94030303

TICOR TITLE INSURANCE

FILED

APR 20 1994

AUDITOR LAKE COUNTY

AFFIDAVIT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Susan M. Malek, being first duly sworn upon oath, deposes and says:

1. That Glenn W. Malek died on September 19, 19 91 at Dyer, Ind.

2. That Glenn W. Malek and Susan M. Malek were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

Lot 3 in Northgate 10th Addition to the Town of Dyer, as per plat thereof, recorded in Plat Book 44 page 81, in the Office of the Recorder of Lake County, Indiana.

APR 21 10 1 '94
SA... RECORDER

STATE OF INDIANA S.S.NO.
LAKE COUNTY
FILED FOR RECORD

3. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of (his) (her) death.

4. That all funeral expenses in connection with the death of said decedent have been paid in full.

5. That all of the assets of said decedent which would be includable for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

Further affiant sayeth not.

Susan M. Malek
Susan M. Malek

Subscribed and sworn to before me, a Notary Public, this 11th day of April, 19 94.

Jean Henderson Notary Public

My Commission expires:

12-3-97

County of Residence:

Lake

This Instrument prepared by Susan M. Malek

01251 800 lc

INDIANA STATE BOARD OF HEALTH

CERTIFICATE OF DEATH

Local No. 1940-91 State No. .....

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1 DECEASED—NAME (First Middle Last)	2 SEX	3a TIME OF DEATH	3b DATE OF DEATH (Month Day Yr)
Glenn W. Malek	Male	9:30 AM	September 19, 1991

4 SOCIAL SECURITY NUMBER	5a AGE—Last Birthday (Years)	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo Day Yr)	7 BIRTHPLACE (City and State or Foreign Country)
333-42-1245	36			March 13, 1955	Hammond, Indiana

8a WAS DECEDENT A U S VETERAN?	8b YEAR LAST SERVED IN U S ARMED FORCES?	9a PLACE OF DEATH (Check only one See instructions)
No	-	HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA — OTHER ☐ Nursing Home ☐ Other (Specify) ☒ Residence

9b FACILITY NAME (If not institution give street and number)	9c CITY TOWN OR LOCATION OF DEATH	9d COUNTY OF DEATH
1045 Madison Avenue	Dyer	Lake

10 MARITAL STATUS (Specify)	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)	12b KIND OF BUSINESS/INDUSTRY
Married	Susan Ferry	Serviceman	Bottling Company

13a RESIDENCE—STATE	13b COUNTY	13c CITY TOWN OR LOCATION	13d STREET AND NUMBER
Indiana	Lake	Dyer	1045 Madison Avenue

13e ZIP CODE	13f INSIDE CITY LIMITS	13g ON A FARM?	14 CITIZEN OF WHAT COUNTRY?	15 WAS DECEDENT OF HISPANIC ORIGIN? (If yes specify Cuban Mexican Puerto Rican etc)	16 RACE—American Indian Black White etc (Specify)	17 DECEDENT S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12)	College (1-4 or 5 +)
46311	☐ No ☒ Yes	☒ No ☐ Yes	USA	☒ No ☐ Yes	White	12	

PARENTS

18 FATHER S NAME (First Middle Last)	19 MOTHER S NAME (First Middle Maiden Surname)
Frank Malek	Irene Meduga

INFORMANT

20a INFORMANT S NAME (Type/Print)	20b MAILING ADDRESS (Street and Number or Rural Route Number City or Town State Zip Code)	20c Relationship
Susan Malek	1045 Madison Ave, Dyer, IN 46311	Wife

DISPOSITION

21a METHOD OF DISPOSITION	21b DATE AND PLACE OF DISPOSITION (Name of cemetery crematory or other place)	21c LOCATION—City or Town State
☒ Burial ☐ Cremation ☒ Removal from State ☐ Donation ☐ Other (Specify) _____	Sept. 19, 1991 Opyt Funeral Home Sept. 21, 1991 Holy Cross Cemetery	Chicago, Illinois Calumet City, Illinois

22a EMBALMER S NAME	22b EMBALMER S LICENSE NO	23 WAS DEATH REPORTED TO CORONER?
N/A	N/A	☐ No ☒ Yes

24a SIGNATURE OF FUNERAL DIRECTOR	24b LICENSE NUMBER (of Licensee)	25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME
Larry D. Anthony	01001447	Anthony & Dziadowicz F.H. 83002916 9445 Calumet Ave, Munster, IN 46321

CAUSE OF DEATH

26 PART I Enter the diseases 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

Approximate Interval Between Onset and Death

(IMMEDIATE CAUSE (Final disease or condition resulting in death)

a METASTSTIC MELANOMA — DUE TO (OR AS A CONSEQUENCE OF)

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

b MELANOMA OF LEFT ABDOMEN — DUE TO (OR AS A CONSEQUENCE OF)

c _____ — DUE TO (OR AS A CONSEQUENCE OF)

d

PART II Other significant conditions Conditions contributing to death but not previously stated in Part I

27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no)	28a WAS AN AUTOPSY PERFORMED? (Yes or no)	28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)
No	No	No

CERTIFIER

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	29c MEDICAL LICENSE NO	29d DATE SIGNED (Month Day Year)
Cal Streeter DO	543	September 21, 1991

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)
Calvin Streeter, D.O. 9635 Saric Drive, Highland, IN 46322

HEALTH OFFICER

31 HEALTH OFFICER S SIGNATURE Alexander S Williams 2 MD — 32 DATE FILED (Month Day Year) Sept 23, 1991

CORONER USE ONLY

33 MANNER OF DEATH	34a DATE OF INJURY (Month Day Year)	34b TIME OF INJURY	34c INJURY AT WORK? (Yes or no)	34d DESCRIBE HOW INJURY OCCURRED
☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide				

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

SBH06-004 State Form 10110 (R2/3-89) DEA CERT/PD 1

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