

HOLD FOR FIRST AMERICAN TITLE

FA- 16690

Property Address: 1916 CALUMET AVENUE  
WHITING, INDIANA

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

ESTATE AFFIDAVIT

JANET T. MUVICH, Affiant, states that:

- Hazel G. Palko, deceased, died on the 13 day of April, 1993
- Affiant is: the surviving spouse of the deceased,  
the Personal Representative/Executor-trix of the estate of the deceased;  
 the stepdaughter of the decedent
- The deceased died: leaving a will which has been probated;  
leaving a will which has not been probated;  
 leaving no will;
- The deceased and Affiant were married on the \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_ and were never divorced.  
(This item applies only to the surviving spouse.)
- All expenses of the last illness and funeral of the deceased have been paid;
- All State Inheritance Taxes and Federal Estate Taxes attributable to the deceased and his/her estate have been paid;
- There are no claims against the estate of the decedent.

DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER.  
FEB 20 1996  
SAM ORLICH  
AUDITOR LAKE COUNTY

96010768

96 FEB 20 AM 11:11

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

This Affidavit is made to induce First American Title Insurance Company to issue a policy of title insurance on the above-described real estate.

2/15/96  
Date

Janet T. Muvich  
Signature of Affiant

JANET T. MUVICH  
Printed Name of Affiant

State of Indiana, County of Lake

Subscribed and sworn to before me, this 15th day of FEBRUARY, 1996.

Corina Castel Ramos  
Printed Name of Notary

[Signature]  
Signature of Notary

My Commission expires: 5/16/97

000930

My County of Residence is: Lake

LEGAL DESCRIPTION: The South 35 feet of the North 185 feet of lot one (1), block eleven (11), Forsyth Water Gardens, in the city of Hammond, as shown in plat book 14, page 19, in Lake County, Indiana.

Prepared By: Janet T. Muvich

11/80  
[Handwritten initials]

# STATE OF LOUISIANA

THIS RECORD IS VALID FOR DEATH ONLY

IMPORTANT:  
PRINT or TYPE, black ink  
or ribbon mandatory

406618

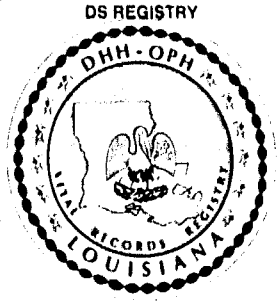
1493588

BIRTH No. _____		Io. 117 _____	
1A. LAST NAME OF DECEDENT <b>PALKO</b>		1B. FIRST NAME <b>HAZEL</b>	
1C. MIDDLE NAME <b>G.</b>		1D. DATE OF DEATH (Month, Day, Year) <b>April 13, 1993</b>	
2B. HOUR OF DEATH <b>8:00 AM</b>	3. SEX <b>Female</b>	4. RACE (Specify White, Black, etc.) <b>White</b>	5. MARITAL STATUS (Recently Married, Never Married, Widowed, Divorced) <b>Married</b>
7. DATE OF BIRTH (Month, Day, Year) <b>June 3, 1916</b>		6A. AGE YEARS <b>76</b>	6B. UNDER 1 YEAR MONTHS <b>0</b>
10. USUAL OCCUPATION (Kind of work done during most of working life. NEVER specify retired) <b>Self Employed</b>		11. KIND OF BUSINESS/INDUSTRY <b>Hazels Tap</b>	
12. EVER IN U.S. ARMED FORCES? (YES or NO) <b>No</b>		14. SOCIAL SECURITY NUMBER <b>437-24-4335</b>	15. DECEDENT'S EDUCATION (Specify ONLY HIGHEST grade completed) ELEMENTARY/SECONDARY (1-12) <b>12</b> COLLEGE (1-4, 5+)
16A. PLACE OF DEATH (Specify ONLY if death is NOT LISTED below, check OTHER and specify on line BELOW) HOSPITAL <input type="checkbox"/> INPATIENT <input checked="" type="checkbox"/> BR/OUTPATIENT <input type="checkbox"/> DCA <input type="checkbox"/> NON-HOSPITAL <input type="checkbox"/> NURSING HOME <input type="checkbox"/> RESIDENCE <input type="checkbox"/> OTHER <input type="checkbox"/>			
16B. NAME OF FACILITY (if not in Facility, give street address or location) <b>LaSalle General Hospital</b>		16C. PLACE OF DEATH IN CITY LIMITS? (YES or NO) <b>FILED</b>	
17A. CITY, TOWN OR LOCATION OF DEATH <b>Jena</b>		17B. PARISH OF RESIDENCE <b>LaSalle</b>	
18A. STREET ADDRESS (if rural specify rural route number or location) <b>1916 Calumet Av.</b>		18B. PARISH OF RESIDENCE <b>Lake County</b>	
18C. USUAL RESIDENCE OF DECEDENT (City, town or location) <b>Whiting</b>		18D. ZIP CODE <b>46394</b>	
19A. FATHER'S LAST NAME FIRST MIDDLE <b>Butter John NMI</b>		19B. FATHER'S PLACE OF BIRTH <b>UNK. SAM ORLICH</b>	
20A. MOTHER'S LAST NAME FIRST MIDDLE <b>UNK. Fannie NMI</b>		20B. MOTHER'S PLACE OF BIRTH <b>UNK. AUDITOR LAKE COUNTY</b>	
21A. TYPE OR PRINT NAME OF INFORMANT <b>Paul Palko</b>		21B. INFORMANT'S ADDRESS <b>1916 Calumet Ave., Whiting, In. 46394</b>	
21C. DATE (Month, Day, Year) <b>April 20, 1993</b>		21D. DATE OF DEATH (Month, Day, Year) <b>April 13, 1993</b>	
22A. METHOD OF DISPOSITION <input checked="" type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/> OTHER		22B. DATE THEREOF (Month, Day, Year) <b>April 17, 93</b>	
22C. NAME AND LOCATION OF CEMETERY OR CREMATORIUM <b>St. John Cem. of Whiting, Ind.</b>		22D. LICENSE NUMBER <b>798</b>	
23A. SIGNATURE AND ADDRESS OF FUNERAL DIRECTOR <b>Hixson Bros. Inc. P.O. Box 441 Jena, La. 71342</b>		23B. FACILITY NUMBER <b>798</b>	
23C. LICENSE NUMBER <b>E-1496</b>		23D. ALTERATIONS	
24A. BURIAL TRANSIT PERMIT <b>351426</b>		24B. PARISH OF ISSUE <b>LaSalle</b>	
24C. DATE OF ISSUE <b>April 13, 1993</b>		24D. SIGNATURE OF LOCAL REGISTRAR <i>Paul Smith</i>	
25. MANNER OF DEATH <input checked="" type="checkbox"/> NATURAL <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> UNDETERMINED			
26A. DATE OF INJURY (Month, Day, Year)		26B. TIME OF INJURY	
26C. INJURY AT WORK (YES or NO)		26D. DESCRIBE HOW INJURY OCCURRED	
26E. PLACE OF INJURY (Specify at home, farm, factory, street, etc.)		26F. LOCATION (Street Number or Rural Route, City, Parish, State)	
27A. I CERTIFY THAT I ATTENDED THE DECEDENT FROM <b>1991 - 4-13-93</b> TO _____ AND THAT DEATH OCCURRED ON THE DATE AND HOUR STATED ABOVE DUE TO THE CAUSES AND IN THE MANNER STATED.		27B. SIGNATURE OF PHYSICIAN OR CORONER <i>L.C. Turnley Jr. M.D.</i>	
27C. DATE (Month, Day, Year) <b>5-4-93</b>		27D. ADDRESS OF PHYSICIAN OR CORONER <b>Jena, La. 71342-1369</b>	
28A. TYPE OR PRINT NAME AND TITLE OF PHYSICIAN OR CORONER <b>L.C. Turnley Jr. M.D.</b>		28B. ADDRESS OF PHYSICIAN OR CORONER <b>Jena, La. 71342-1369</b>	
29. PART I. ENTER THE DISEASES, INJURIES OR COMPLICATIONS THAT CAUSED THE DEATH. DO NOT ENTER THE NUMBER OF LISTING SUCH AS CARDIAC OR RESPIRATORY ARREST OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. IMMEDIATE CAUSE (Final disease or condition resulting in death): <b>Cardiomyopathy</b> DUE TO (OR AS A CONSEQUENCE OF): <b>Atherosclerotic Vascular Disease</b> Sequentially list conditions that lead to immediate cause: DUE TO (OR AS A CONSEQUENCE OF): Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST: <b>Old Stroke with Residuals</b> <b>Diabetes mellitus</b>			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <b>years</b> <b>years.</b>
30. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE IN PART I. <input type="checkbox"/> Tobacco <input type="checkbox"/> Other			31. IF DECEASED WAS FEMALE 10 OR WAS SHE PREGNANT IN THE LAST 90 DAYS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk
32A. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk			32B. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

IN ACCORDANCE WITH LSA-R.S. 40:50 (C), I CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF A DEATH CERTIFICATE IN MY CUSTODY.

*Paul Smith*  
LOCAL REGISTRAR

MAY 10 1993



I CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF A CERTIFICATE OR DOCUMENT REGISTERED WITH THE VITAL RECORDS REGISTRY OF THE STATE OF LOUISIANA, PURSUANT TO LSA - R.S. 40:32, ET SEQ.

000931 *William H. Barlow*  
STATE REGISTRAR