

ESTATE AFFIDAVIT

RI 11504

Address: 7002 Lindbergh Avenue

Hammond, IN 46323

Legal Description:

*See attached: 94006294

FILED

JAN 25 1994

Anna N. Anton AUDITOR LAKE COUNTY

LIGIJA GUTOWSKY, Affiant, states that:

1. ROBERT JEFFERSON GUTOWSKY, deceased, died on the 8 day of MARCH, 1986;

2. Affiant is: [X] the surviving spouse of the deceased, [] the Personal Representative/Executor-rix of the estate of the deceased;

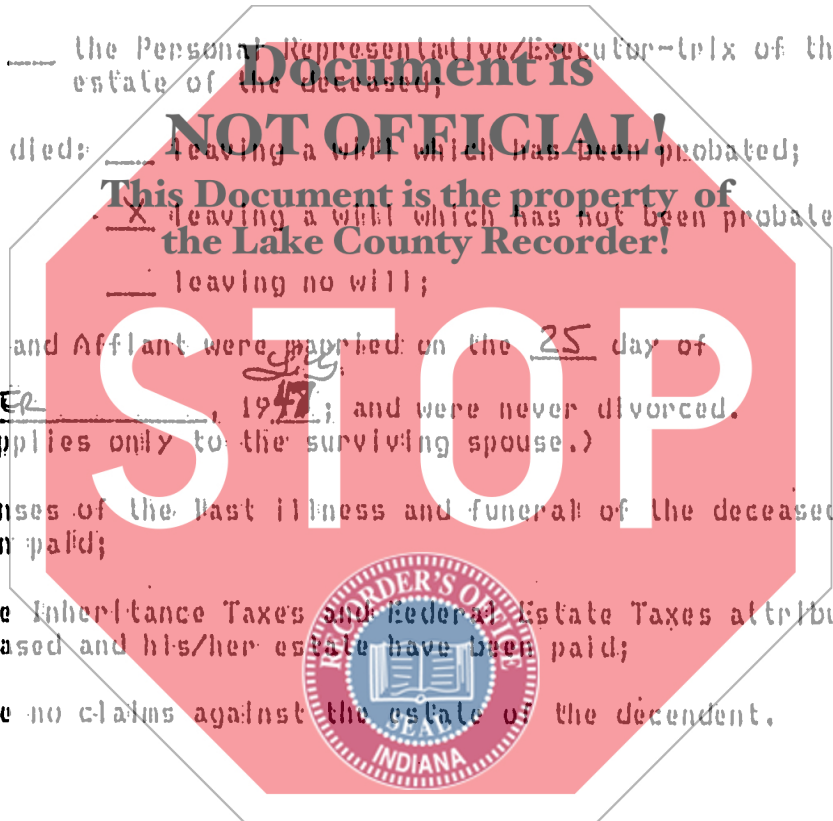
3. The deceased died: [] leaving a will which has been probated; [X] leaving a will which has not been probated; [] leaving no will;

4. The deceased and Affiant were married on the 25 day of NOVEMBER, 1977; and were never divorced. (This item applies only to the surviving spouse.)

5. [X] All expenses of the last illness and funeral of the deceased have been paid;

6. [X] All State Inheritance Taxes and Federal Estate Taxes attributable to the deceased and his/her estate have been paid;

7. [X] There are no claims against the estate of the decedent.



STATE RECORDER JAN 25 9 57 AM '94

STATE RECORDER

This Affidavit is made to induce First American Title Insurance Company to issue a policy of title insurance on the above-described real estate.

01-21-94 Date

Ligija Gutowsky Signature of Affiant

LIGIJA GUTOWSKY Printed Name of Affiant

State of Indiana, County of Lake

Subscribed and sworn to before me, this 21 day of January, 1994.

Susan E. Kresich Printed Name of Notary

Susan E. Kresich Signature of Notary

My Commission expires: 08-26-97

My County of Residence is: Lake

Prepared By:

1000 ja

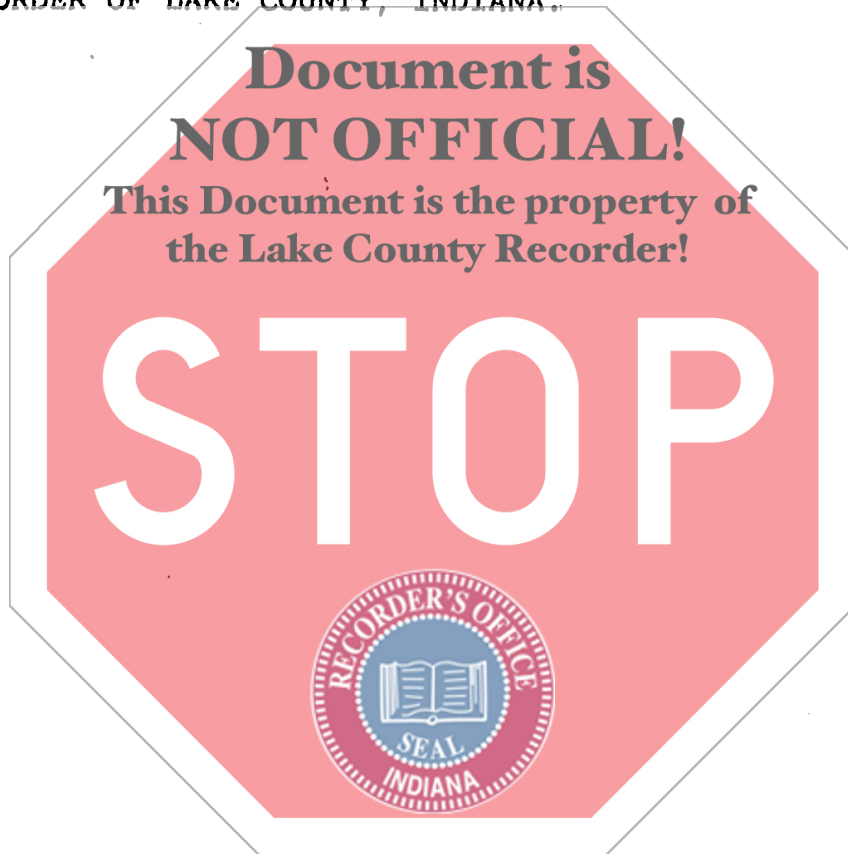
FIRST AMERICAN TITLE INSURANCE COMPANY
5265 COMMERCE DRIVE, CROWN POINT, INDIANA 46307

ALTA Commitment
Schedule C

File No.: FA11504

LEGAL DESCRIPTION:

THE NORTH 45 FEET OF LOT 30, THE SOUTH 5 FEET OF LOT 29 AND PART OF LOT 29 DESCRIBED AS FOLLOWS: STARTING AT A POINT ON THE EAST LINE THEREOF 5 FEET NORTH OF THE SOUTHEAST CORNER THEREOF, THENCE NORTH 14.3 FEET, THENCE WESTERLY TO A POINT ON THE WEST LINE OF SAID LOT 29 17.88 FEET NORTH OF THE SOUTHWEST CORNER THEREOF, THENCE SOUTH 12.88 FEET TO A POINT 5 FEET NORTH OF THE SOUTHWEST CORNER OF SAID LOT, THENCE EAST TO THE POINT OF BEGINNING IN LINDBERG TERRACE, IN THE CITY OF HAMMOND, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 29 PAGE 67, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.



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

Refer for State Office Use

THIS CERTIFIES THE ABOVE IS A TRUE AND
COMPLETE COPY OF THE CERTIFICATE OF DEATH
ISSUED BY THE HAMMOND HEALTH DEPT.

MAR 12 1986

Rate Issued
34-335-30

EMBALMER'S NAME
Anthony Solan

HAMMOND HEALTH COMMISSIONER

LICENSE No.

5184

FUNERAL DIRECTOR'S SIGNATURE
Anthony Solan

FUNERAL DIRECTOR'S LICENSE No. 2141

FILED
AUG 28 1986
FUNERAL HOME
289990

119776

Local No. 171

INDIANA STATE BOARD OF HEALTH
CORONER'S CERTIFICATE OF DEATH

State No.

DECEASED—NAME 1. ROBERT J. GUTOWSKY		SEX 2. Male	DATE OF DEATH MONTH, DAY, YEAR 3. March 8, 1986
RACE—(to 2 Whites, Black, American Indian, etc.) (Specify) 4. White	AGE—Last birthday (M) Y 5a. 57	DATE OF BIRTH (mo., day, yr.) 6. 7/4/1928	COUNTY OF DEATH 7a. Lake
CITY, TOWN OR LOCATION OF DEATH: 7b. Hammond		HOSPITAL OR OTHER INSTITUTION—(name if not in other, give street and number) 7c. 7002 Lindberg Ave.	
STATE OF BIRTH (if not in U.S.A. name country) 8. Michigan	CITIZEN OF WHAT COUNTRY 9. USA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10. Married	SURVIVING SPOUSE (if wife, give maiden name) 11. Ligija Kanepons
SOCIAL SECURITY NUMBER 12. 310-22-9538	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 13a. Ironworker	KIND OF BUSINESS OR INDUSTRY: 14b. Construction	
RESIDENCE—STATE 15a. Indiana	COUNTY 15b. Lake	CITY, TOWN OR LOCATION 15c. Hammond	
STREET AND NUMBER 16a. 7002 Lindberg Ave.		IS RESIDENCE ON A FARM? 16b. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INSIDE CITY LIMITS? (SPECIFY VILLAGE OR TOWNSHIP) 16c. yes
18. DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC.			
19. This document is the property of the Lake County Recorder!			
FATHER—NAME 16. Arthur Gutowsky		MOTHER—MAIDEN NAME 17. Elsie Manka	
INFORMANT—NAME 19a. Ligija Gutowsky Wife		RELATIONSHIP 19b. Wife	
MAKING ADDRESS 19c. 7002 Lindberg Ave., Hammond, Indiana 46323		CITY OR TOWN STATE ZIP	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Cremation		CEMETERY OR CREMATORY—FUNERAL HOME 19b. Calumet Park Cemetery	
DATE (MONTH, DAY, YEAR) 20a. March 12, 1986		LOCATION 19c. Merrillville, Indiana	
FUNERAL HOME—NAME AND ADDRESS 20b. Solan Funeral Home, 7109 Calumet Ave., Hammond, In. 46324		STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP	
NAME AND ADDRESS OF CERTIFIER (If not a physician, state date and place where death occurred at the time) 21. DANIEL D. THOMAS, M.D., 2293 NORTH MAIN ST., CROWN POINT, IN. 46307		DATE SIGNED (mo., day, yr.) 21a. 3/11/86	HOUR OF DEATH 21c. 5:15 P.
HEALTH OFFICER—SIGNATURE 22. [Signature]		PRONOUNCED DEAD (mo., day, yr.) 21d. ON 3/8/86	PRONOUNCED DEAD (mo., day, yr.) 21e. AT 5:15 P.
DATE RECEIVED BY LOCAL HEALTH OFFICER 23b. MAR 12 1986			
PART I (a) Laceration of brain with intracranial hemorrhages. Undetermined			
(b) Due to gunshot wound.			
(c) Carcinoma of right lung with metastasis of the lymph nodes			
ACC., SUICIDE, HOM., UNDET. OR PENDING INVEST. (Specify) 24a. Suicide	DATE OF INJURY (mo., day, yr.) 24b. 3/8/86	HOUR OF INJURY 24c. M.	DESCRIBE HOW INJURY OCCURRED: 24d. Gunshot wound.
INJURY AT WORK? (Specify Yes or No) 25a. No	PLACE OF INJURY—(at home, farm, street, factory, office building, etc.) (Specify) 25b. Home	LOCATION 25c. 7002 Lindberg, Hammond, IN.	