE
LAKE COUNTY, IN
FILED FOR RECORD

David M. Antone
AUDITOR LAKE COUNTY

And that CARL R. TOPOR and STELLA SHEBISH a/k/a STEFANIA DUWER, now deceased, acquired title, as joint tenants with right of survivorship, to said real estate, by deed of conveyance on the 10th day of April, 1991, and recorded in the Office of the Lake County Recorder.

That the decedent, STELLA SHEBISH a/k/a STEFANIA DUWER, and the affiant held joint title to said real estate until the death of STELLA SHEBISH a/k/a STEFANIA DUWER, on the 5th day of March, 1993, at which time this affiant acquired title to the real estate as surviving joint tenant.

That the gross value of the estate of the decedent, Stella, as determined for the purpose of Federal Estate Taxes, was less than the value required for the filing of a Federal Estate Tax

N/C
Joe Ga
00540

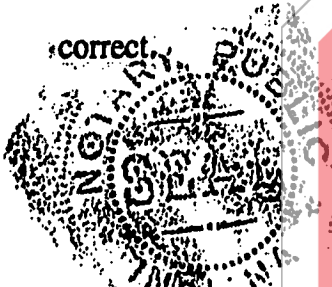
Return. As a consequence thereof, the decedent's estate was not subject to Federal Estate Tax.

That the decedent's estate was subject to Indiana Inheritance Tax and the Inheritance Tax assessed as a result of this specific transfer will be paid from escrowed funds to the Treasurer of Lake County by the affiant herein.

Carl R. Topor
CARL R. TOPOR

Document is NOT OFFICIAL!

I affirm under the Penalties for perjury that the foregoing representations are true and correct. **the Lake County Recorder!**



STATE OF INDIANA)

COUNTY OF LAKE)



Carl R. Topor
CARL R. TOPOR



Subscribed and sworn to before me, a Notary Public, this 3 day of December, 1992.

John J. Halcarz
Notary Public JOHN J. HALCARZ

My Commission Expires: 6/26/93
County of Residence: Lake

PREPARED BY JOHN J. HALCARZ, 9013 INIDANAPOLIS, HIGHLAND, IN 46322

TYPE/PRINT
 IN
 PERMANENT
 BLACK INK

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-10-3

1. DECEASED—NAME (First Middle Last): **STELLA SHEBISH**

2. SEX: **FEMALE**

3a. TIME OF DEATH: **12:18 P.**

3b. DATE OF DEATH (Month, Day, Yr): **MARCH 5-1993**

4. SOCIAL SECURITY NUMBER: **312-09-2829**

5a. AGE—Last Birthday (Years): **80**

5b. UNDER 1 YEAR: Months: Days

5c. UNDER 1 DAY: Hours: Minutes

6. DATE OF BIRTH (Mo. Day, Yr): **JAN. 1-1913**

7. BIRTHPLACE (City and State or Foreign Country): **EAST CHICAGO, IN.**

8a. WAS DECEDENT A U.S. VETERAN?

8b. YEAR LAST SERVED IN U.S. ARMED FORCES?

8c. PLACE OF DEATH (Check only one. See instructions):
 HOSPITAL: Inpatient ER/Outpatient OOA
 OTHER: Nursing Home Other (Specify): Residence

9b. FACILITY NAME (If not institution, give street and number): **ST. CATHERINE HOSPITAL**

9c. CITY, TOWN OR LOCATION OF DEATH: **EAST CHICAGO**

9d. COUNTY OF DEATH: **LAKE**

10. MARITAL STATUS (Specify): **WIDOWED**

11. SURVIVING SPOUSE (If wife, give maiden name)

12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): **HOMEMAKER**

12b. KIND OF BUSINESS/INDUSTRY

13a. RESIDENCE—STATE: **INDIANA**

13b. COUNTY: **LAKE**

13c. CITY, TOWN OR LOCATION: **EAST CHICAGO**

13d. STREET AND NUMBER: **5020 READING AVE.**

13e. ZIP CODE: **46312**

13f. INSIDE CITY LIMITS: No Yes

13g. ON A FARM? No Yes

14. CITIZEN OF WHAT COUNTRY? **U.S.A.**

15. WAS DECEDENT OF HISPANIC ORIGIN? No Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)

16. RACE—American Indian, Black, White, etc. (Specify): **WHITE**

17. DECEDENT'S EDUCATION (Specify only highest grade completed):
 Elementary/Secondary (0-12): **8 YRS.** College (1-4 or 5+):

18. FATHER'S NAME (First Middle Last): **MATTHEW DUNN**

19. MOTHER'S NAME (First Middle, Maiden Surname): **VICTORIA SLIVIA**

20a. INFORMANT'S NAME (Type/Print): **CARL TOPOR**

20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): **10220 KENNEDY AVE. HIGHLAND, IN. 46322**

20c. Relationship: **NEPHEW**

21a. METHOD OF DISPOSITION: Burial Cremation Removal from State Donation Other (Specify):

21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): **MARCH 8-1993 ST. MICHAEL CEMETERY, HAMMOND, IN.**

21c. LOCATION—City or Town, State

22a. EMBALMER'S NAME: **HENRY BLAKE**

22b. EMBALMER'S LICENSE NO.: **01019406**

23. WAS DEATH REPORTED TO CORONER? No Yes

24a. SIGNATURE OF FUNERAL DIRECTOR: *Michael Mysliwy*

24b. LICENSE NUMBER (of Licensee): **100-2141-9**

25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: **MYSLIWOY FUNERAL HOME 300761 STATE ST. 4902 READING AVE. EAST CHICAGO, IN.**

26. PART I. Enter the disease, injuries, or complications that caused the death. Do not enter nonspecific terms such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

IMMEDIATE CAUSE (Final disease or condition resulting in death):
 a. **acute mesenteric artery thrombosis**
 DUE TO (OR AS A CONSEQUENCE OF)
 b. **gangrene in intestine and right colon**
 DUE TO (OR AS A CONSEQUENCE OF)
 c. **insulin dependent diabetes mellitus**
 DUE TO (OR AS A CONSEQUENCE OF)

Conditions, if any, which gave rise to the immediate cause stating the underlying cause last.

26. PART II. Other significant conditions - Conditions contributing to death but not previously stated as Part I.

27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no): **NO**

28a. WAS AN AUTOPSY PERFORMED? (Yes or no): **NO**

28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no):

29a. CERTIFIER (Check only one):
 CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated.
 HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated.
 CORONER On the basis of examination and/or investigation in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.

29b. SIGNATURE AND TITLE OF CERTIFIER: *James P. Magabes, M.D.*

29c. MEDICAL LICENSE NO.: **01023357**

29d. DATE SIGNED (Month, Day, Year): **3-5-93**

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): **4716 Indianapolis Blvd., East Chicago, Indiana 46312-3395**

31. HEALTH OFFICER'S SIGNATURE: *Dr. Timothy Ryzkovich*

32. DATE FILED (Month, Day, Year): **3-5-93**

33. MANNER OF DEATH:
 Natural Pending Investigation
 Accident Could not be Determined
 Suicide Homicide

34a. DATE OF INJURY (Month, Day, Year)

34b. TIME OF INJURY

34c. INJURY AT WORK? (Yes or no)

34d. DESCRIBE HOW INJURY OCCURRED:

34e. PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)

34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

34g. DATE PRONOUNCED DEAD (Month, Day, Year)

34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.

DECEDENT

PARENTS:

INFORMANT:

DISPOSITION

CAUSE OF DEATH:

CERTIFIER:

HEALTH OFFICER

CORONER USE ONLY



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