



SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA 94024103 } s. s.
COUNTY OF LAKE

2

On this March 25, 1994 before me personally appeared
(insert date)

JOHN F. SCIACERO

to me personally known, who being duly sworn on oath did say that:

- Affiant resides at the address given below affiant's signature;
- Affiant is adult son of Ernest B. Sciacero and Mary Sciacero, his wife
(state interest of affiant in the above premises as "owner," "son of owner," etc.)
- Said premises were formerly owned as joint tenants or as tenants by the entireties by
Ernest B. Sciacero and Mary Sciacero;

Said Ernest B. Sciacero
(fill in name of co-tenant who died)

died on 11-20-79

leaving DO will;
(insert "a" or "no"; if will left, attach a copy)

5. The total value of the taxable estate of said deceased including joint tenancies, tenancies by the entireties, individual ownerships of both real and personal property and insurance does not exceed the sum of \$25,000.00 and to the best of affiant's knowledge there is no estate or inheritance tax liability by reason of the death of said decedent;

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

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

7. Affiant's relationship to the deceased was adult son

26-36-127-23+21

Signature: John F. Sciacero
John F. Sciacero

Address: 2448 Birch Avenue
Whiting, Indiana - 46394

Subscribed and sworn to before me by the affiant

this 25th day of March, 1994
(insert date)

[Signature]
Notary Public

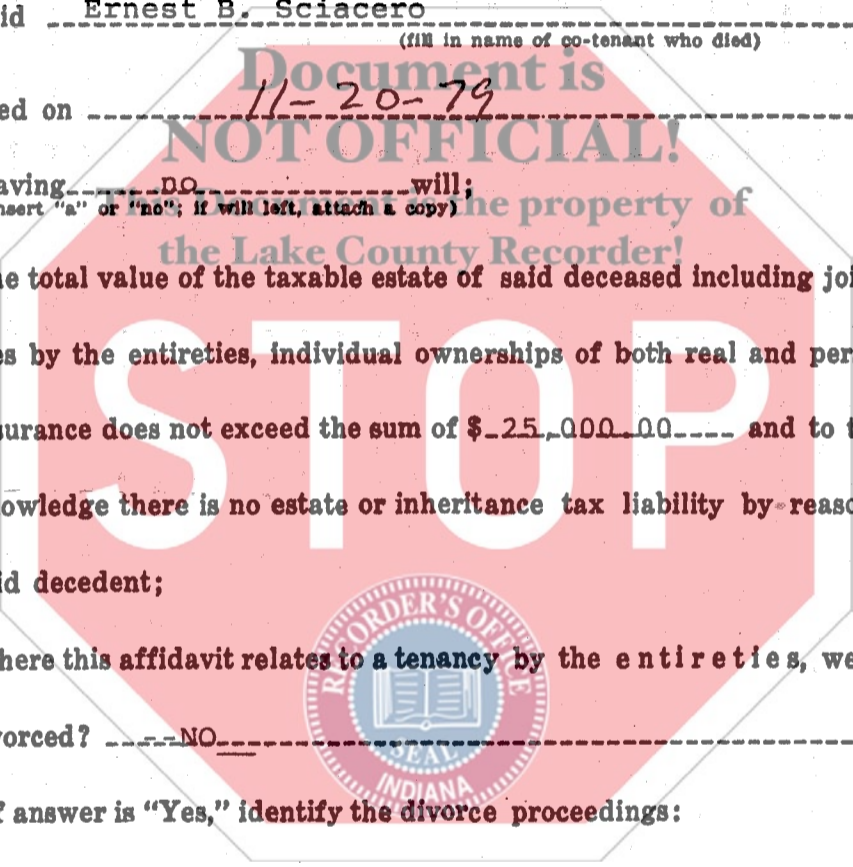
My Commission Expires 10-17-94
County of Residence: Lake

FILED

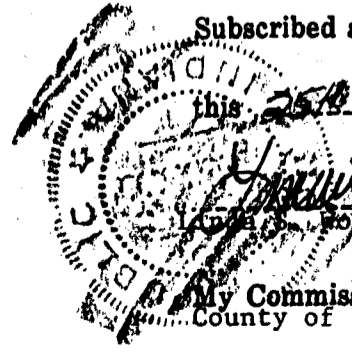
MAR 30 1994

[Signature]
AUDITOR LAKE COUNTY

This instrument prepared by Attorney Rudolph M. Zajac



STATE OF INDIANA S.S.M.D.
LAKE COUNTY
FILED FOR RECORD
MAR 31 10 29 AM '94
SARAH H. HUGHES
RECORDER



[Handwritten initials]

TYPE OR PRINT
PLAINLY WITH
UNFADING INK

THIS IS A
PERMANENT
RECORD

THIS CERTIFIES THAT THIS IS A COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPT. NOV 30 1979

AND THIS CERTIFIES THAT THIS IS A COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPT. NOV 30 1979

Disposition Permit
Provisional Certificate
 Yes No

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No.

Local No. **895**

FUNERAL HOME No. **726**

LICENSE No. **4074**

FUNERAL DIRECTOR'S LICENSE No. **702**

EMBALMERS NAME **Martin Baran**

FUNERAL DIRECTOR'S SIGNATURE **Martin Baran**

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

PARENTS

DISPOSITION

M.D. OR D.O.

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE

CAUSE

1. DECEASED—NAME ERNEST B. SCIACERO			SEX 2. MALE		DATE OF DEATH (MONTH, DAY, YEAR) 3. NOVEMBER 20, 1979		
4. RACE—(Wh., Neg., Span., Amer. Indian, etc.) White		5a. AGE—Last Birthday (Yrs.) 71		6. DATE OF BIRTH (Mo., Day, Yr.) 10-8-1908		7a. COUNTY OF DEATH Lake	
7b. CITY, TOWN OR LOCATION OF DEATH Hammond			7c. HOSPITAL OR OTHER INSTITUTION—(Name if not in either, give street and number) St. Margaret Hospital			8. IF HOSP. OR INST. Indicate DOA, OP/Enter. Res., Inpatient (Specify) 7d. Inpatient	
9. STATE OF BIRTH (If not in U.S.A. name country) Indiana		10. CITIZEN OF WHAT COUNTRY U.S.A.		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (If wife, give maiden name) Mary Reves	
13. SOCIAL SECURITY NUMBER 311 03 2899			14a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Craneman			14b. KIND OF BUSINESS OR INDUSTRY Inland Steel Co., E. Chicago, Ind.	
15a. USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION. RESIDENCE—STATE Indiana		15b. COUNTY Lake		15c. CITY, TOWN OR LOCATION Hammond		16. IS RESIDENCE ON A FARM? 16a. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
17. STREET AND NUMBER 4908 Columbia Avenue			18. IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 18a. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		19. INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes		
20. FATHER—NAME Martin Sciacero		21. MOTHER—MAIDEN NAME Margaret Delaca					
22. INFORMANT—NAME (Type or print) Mary Sciacero, wife		23. MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP 4908 Columbia Ave., Hammond, Ind. 46327					
24. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		25. CEMETERY OR CREMATORY—FUNERAL HOME LOCATION CITY OR TOWN STATE Chapel Lawn Memorial Gardens, Schererville, Ind.					
26. DATE (MONTH, DAY, YEAR) Nov. 23, 1979		27. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) Baran & Son, Inc., 1235 119th St., Whiting, Ind. 46394					
28. To the best of my knowledge, death occurred at the time, date and place and due to the causes stated. 28a. (Signature) Fred Adler			29. DATE SIGNED (Mo., Day, Yr.) Nov. 23, 1979		30. HOUR OF DEATH 7:30 A.M.		
31. NAME OF ATTENDING PHYSICIAN (Type or Print) Fred Adler, M.D.							
32. MAILING ADDRESS—PHYSICIAN 300 MacArthur, Munster, Indiana 46321							
33. HEAD OFFICE—(Signature) D. J. Remick			34. DATE RECEIVED BY LOCAL HEALTH OFFICER NOV 29 1979				
35. PART I—IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) Metastatic carcinoma of liver			36. Interval between onset and death				
37. PART II—DUE TO OR AS A CONSEQUENCE OF			38. Interval between onset and death				
39. PART III—OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)			40. AUTOPSY (Specify Yes or No) No				

SBH 08-003
REV. 10/77

FILED
MAR 30 1994
Alex N. Antos
AUDITOR LAKE COUNTY

01793

TICOR TITLE: RANCE
Grown Point, Indiana