

19231 SLWET
Ticor 110

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

MARGARETTE N. CLEVELAND
LAKE COUNTY RECORDER
95005081

95 JAN 30 PM 9:45

TICOR TITLE INSURANCE

FILED

AFFIDAVIT

JAN 27 1995

STATE OF INDIANA)
COUNTY OF LAKE) SS:

SAM ORLICH
AUDITOR LAKE COUNTY

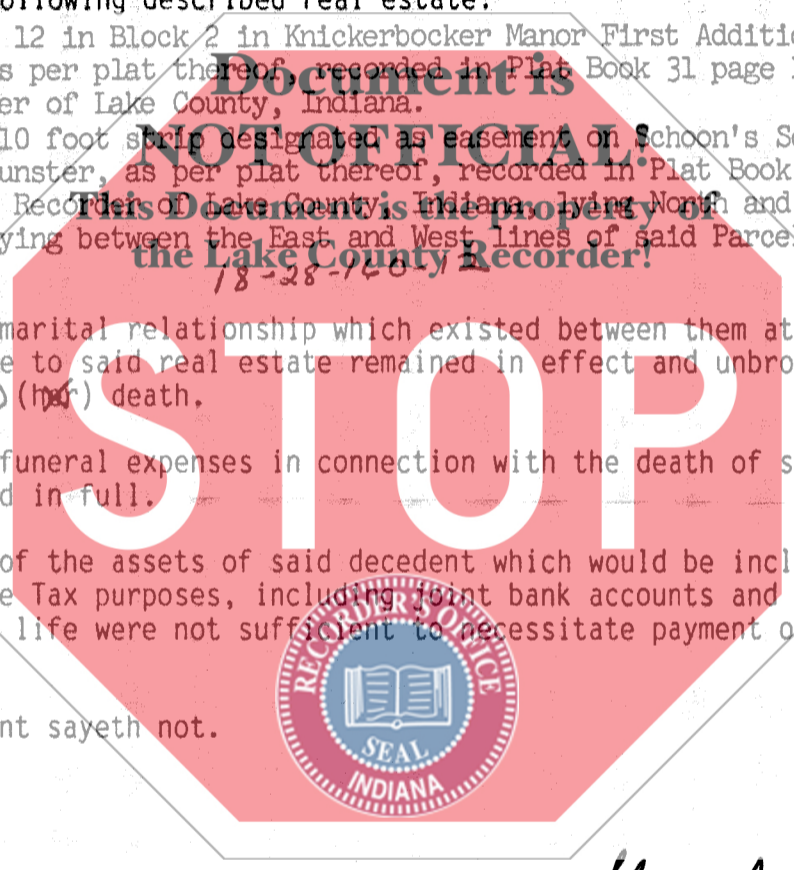
SHELBA J. KLYCZEK, being first duly
sworn upon oath, deposes and says:

1. That JOHN D. KLYCZEK died on
November 16, 1987 at Dyer, Indiana.

2. That JOHN D. KLYCZEK and SHELBA J. KLYCZEK
were duly and legally married at the time they acquired title as husband and
wife to the following described real estate:

PARCEL I: Lot 12 in Block 2 in Knickerbocker Manor First Addition, in the Town
of Munster, as per plat thereof, recorded in Plat Book 31 page 15, in the Office
of the Recorder of Lake County, Indiana.

PARCEL II: A 10 foot strip designated as easement on Schoon's South View 1st
Addition to Munster, as per plat thereof, recorded in Plat Book 30 page 1, in the
Office of the Recorder of Lake County, Indiana, lying North and adjoining Parcel
I above and lying between the East and West lines of said Parcel I extended North.



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.

SHELBA J. KLYCZEK
Shelba J. Klyczek

Subscribed and sworn to before me, a Notary Public, this 24th day of
January, 1995.

Thomas G. Schiller
Notary Public
Thomas G. Schiller

My Commission expires:

JUNE 7, 1996

County of Residence:

LAKE

This Instrument prepared by SHELBA J. KLYCZEK

001167
800
K

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

Below for State Office Use

- A _____
- B _____
- C _____
- D _____
- E _____
- F _____
- G _____
- H _____
- I _____
- J _____
- K _____
- L _____
- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____
- 7 _____
- 8 _____
- 9 _____
- 10 _____
- 11 _____
- 12 _____

EMBALMER'S NAME Joseph C. Lauer

LICENSE No. 1043572

FUNERAL DIRECTOR'S SIGNATURE [Signature]

FUNERAL DIRECTOR'S LICENSE No. 3002851

FUNERAL HOME No. 1018769

Local No. 3093-87

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. _____

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

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

PARENTS

DISPOSITION

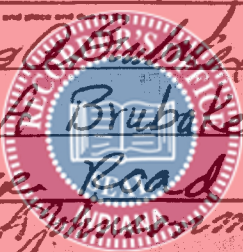
M.D. OR D.O.

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

CAUSE

DECEASED—NAME 1 FIRST MIDDLE LAST <u>JOHN D. KLYCZEK</u>		SEX 2 <u>Male</u>	DATE OF DEATH 3 <u>November 16, 1987</u>
RACE 4 <u>White</u>	AGE—Last Birthday 5a <u>52</u>	UNDER 1 YEAR 5b MOSE DATE	UNDER 1 DAY 5c HOURS MINES
CITY, TOWN OR LOCATION OF DEATH 7b <u>Dyen</u>		HOSPITAL OR OTHER INSTITUTION 7c <u>Meridan Nursing Center</u>	IF HOSP OR INST 7d <u>Inpatient</u>
STATE OF BIRTH 8 <u>Gany, Ind.</u>	CITIZEN OF WHAT COUNTRY 9 <u>USA</u>	MARRIED NEVER MARRIED 10 <u>MARRIED</u>	SURVIVING SPOUSE 11 <u>Shelba Gounley</u>
SOCIAL SECURITY NUMBER 13 <u>306-34-6548</u>		USUAL OCCUPATION 14 <u>Mechanic Formen</u>	KIND OF BUSINESS OR INDUSTRY 15 <u>Steel</u>
RESIDENCE—STATE 15a <u>Indiana</u>	COUNTY 15b <u>Lake</u>	CITY, TOWN OR LOCATION 15c <u>Munster</u>	IS RESIDENCE ON A FARM? 15d YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
STREET AND NUMBER 15e <u>253 Sunset Lane</u>		IS RESIDENCE ON A FARM? 15d YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INSIDE CITY LIMITS 15f <u>yes</u>
IS DECEASED OF SPANISH DESCENT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
FATHER—NAME 16 <u>John Klyczek</u>	MOTHER—MAIDEN NAME 17 <u>Helen Kachmanik</u>		
INFORMANT—NAME 18 <u>Shelba Klyczek</u>	RELATIONSHIP <u>Wife</u>	MAILING ADDRESS 18b <u>253 Sunset Lane Munster, Indiana. 46321</u>	
BURIAL CREMATION REMOVAL OTHER 19 <u>Burial</u>	CEMETERY OR CREMATORY—FUNERAL HOME 19b <u>Assumption Cemetery</u>	LOCATION 19c <u>Glenwood, Illinois.</u>	
DATE 20a <u>November 19, 1987</u>	FUNERAL HOME—NAME AND ADDRESS 20b <u>C. J. Huber Funeral Home 722-165th. St. Hammond, Ind.</u>		
NAME OF ATTENDING PHYSICIAN 21a <u>Thomas A. Brubaker, MD</u>		DATE SIGNED 21b <u>November 17, 1987</u>	HOUR OF DEATH 21c <u>11:50 p.</u>
MAILING ADDRESS—PHYSICIAN 21d <u>110 Ridge Road, Munster, Ind.</u>			
HEALTH OFFICER—SIGNATURE 22a <u>[Signature]</u>		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b <u>11/18/87</u>	
PART I (a) <u>Respiratory arrest</u>		minutes	
(b) <u>Anoxic encephalopathy</u>		months	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I		AUTOPSY <u>No</u>	

Document is NOT OFFICIAL!
This Document is the property of the Lake County Recorder!



FILED
JAN 27 1988

AUDITOR SAM ORLICH
LAKE COUNTY