

FIRST AMERICAN TITLE INSURANCE COMPANY
5265 Commerce Drive Suite 1
Crown Point, IN 46307 219-769-0029

FA-15835

Key #43-280-19
Unit # 25

Property Address: 4163 Jefferson
Gary, Indiana 46408

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

DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER.

ESTATE AFFIDAVIT

NOV 29 1995

Helen K. Koches a/k/a Helen Koches, Affiant, states that:

SAM ORLICH
AUDITOR LAKE COUNTY

1. Joseph Koches, deceased, died on the 19 day of JAN, 1991;

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;
 This Document is the property of the Lake County Recorder!

4. The deceased and Affiant were married on the 16 day of JUNE, 1937, 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 policy of title insurance on the above-described real estate.

Date: OCT 13 1995 Signature of Affiant: Helen K Koches

Printed Name of Affiant: Helen K Koches

State of Indiana, County of Lake

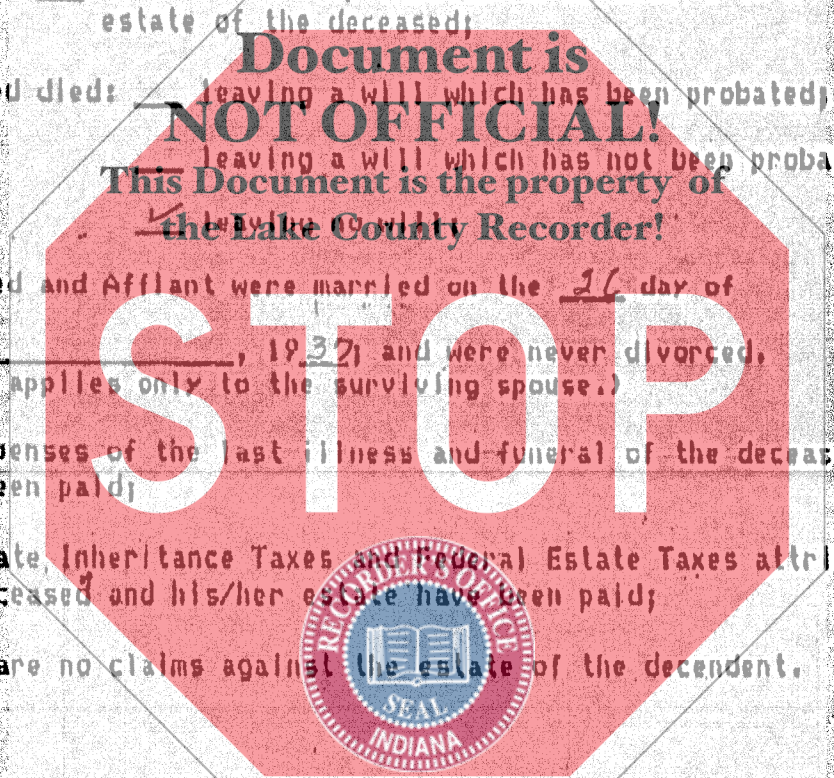
Subscribed and sworn to before me, this 13 day of October, 1995.

Printed Name of Notary: E. Donnell Coffey

Signature of Notary: E. Donnell Coffey

My Commission expires: 9/4/99
My County of Residence is: Lake

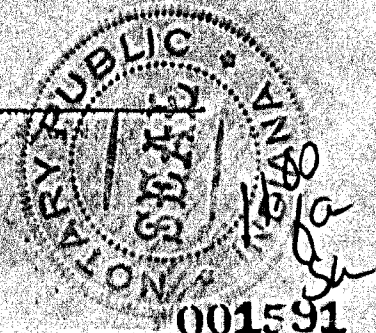
Prepared By: Helen K. Koches
Legal Description: THE SOUTH 20 FEET OF LOT 15 AND THE NORTH 15 FEET OF LOT 16, IN BLOCK 2, IN GLEN PARK, IND., BEING A SUBDIVISION OF BLOCKS 1, 2 & 4 OF THE NORTH HALF OF THE NORTHEAST QUARTER OF THE SOUTHWEST QUARTER OF SECTION 28, TOWNSHIP 36 NORTH, RANGE 8 WEST OF THE 2ND P.M., IN GARY, LAKE COUNTY, INDIANA, AS THE SAME APPEARS OF RECORD IN PLAT BOOK 3, PAGE 91, IN THE RECORDER'S OFFICE OF LAKE COUNTY, INDIANA.



95072503

95 NOV 29 AM 10:00

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD



001591

FA15835

91-0052

INDIANA STATE BOARD OF HEALTH
CERTIFICATE OF DEATH

Glen Park S 20ft lot 15
4 N 15ft of lot 16
Block 2

State No.
Key # 43-280-19 Unit # 25

Local No.

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

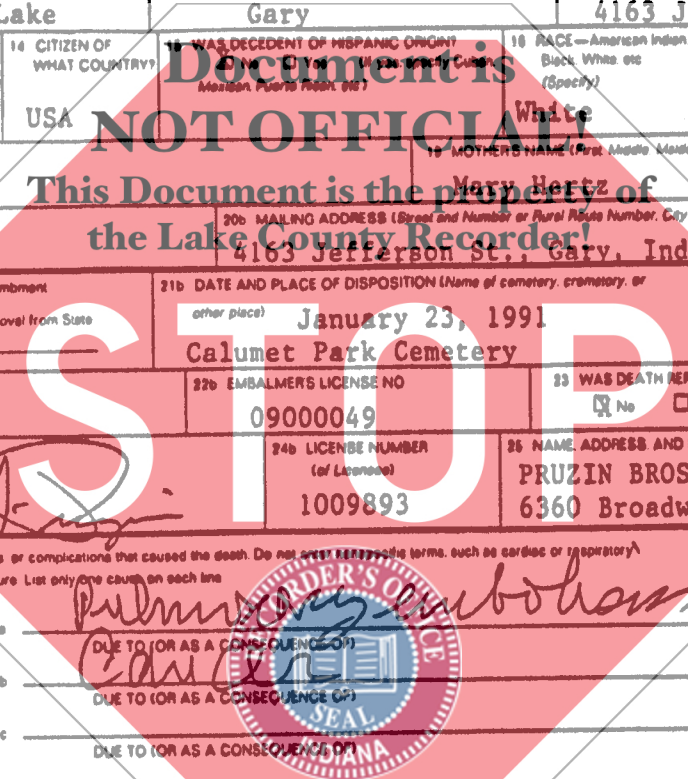
CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

CORONER USE ONLY

1 DECEASED—NAME (First Middle Last) JOSEPH EMIL KOCHES				2 SEX Male		3a TIME OF DEATH 12:54 PM		3b DATE OF DEATH (Month Day Year) January 19, 1991	
4 SOCIAL SECURITY NUMBER 312-05-5747		5a AGE—Last Birthday (Years) 75		5b UNDER 1 YEAR Months Days 0 0		5c UNDER 1 DAY Hours Minutes 0 0		6 DATE OF BIRTH (Mo Day Yr) March 15, 1915	
7 BIRTHPLACE (City and State or Foreign Country) Gary, Indiana		8a WAS DECEDENT A US VETERAN? no							
8b YEAR LAST SERVED IN US ARMED FORCES?		8c PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> HOSPITAL 4163 Jefferson <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> POA <input type="checkbox"/> Other (Specify)							
9a FACILITY NAME (If not institution, give street and number) 4163 Jefferson				9b CITY/TOWN OR LOCATION OF DEATH Gary		9c COUNTY OF DEATH Lake			
10 MARITAL STATUS (Specify) Married		11 SURVIVING SPOUSE (If wife, give maiden name) Helen Kucinski		12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Loader		12b KIND OF BUSINESS/INDUSTRY US Steel			
13a RESIDENCE—STATE Indiana		13b COUNTY Lake		13c CITY/TOWN OR LOCATION Gary		13d STREET AND NUMBER 4163 Jefferson St.			
14a ZIP CODE 46408		14b INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14c CITIZEN OF WHAT COUNTRY? USA		14d WAS DECEDENT OF HISPANIC ORIGIN (Specify) White		14e RACE—American Indian Black White etc (Specify)	
15a FATHER'S NAME (First Middle Last) Andrew Koches		15b MOTHER'S NAME (First Middle Maiden Surname) Mary Hertz		16 FATHER'S OCCUPATION (Specify)		16b MOTHER'S OCCUPATION (Specify)		17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (1-12) 10 College (1-4 or 5+)	
18 INFORMANT'S NAME (Type/Print) Helen Koches				19a MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 4163 Jefferson St., Gary, Indiana 46408				19b Relationship Wife	
20a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Entombment <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) January 23, 1991 Calumet Park Cemetery				20c LOCATION—City or Town, State Merrillville, Indiana			
21a EMBALMER'S NAME William D. Smith				21b EMBALMER'S LICENSE NO 09000049		21c WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
22a SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>				22b LICENSE NUMBER (of Licensee) 1009893		22c NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME PRUZIN BROS. FUNERAL SERVICE#3002453 6360 Broadway, Merrillville, IN 46410			
23 PART I Enter the disease, injuries or complications that caused the death. Do not exceed 1000 characters. List only one cause on each line. Pulmonary embolism IMMEDIATE CAUSE (Final disease or condition resulting in death) Cardiac Conditions if any which gave rise to the immediate cause stating the underlying cause last 3 years								23b Approximate Interval Between Onset and Death	
24 PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I								25 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) no	
26 WAS AN AUTOPSY PERFORMED? (Yes or no) no								27 WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) no	
28a 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.									
28b SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>						28c MEDICAL LICENSE NO 16574		28d DATE SIGNED (Month, Day, Year) January 22, 1991	
29 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 28) (Type/Print) Armand Fadul M.D., 8695 Connecticut St., Merrillville, Indiana 46410									
30 HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>								31 DATE FILED (Month, Day, Year) JAN. 23 1991	
32 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		33a DATE OF INJURY (Month, Day, Year)		33b TIME OF INJURY		33c PLACE OF INJURY (If not at home, farm, street, factory, office building, etc. (Specify)) 1101 29 1995		33d HOW INJURY OCCURRED	
34a DATE PRONOUNCED DEAD (Month, Day, Year)				34b MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc. SAM ORLICH AUDITOR LAKE COUNTY					



HOLD FOR FIRST AMERICAN TITLE