

RETURN TO:  
STATE OF INDIANA  
FIRST AMERICAN TITLE INSURANCE COMPANY  
5265 COMMERCIAL BLVD.  
CROWN POINT, IN 46307

FA- 12425

94031541

94 APR 27 AM 9:40

Property Address: 4145 CAMERON AVE.  
HAMMOND, IN  
SAMUEL ORLICH  
RECORDER

If this Affidavit is to be recorded, the legal description of said property will be attached.

ESTATE AFFIDAVIT

Loretta L. Mikosz, Affiant, states that:

1. John T. Drapach, deceased, died on the 13<sup>th</sup> day of January, 1994;

2. Affiant is:    the surviving spouse of the deceased,  
 the Personal Representative/Executor-trix of the estate of the deceased;

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

4. The deceased and Affiant were married on the    day of   , 19  ; and were never divorced.  
(This item applies only to the surviving spouse.)

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

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

7.  There are no claims against the estate of the decedent.

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

04-25-94  
Date

Loretta L. Mikosz  
Signature of Affiant  
Loretta L. Mikosz  
Printed Name of Affiant

State of Indiana, County of Lake

Subscribed and sworn to before me, this 25<sup>TH</sup> day of APRIL, 1994

SUSAN E. KRESICH  
Printed Name of Notary

[Signature]  
Signature of Notary

My Commission expires: 08-26-97

My County of Residence is: LAKE

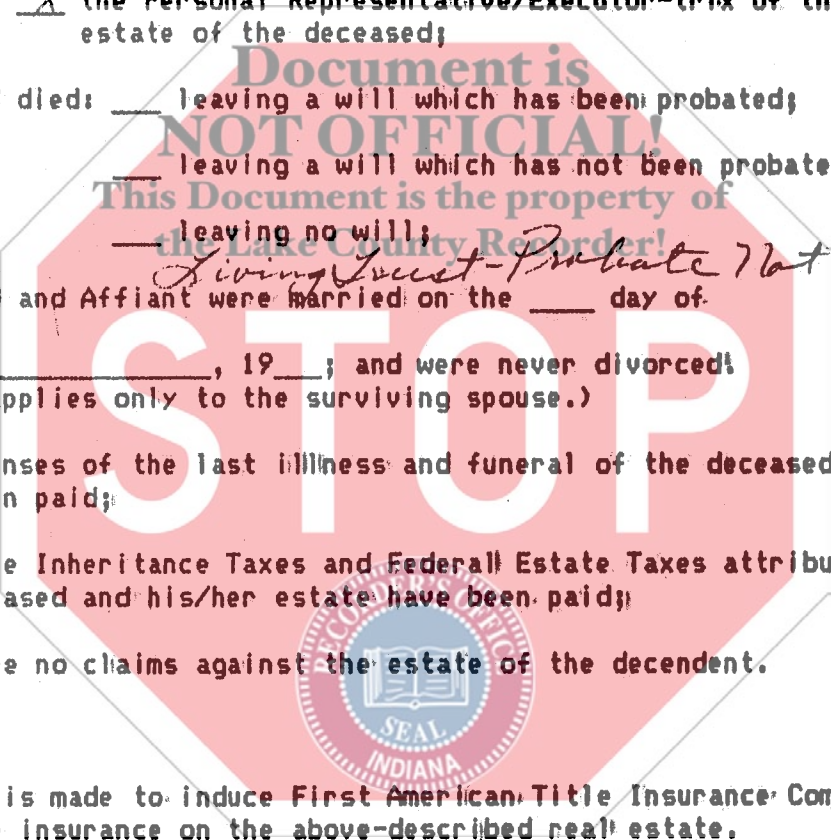
FILED

APR 27 1994

Anna M. Anton  
AUDITOR LAKE COUNTY

01662

1000 for



**LEGAL DESCRIPTION:**

THE NORTH 27.5 FEET OF LOT 25, AND THE SOUTH 12.5 FEET OF LOT 26,  
HAMMOND STEEL CITY SECOND ADDITION TO THE CITY OF HAMMOND, AS SHOWN IN  
PLAT BOOK 17, PAGE 31, IN LAKE COUNTY, INDIANA.



RETURN TO: FIRST AMERICAN TITLE INS. CO. INDIANA STATE DEPARTMENT OF HEALTH 5265 COMMERCIAL DR., SUITE 100 CROWN POINT, IN 46007

THIS CERTIFIES THE FOLLOWING INFORMATION IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.

Local No. 34

Date Issued: Jan 14, 1994 Issued by: Franklin J. Jermuda, M.D. Hammond Health Commissioner

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

CORONER USE ONLY

1 DECEASED—NAME (First Middle Last) <b>JOHN THOMAS DRAPACH</b>		2 SEX <b>Male</b>	3a TIME OF DEATH <b>11:07AM</b>	3b DATE OF DEATH (Month Day Year) <b>January 12, 1994</b>	
4 SOCIAL SECURITY NUMBER: <b>309-09-3615</b>		5a AGE—Last Birthday (Year) <b>82</b>	5b UNDER 1 YEAR Months: Days: <b>0 0</b>	5c UNDER 1 DAY Hours: Minutes: <b>0 0</b>	
6 DATE OF BIRTH (Mo Day Yr) <b>July 11, 1911</b>		7 BIRTHPLACE (City and State or Foreign Country) <b>Chicago, Illinois</b>			
8a WAS DECEDENT A US VETERAN? <b>No</b>	8b YEAR LAST SERVED IN US ARMED FORCES? <b>N/A</b>	9a PLACE OF DEATH (Check only one See instructions) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence			
9b FACILITY NAME (If not institution give street and number) <b>St. Margaret Mercy North Campus</b>		9c CITY, TOWN OR LOCATION OF DEATH <b>Hammond</b>	9d COUNTY OF DEATH <b>Lake</b>		
10 MARITAL STATUS (Specify) <b>Divorced</b>	11 SURVIVING SPOUSE (If wife, give maiden name) <b>None</b>	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life Do not use retired) <b>Pipe fitter</b>		12b KIND OF BUSINESS/INDUSTRY <b>Amoco Oil</b>	
13a RESIDENCE—STATE <b>Indiana</b>	13b COUNTY <b>Lake</b>	13c CITY, TOWN OR LOCATION <b>Hammond</b>	13d STREET AND NUMBER <b>4145 Cameron</b>		
13e ZIP CODE <b>46320</b>	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	15 WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes specify Cuban, Mexican Puerto Rican, etc)	16 RACE—American Indian, Black, White, etc (Specify) <b>White</b>	
17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>8</b> College (1-4 or 5+) <b>0</b>		18 FATHER'S NAME (First Middle Last) <b>John Drapac</b>			
19 MOTHER'S NAME (First Middle Maiden Surname) <b>U/A Luca</b>		20a NAME OF INFORMANT (Type/Print) <b>Loretta Mikosz</b>			
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>18025 Gotts Chack, Homewood, IL 60430</b>		20c Relationship <b>Daughter</b>			
21a METHOD OF DISPOSITION <input type="checkbox"/> Entombment <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>January 15, 1994 Calumet Park Cemetery</b>		21c LOCATION—City or Town, State <b>Merrillville, Indiana</b>	
22a EMBALMER'S NAME <b>Jose G. Corona</b>		22b EMBALMER'S LICENSE NO. <b>08601373</b>	23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a SIGNATURE OF FUNERAL DIRECTOR <i>Jose G. Corona</i>		24b LICENSE NUMBER (of license) <b>08601373</b>	25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME <b>RUZICH FUNERAL HOME #88020724 2031 Indianapolis Blvd. Whiting, IN 46394</b>		
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. <i>Coronary Failure</i>					
b. <i>Failure of Coronary Arteries</i>					
c. <i>Respiratory Failure</i>					
d. _____					
e. _____					
f. _____					
g. _____					
h. _____					
i. _____					
j. _____					
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)		
29a CERTIFY (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) as stated <input type="checkbox"/> 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 <input type="checkbox"/> 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 <i>Franklin J. Jermuda M.D.</i>			29c MEDICAL LICENSE NO. <b>01014874 (JANUARY)</b>	29d DATE SIGNED (Month Day, Year) <b>1-14-94</b>	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>Dr. Palmer M.D. 5815 Calumet Avenue, Hammond 46320</b>					
31 HEALTH OFFICER'S SIGNATURE <i>Franklin J. Jermuda M.D.</i>				32 DATE FILED (Month Day, Year) <b>JANUARY 14, 1994</b>	
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> 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.			