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STATE OF INDIANA )  
 ) SS:  
COUNTY OF LAKE )

APR 18 1994

*Anna N. Antos*  
AUDITOR LAKE COUNTY

AFFIDAVIT OF SURVIVORSHIP

MARIE DOLORES ARMENTH, after being duly sworn upon her oath, states as follows:

1. That on June 3, 1961 she was duly married to Frederick J. Armenth, *aka Fred ARMENTH. (I.V.A.S.)*
2. During their marriage, they together as husband and wife purchased the following real estate in Lake County, Indiana, more particularly described as:  
 Lot 996 and 997 in Unit 7 of the Lakes of the Four Seasons, the plat of which is recorded in Plat Book 38, page 9 in the office of the Recorder of Lake County, Indiana. *Key # 10-49-41-490*
3. Frederick J. Armenth died testate on the 3rd day of October, 1993. No estate has been opened for Frederick J. Armenth nor is one contemplated nor planned to be opened. No state nor federal inheritance or estate taxes are due and owing. A certified copy of Frederick J. Armenth's certified death certificate is attached hereto.
4. Marie Dolores Armenth is the sole heir at law entitled to inherit the above described real estate.

Dated this 13 day of April, 1994.

*Marie Dolores Armenth*  
 Marie Dolores Armenth  
 RECORDER'S OFFICE  
 LAKE COUNTY  
 INDIANA

STATE OF INDIANA )  
 ) SS:  
COUNTY OF LAKE )

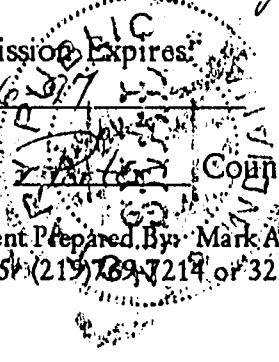
Subscribed and sworn to before me, a Notary Public, in and for said County and State, this 13<sup>th</sup> day of April, 1994.

My Commission Expires 3-26-97

*Debra L. Volk*  
 Debra L. Volk, Notary Public  
 (Printed)

Resident of Laurens County, Indiana

This Instrument Prepared By: Mark A. Bates, Attorney at Law, 7803 West 75th Avenue, Suite 1, Schererville, Indiana 46375 (219) 897-2114 or 322-1271.



Key # 10-49-41-490  
 APR 18 1994  
 REC  
 STATE OF INDIANA  
 FILED

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STATE OF ILLINOIS  
MEDICAL EXAMINER'S - CORONER'S  
CERTIFICATE OF DEATH

STATE FILE NUMBER **618510**

ENT RATE: REGISTRATION/DISTRICT NO. **16.10** (49-10-13)

ARY RATE: REGISTERED NUMBER

DECEASED-NAME: **FREDERICK J. ARMENTH** SEX: **Male** DATE OF DEATH: **10-3-93**

COUNTY OF DEATH: **Cook** AGE-LAST BIRTHDAY (YRS): **53** UNDER 1 YEAR: **5a. 53** UNDER 1 DAY: **5b. 53** DATE OF BIRTH (MONTH, DAY, YEAR): **December 5, 1939**

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: **Chicago** HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): **Univ. of Chicago** IF HOSP. OR INST. INDICATED (I.A. OP/EMER. RM. INPATIENT (SPECIFY)): **IC**

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): **Gary Ind.** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): **Married** NAME OF SURVIVING SPOUSE (MARRIEN NAME, IF WIFE): **Dolores Chagoya** WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO): **No**

SOCIAL SECURITY NUMBER: **315-38-7791** USUAL OCCUPATION: **Steel worker** KIND OF BUSINESS OR INDUSTRY: **Steel** EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED): **12**

RESIDENCE (STREET AND NUMBER): **3524 Windsor Pl** CITY, TOWN, OR ROAD DISTRICT NO.: **Crown Point** INSIDE CITY (YES/NO): **Yes** COUNTY: **Lake**

STATE: **Indiana** ZIP CODE: **46307** RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY): **White** OF HISPANIC ORIGIN? (SPECIFY NO OR YES - IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.): **No**

FATHER-NAME: **FRANK J. Armenth** MOTHER-NAME: **Wanda Wiplogorsk**

INFORMANT'S NAME (TYPE OR PRINT): **Dolores Armenth** RELATIONSHIP: **Wife** MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP): **3524 Windsor Pl Crown Pt. Ind 46307**

18. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Immediate Cause (Final disease or condition resulting in death): **(a) Multiple injuries**

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST: **(b) Motorvehicular accident**

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I: **Thermal burns due to motorvehicular fire**

NATURAL ACCIDENT, HOMICIDE, SUICIDE, UNDETERMINED, (SPECIFY): **Accident** DATE OF INJURY (MONTH, DAY, YEAR): **9-28-93** HOUR: **7:00 P.M.** HOW INJURY OCCURRED (ENTER NATURE OF INJURY MENTIONED IN PART I OR PART II ITEM 18): **Motorvehicle - fixed object**

INJURY AT WORK (YES/NO): **NO** PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.) (SPECIFY): **Roadway** LOCATION (CITY, VIL. OR TOWN, OR TWP. OR RD DIST NO., COUNTY, STATE): **Winfield township, Indiana** IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? (YES/NO): **NO**

I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND/OR THE INQUIRY, THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSE(S) STATED, AND THAT

THE DECEDENT WAS PRONOUNCED DEAD ON: **10-3-93** AT: **1240 P.M.**

CORONER'S MEDICAL EXAMINER'S SIGNATURE: **G.A. Dorogov** DATE SIGNED: **10-5-93**

CORONER'S PHYSICIAN'S SIGNATURE: **TAE LYONG AN, M.D.** DATE SIGNED: **10-5-93**

BURIAL, CREMATION, REMOVAL (SPECIFY): **Burial** CEMETERY OR CREMATORY-NAME: **Calumet Park** LOCATION: **Merrillville Ind.** DATE: **OCT. 7, 1993**

FUNERAL HOME: **Elmwood Chapel** NAME: **11200 S. Ewing Chicago Ill** FUNERAL DIRECTOR'S SIGNATURE: **Blade** FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: **034-012243**

LOCAL REGISTRAR'S SIGNATURE: **Joyce A. Brawner MPA** DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): **OCT 05 1993**

STATE OF ILLINOIS  
COUNTY OF COOK  
CITY OF CHICAGO

OCT 05 1993

I, JOYCE A. BRAWNER, MPA, LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS FOR THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO; THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN PURSUANCE OF SAID LAWS AND ORDINANCES.

Lakes of the Four Seasons  
Unit #7 lots 996 & 997  
Key # 10-49-97 & 98; unit #11

THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

FILED

APR 18 1994

Wanda N. Cantore  
AUDITOR LAKE COUNTY

DEPARTMENT OF HEALTH - CITY OF CHICAGO