



TICOR TITLE INSURANCE

AFFIDAVIT

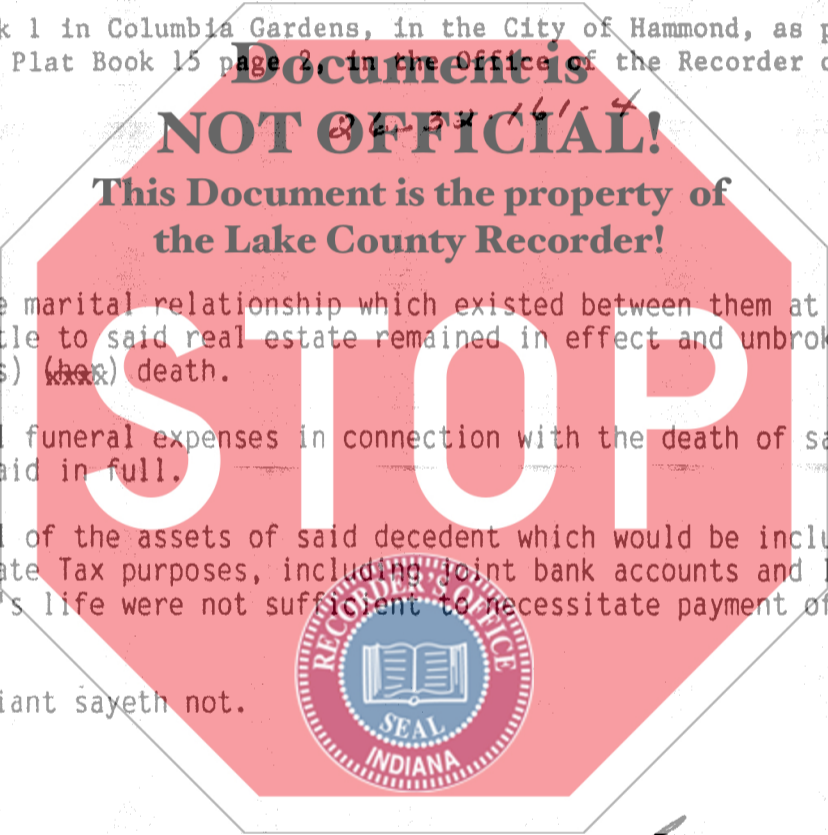
STATE OF INDIANA)
COUNTY OF LAKE) SS:

95001196

Barbara Golec, being first duly sworn upon oath, deposes and says:

- That Sam G. Krizmis, aka Sam G. Krizmis, Jr., aka/died on August 7, 1979 at Hammond, Ind. ^{Sam Krizmis}
- That Sam G. Krizmis, aka Sam G. Krizmis, Jr., aka Sam Krizmis and Helen Sopp Krizmis, aka Helen Krizmis were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

Lot 4, Block 1 in Columbia Gardens, in the City of Hammond, as per plat thereof recorded in Plat Book 15 page 2 in the Office of the Recorder of Lake County, Indiana.



AMASA G. COLBY
CHIEF DEPT RECORDER

95 JAN - 6 AM 10:31

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

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

Barbara Golec
Barbara Golec

Subscribed and sworn to before me, a Notary Public, this 30th day of December, 1994.

FILED

JAN - 5 1995

Linda S. Wood
Linda S. Wood Notary Public

My Commission expires:

10-17-98

County of Residence:

Lake

This Instrument prepared by Barbara Golec

000222

1100

TYPE OR PRINT
PLAINLY WITH
UNFADING INK
THIS IS A
PERMANENT
RECORD

Below for State Office Use

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State
No. _____

Local No. 615

FUNERAL HOME
No. 289

TYPE
OR PRINT
PERMANENT
INK
FOR
INSTRUCTIONS
SEE
HANDBOOK

DECEASED

USUAL RESIDENCE
WHERE DECEASED
LIVED. IF DEATH
OCCURRED IN
INSTITUTION, GIVE
RESIDENCE BEFORE
ADMISSION.

PARENTS

DISPOSITION

M.D.
OR
D.O.

CONDITIONS
IF ANY
WHICH GAVE
RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LAST

CAUSE

LICENSE No. 5184

FUNERAL DIRECTOR'S
LICENSE No. 2141

EMBALMER'S NAME
Anthony Solan

FUNERAL DIRECTOR'S
SIGNATURE
Anthony Solan

1. DECEASED—NAME FIRST MIDDLE LAST Sam G. Krizmis		2. SEX Male	3. DATE OF DEATH (MONTH, DAY, YEAR) Aug. 7, 1979
4. RACE—(Indic. when Black, American Indian, etc.) White	5a. AGE—Last Birthday 63	5b. UNDER 1 YEAR MO. 3 DAY 5	6. DATE OF BIRTH (MO., DAY, YR.) May 2, 1916
7a. CITY, TOWN OR LOCATION OF DEATH Hammond		7c. HOSPITAL OR OTHER INSTITUTION—(Name if not in author, give street and number) 1026-167th Street	
8. STATE OF BIRTH (If not in U.S.A. specify) Indiana	9. CITIZEN OF WHAT COUNTRY U.S.A.	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married	11. SURVIVING SPOUSE (If wife, give maiden name) Helen (Sopp)
12. SOCIAL SECURITY NUMBER 306-01-4789	13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Welder	14. KIND OF BUSINESS OR INDUSTRY GATX	
13. RESIDENCE—STATE Indiana	15b. COUNTY Lake	15c. CITY, TOWN OR LOCATION Hammond	
15a. STREET AND NUMBER 1026 167th Street		15d. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	15f. INSIDE CITY LIMITS (Specify Yes or No) yes
15e. IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC.			
16. FATHER—NAME FIRST MIDDLE LAST Samuel J. Krizmis		17. MOTHER—MAIDEN NAME FIRST MIDDLE LAST Stella Brunac	
18a. INFORMANT—NAME (Type or print) Helen Krizmis		18b. MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP 1026 - 167th Street, Hammond, Ind. 46324	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		19b. CEMETERY OR CREMATORY—FUNERAL HOME Elmwood Cemetery	
19c. LOCATION CITY OR TOWN STATE Hammond, Indiana		20. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) Solan Funeral Home, 7109 Calumet Ave. Hammond Ind.	
20a. DATE (MONTH, DAY, YEAR) Aug. 10, 1979		20b. DATE SIGNED (MO., DAY, YR.) Aug/ 7, 1979	
21a. NAME OF ATTENDING PHYSICIAN (Type or print) Juan Tan, M.D.		21c. HOUR OF DEATH 11:30 A.	
21d. MAILING ADDRESS—PHYSICIAN 8230 Calumet Ave., Munster, Ind. 46321		21e. DATE RECEIVED BY LOCAL HEALTH OFFICER AUG 8 1979	
22a. HEALTH OFFICER—SIGNATURE Frank J. Bernaldo, M.D.		22b. DATE RECEIVED BY LOCAL HEALTH OFFICER AUG 8 1979	
23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR IAL, IIL, AND ILL.) PART I (a) Acute Myocardial Infarction DUE TO, OR AS CONSEQUENCE OF (b) Hypertension DUE TO, OR AS CONSEQUENCE OF (c) Hypertensive and atherosclerotic Heart Disease PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)			
24. AUTOPSY (Specify Yes or No) no			

SBH 06-003
REV. 10/77

000223

THIS CERTIFIES THAT ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPT. AUG 8 1979
Anthony Solan
Date issued

Disposition Permit
Issued 1/1
Provisional Certificate
 Yes No