94031301

TICOR TITLE INSURANCE

FILED
APR 25 1994
[signature]
AUDITOR LAKE COUNTY

STATE OF INDIANA/S.S.NO.
LAKE COUNTY
FILED FOR RECORD
APR 26 10 45 AM '94
SAM ... LICH
RECORDER

AFFIDAVIT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Mike Fary, being first duly sworn upon oath, deposes and says:

1. That Julia Fary died on October 9, 19 98 at East Chicago.

2. That Julia Fary and Mike Fary were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

Lot 24 in Block 2 in Roberts Addition to East Chicago, as per plat thereof, recorded in Plat Book 15 page 11, in the Office of the Recorder of Lake County, Indiana.

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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.

x [signature]
Mike Fary

Subscribed and sworn to before me, a Notary Public, this 21st day of April, 19 94.

[signature]
Linda S. Wood Notary Public

My Commission expires:
10-17-94

County of Residence:
Lake

This Instrument prepared by Mike Fary

8.00
01479

INDIANA STATE DEPARTMENT OF HEALTH

Local No. 288 — **CERTIFICATE OF DEATH** — State No. ....

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

- 1 DECEASED—NAME (First Middle Last): JULIA FARY
- 2 SEX: FEMALE
- 3a TIME OF DEATH: 8:45 PM
- 3b DATE OF DEATH (Month Day Yr): OCT 9-1993
- 4 SOCIAL SECURITY NUMBER: 312-09-9119
- 5a AGE—Last Birthday (Years): 74
- 5b UNDER 1 YEAR: Months / Days
- 5c UNDER 1 DAY: Hours / Minutes
- 6 DATE OF BIRTH (Mo Day Yr): FEB. 14-1919
- 7 BIRTHPLACE (City and State or Foreign Country): EAST CHICAGO
- 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): HOSPITAL [X] Inpatient [ ] ER/Outpatient [ ] DOA; 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): WIDOW
- 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: 4017 TODD AVE.
- 13e ZIP CODE: 46312
- 13f INSIDE CITY LIMITS: [ ] No [X] Yes
- 13g ON A FARM?: [X] No [ ] Yes
- 14 CITIZEN OF WHAT COUNTRY?: U.S.A.
- 15 WAS DECEDENT OF HISPANIC ORIGIN? [X] 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+):

PARENTS

- 18 FATHER'S NAME (First Middle Last): ANTHONY BARON
- 19 MOTHER'S NAME (First Middle Maiden Surname): ROSE BURES

INFORMANT

- 20a INFORMANT'S NAME (Type/Print): MICHAEL FARY
- 20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): RT. 5 BOX 68A WINNEMAC, INDIANA 46996
- 20c Relationship: SON

DISPOSITION

- 21a METHOD OF DISPOSITION: [ ] Entombment [X] Burial [ ] Cremation [ ] Removal from State [ ] Donation [ ] Other (Specify)
- 21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place): OCTOBER 13-1993 ST. MICHAEL CEMETERY
- 21c LOCATION—City or Town, State: HAMMOND, INDIANA
- 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: MYSLIWY FUNERAL HOME 4902 READING AVE. EAST CHICAGO, IN. 4631 — 300-161-9

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. Pneumonia Right upper lobe

DUE TO (OR AS A CONSEQUENCE OF)

b.

DUE TO (OR AS A CONSEQUENCE OF)

c.

DUE TO (OR AS A CONSEQUENCE OF)

d.

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

PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I: Malignant Lymphoma

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

CERTIFIER

29a CERTIFIER (Check only one)

- [X] 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: Mohan [signature] MD
- 29c MEDICAL LICENSE NO: 29782
- 29d DATE SIGNED (Month, Day, Year): 10. 12. 93
- 30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): Mohammed Y. Ali, M.D. 9116 Columbia Ave. Munster, IN 46321

HEALTH OFFICER

- 31 HEALTH OFFICER'S SIGNATURE: Dr. Timothy Rapkovich
- 32 DATE FILED (Month, Day, Year): 10-13-93

CORONER USE ONLY

- 33 MANNER OF DEATH: [ ] Natural [ ] Pending Investigation [ ] Accident [ ] Suicide [ ] Could not be Determined [ ] 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.

01480

FILED APR 25 1994 — [signature] AUDITOR LAKE COUNTY

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SDH06-004 State Form 10110 (R3 / 3-92) DEATHCER/PD 1