Q0232

STATE OF INDIANA)
) SS: 95053690
COUNTY OF LAKE)

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

95 SEP 12 PM 12:15

MARGARET ... RECORDER

LAWYERS TITLE INS. CORP.
ONE PROFESSIONAL CENTER
SUITE 215
CROWN POINT, IN 46307

SURVIVORSHIP AFFIDAVIT

ANNA VAJDA, of 4229 Augusta Drive, Crown Point, Indiana, being first duly sworn upon her oath deposes and says:

That she is the owner in fee simple of the following described real estate located in Lake County, Indiana, to-wit:

Part of the Northwest Quarter of Section 18, Township 35 North, Range 7 West of the 2nd P.M., described as follows: Commencing at a point 580 feet North of the Southwest corner of said Northwest Quarter, being in center line of U. S. Highway #330, thence Northeasterly along center line of U. S. Highway #330 a distance of 934 feet; thence North along center line of a public road 470 feet; thence Northwesterly along center line of said public road to the South right of way line of the Grand Trunk Rail Road thence Westerly along said South right of way line of the Grand Trunk Rail Road 725 feet, more or less, to the West line of said Northwest Quarter; thence South along the West line of said Northwest Quarter a distance of 1456 feet, more or less, to place of beginning, excepting therefrom a parcel adjoining U. S. Highway #330 and having a depth of 300 feet by rectangular measurement, in Lake County, Indiana.

and that she and her now deceased husband, John Vajda, were husband and wife at the time they acquired title, as tenants by the entireties, to said real estate in April, 1958.

That the marital relationship which existed between said affiant and John Vajda, her husband, continued unbroken from the time they so acquired title to said real estate until the death, intestate, of her said husband on January 16, 1995, at which time this affiant acquired title to said real estate as surviving tenant by the entireties.

FILED
SEP 7 1995
SAM ORLICH
AUDITOR LAKE COUNTY

000309

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That there has never been any administration upon the estate of said John Vajda: that the gross value of the estate of said John Vajda, deceased, including the real estate above-described, did not equal or exceed the sum of $15,000.00, as a consequence of which his estate was not subject to Federal Estate Tax or State Inheritance Tax.

Anna Vajda
ANNA VAJDA

Subscribed and sworn to before me, a Notary Public, this 28 day of July, 1995.

My Commission Expires:
March 19, 1997

Lois A. Pedlock, Notary Public
Resident of Lake County, Indiana

THIS INSTRUMENT PREPARED BY:

ALVIN A. G. ROCHAU
7103 Broadway
Merrillville, IN 46410
Telephone (219) 756-7034

"ATTENTION ESTATE: Disclosure of the SS# we need to pursue our responsibilities is voluntary and there will be no penalty for refusal."

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INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Local No: 0916-95 ..... State No. ....

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED—NAME (First, Middle, Last): Howard Luedtke
2. SEX: Male
3a. TIME OF DEATH: 7:30A M
3b. DATE OF DEATH (Month Day Yr): April 9, 1995
4. SOCIAL SECURITY NUMBER: 317-09-8225
5a. AGE—Last Birthday (Years): 80
5b. UNDER 1 YEAR (Months / Days):
5c. UNDER 1 DAY (Hours / Minutes):
6. DATE OF BIRTH (Mo. Day Yr): April 6, 1915
7. BIRTHPLACE (City and State or Foreign Country): Valparaiso, IN.
8a. WAS DECEDENT A U.S. VETERAN?: No
8b. YEAR LAST SERVED IN U.S. ARMED FORCES?: None
9a. PLACE OF DEATH (Check only one. See instructions): HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER: ☐ Nursing Home ☐ Other (Specify) ☒ Residence
9b. FACILITY NAME (If not institution, give street and number): 4830 E. 73rd Ave.
9c. CITY, TOWN OR LOCATION OF DEATH: Merrillville
9d. COUNTY OF DEATH: Lake
10. MARITAL STATUS (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Hilda Noak
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Supervisor
12b. KIND OF BUSINESS/INDUSTRY: U.S. Steel
13a. RESIDENCE—STATE: IN.
13b. COUNTY: Lake
13c. CITY, TOWN OR LOCATION: Merrillville
13d. STREET AND NUMBER: 4830 E. 73rd Avenue
13e. ZIP CODE: 46410
13f. INSIDE CITY LIMITS: ☒ No ☐ Yes
13g. ON A FARM?: ☐ No ☒ Yes
14. CITIZEN OF WHAT COUNTRY?: U.S.A.
15. WAS DECEDENT OF HISPANIC ORIGIN? ☒ 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): 12; College (1-4 or 5+): 4

PARENTS

18. FATHER'S NAME (First, Middle, Last): Otto Luedtke
19. MOTHER'S NAME (First, Middle, Maiden Surname): Nina Hoeg

INFORMANT

20a. INFORMANT'S NAME (Type/Print): Hilda Luedtke
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 4830 E. 73rd Ave. Merrillville, IN 46410
20c. Relationship: Wife

DISPOSITION

21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Entombment ☐ Removal from State ☐ Donation ☐ Other (Specify)
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): April 12, 1995 Ridgelawn Cemetery
21c. LOCATION—City or Town, State: Gary, IN.
22a. EMBALMER'S NAME: David Semplinski
22b. EMBALMER'S LICENSE NO.: FD08600686
23. WAS DEATH REPORTED TO CORONER?: ☐ No ☒ Yes
24a. SIGNATURE OF FUNERAL DIRECTOR: Robert Wiatrolik
24b. LICENSE NUMBER (of Licensee): FD01001293
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: FH3004455 Stilinovich & Wiatrolik 7535 Taft St Merrillville, IN 46410

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. Congestive heart FAILURE
DUE TO (OR AS A CONSEQUENCE OF):
b. Cardiac Arrhythmias
DUE TO (OR AS A CONSEQUENCE OF):
c. Bronchitis
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.

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

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE ... HEALTH DEPT. ... COUNTY

AUG 28 1995

CERTIFIER

29a. CERTIFIER (Check only one):
☒ 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: K H Hovanessian MD
29c. MEDICAL LICENSE NO: 01023583
29d. DATE SIGNED (Month Day Year): 4/10/95
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): Dr. Hovanessian 7863 Broadway Merrillville, IN 46410 769-6639

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE: Alexander S. Willis MD
32. DATE FILED (Month Day Year): April 11, 1995

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.

SDH06-004 State Form 10110 (R4/3-93) Deathcer/PD 1