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STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

AFFIDAVIT OF SURVIVORSHIP

Joseph J. Holicky, Jr., being duly sworn upon his oath deposes and says as follows:

1. That, on October 28, 1983, affiant Joseph J. Holicky, Jr., and Carol L. Hora were married in Whiting, Lake County, Indiana.

2. That, on or about May 22, 1985, Carol L. Hora, n/k/a Carol L. Holicky, did by Quit Claim Deed convey to Carol L. Hora, n/k/a Carol L. Holicky and Joseph J. Holicky, Jr., (this affiant), husband and wife, the following described real estate in Lake County, Indiana, to-wit:

Part of block 7 in Davidson's 7th Addition, in the City of Whiting, established as Parcel 3 by Legal Survey entered in the Legal Survey Record 4 page 138 in the Office of the Surveyor of Lake County, Indiana, described as follows: Beginning at a point 131.5 feet South of the Northeast corner of Lot 1 in Block 7; thence West to a point which is 131.5 feet South of the Northwest corner of Lot 1 in Block 7; thence North 30 feet more or less to a point 101.5 feet South of the Northwest corner of Lot 1 in Block 7; thence East to a point on the East line of Block 7 which point is 101.5 feet South of the Northeast corner of Lot 1 in Block 7; thence South along said East line 30 feet to the place of beginning; being that tract formerly known and described as Lot 5 and the North 5 feet of Lot 6 in said Block 7.

Commonly known as 2806 Schrage Avenue, Whiting, Indiana, 46394

Tax Key #: 29-53-5

3. That, on April 16, 1993, while married to Joseph J. Holicky, Jr., (this affiant), Carol L. Holicky died at Whiting, Lake County, Indiana, leaving her husband, Joseph J. Holicky, Jr., surviving her. A copy of her Death Certificate is attached hereto.



95005100

MARGARETTE N. CLEVELAND
LAKE COUNTY RECORDER

95 JAN 30 PM 10:18

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

FILED

JAN 30 1995
SAM ORLICH, J.
AUDITOR LAKE COUNTY

001280

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4. That Carol L. Holicky died intestate, her husband Joseph J. Holicky, Jr., surviving; that Carol L. Holicky never had any children.

5. That no estate proceedings were commenced because of the death of Carol L. Holicky, nor are any contemplated; no federal or state inheritance, estate or death taxes are due because of the death of Carol L. Holicky.

6. That, because the title to the above described real estate was held in the name of Carol L. Holicky and Joseph J. Holicky, Jr., husband and wife, and, because of the death of Carol L. Holicky, by operation of law, Joseph J. Holicky, Jr., is the sole owner of the said real estate.

7. Affiant makes this affidavit to induce the officials of Lake County, Indiana, to transfer the title to the real estate described herein to the sole name of Joseph J. Holicky, Jr. on the official real estate records maintained in Lake County, Indiana.

All of which is sworn to this 23 day of January, 1995.



Joseph J. Holicky, Jr.
Joseph J. Holicky, Jr.

Subscribed and sworn to before me a Notary Public in and for said county and state this 23 day of January, 1995.

My Commission Expires:
04-13-98

Richard J. Lesniak
Richard J. Lesniak, Notary Public
Resident of Lake County, Indiana

Prepared by: Richard J. Lesniak, Richard J. Lesniak & Associates, 1802 E. Columbus Drive, East Chicago, Indiana 46312

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Local No. 0803-93

State No.

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-10-3

TYPE/PRINT IN PERMANENT BLACK INK

1 DECEASED—NAME (First Middle Last) CAROL L. HOLICKY		2 SEX F		3a TIME OF DEATH 6:05A	3b DATE OF DEATH (Month Day Year) APRIL 16, 1993
4 SOCIAL SECURITY NUMBER 307-46-2654	5a AGE—Last Birthday (Year) 47	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo Day Yr) 4-19-1944	7 BIRTHPLACE (City and State or Foreign Country) EAST CHICAGO, IN.
8a WAS DECEDENT A US VETERAN? NO	8b YEAR LAST SERVED IN U.S. ARMED FORCES?	9a PLACE OF DEATH (Check only one See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence			

DECEDENT

9b FACILITY NAME (If not mentioned, give street and number) 2806 SCHRAGE		9c CITY TOWN OR LOCATION OF DEATH WHITING,	9d COUNTY OF DEATH LAKE
10 MARITAL STATUS (MARRIED)	11 SURVIVING SPOUSE (If wife, give maiden name) JOSEPH J. JR.	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 OWN HOME
13a RESIDENCE—STATE IN.	13b COUNTY LAKE	13c CITY TOWN OR LOCATION WHITING	13d STREET AND NUMBER 2806 SCHRAGE

PARENTS

13e ZIP CODE 46394	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? U.S.A.	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) WHITE	17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 14 College (1-4 or 5+)
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INFORMANT

18 FATHER'S NAME (First Middle Last) CARL W. BUEHRING		19 MOTHER'S NAME (First Middle Maiden Surname) LOUISE LOUIS	
20a INFORMANT'S NAME (Type/Print) JOSEPH J. HOLICKY		20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2806 SCHRAGE WHITING, IN. 46394	20c Relationship HUSB

DISPOSITION

21a METHOD OF DISPOSITION <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) APRIL 19, 1993 ELMWOOD CEMETERY	21c LOCATION—City or Town, State HAMMOND, IN.
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CAUSE OF DEATH

22a EMBALMER'S NAME THOS. OWENS	22b EMBALMER'S LICENSE NO. 1001049	23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
24a SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>	24b LICENSE NUMBER (of Licensee) 1001049	25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME OWENS F.H. 818-1197 47, WHITING, IN.
26 PART I IMMEDIATE CAUSE (Final disease or condition resulting in death) Acute myocardial infarction APR 16, 1993 DUE TO (OR AS A CONSEQUENCE OF) Arteriosclerosis		

CERTIFIER

PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I Adverse carcinoma of breast		27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) NO	28a WAS AN AUTOPSY PERFORMED? NO	28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)
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HEALTH OFFICER

29a CERTIFIER (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>[Signature]</i>	29c MEDICAL LICENSE NO. 01015322	29d DATE SIGNED (Month Day Year) 4/16/93
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE DOWELL H. SPYER, M.D. 3641 Ridge Road Highland, Indiana 49327		32 DATE FILED (Month Day Year) April 19, 1993	

CORONER USE ONLY

33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be Determined	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.		

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