Ticor-M.O.
198832
Brooks

TICOR TITLE INSURANCE

FILED

FEB 22 1996

SAM ORLICH
AUDITOR LAKE COUNTY

AFFIDAVIT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

John M. Turchany, being first duly sworn upon oath, deposes and says:

1. That Helen T. Turchany died on July 7, 1988, 19___ at Merrillville, Indiana.

2. That John M. Turchany and Helen T. Turchany were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

Lot 30 in Meadowdale 3rd Subdivision, in the Town of Merrillville, as per plat thereof, recorded in Plat Book 34 page 68, in the Office of the Recorder of Lake County, Indiana.

15-356-30

96011758

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 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.

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
96 FEB 23 AM 9:34
MARGARET THE CLERK AND RECORDER

Further affiant sayeth not.

John M Turchany
John M. Turchany

Subscribed and sworn to before me, a Notary Public, this 31st day of January, 19 96.

Paula Barrick
Paula Barrick Notary Public

My Commission expires:

10-2-97

County of Residence:

Lake

001127

This Instrument prepared by John M. Turchany

Local No. 1470-88

INDIANA STATE BOARD OF HEALTH

CERTIFICATE OF DEATH

State No. .....

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED—NAME (First, Middle, Last)	2. SEX	3. DATE OF DEATH (Mo. Day Yr.)
Helen T. Turchany	Female	July 7, 1988

4. SOCIAL SECURITY NUMBER	5a. AGE—Last Birthday (Years)	5b. UNDER 1 YEAR (Months / Days)	5c. UNDER 1 DAY (Hours / Minutes)	6. DATE OF BIRTH (Month, Day, Year)	7. BIRTHPLACE (City and State or Foreign Country)
316 09 1872	66			Oct. 4, 1921	Dunlo Pa.

8. YEAR LAST SERVED IN U.S. ARMED FORCES? No

9a. PLACE OF DEATH (Check only one. See instructions)

HOSPITAL ☐ Inpatient ☒ ER/Outpatient ☐ DOA — OTHER ☐ Nursing Home ☐ Residence ☐ Other (Specify)

9b. FACILITY NAME (If not institution, give street and number)	9c. CITY, TOWN, OR LOCATION OF DEATH	9d. COUNTY OF DEATH
Methodist Southlake Campus	Merrillville IN.	Lake

10. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify)	11. SURVIVING SPOUSE (If wife, give maiden name)	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	12b. KIND OF BUSINESS/INDUSTRY
Married	John Turchany	Housewife	

13a. RESIDENCE—STATE	13b. COUNTY	13c. CITY, TOWN, OR LOCATION	13d. STREET AND NUMBER
Indiana	Lake	Merrillville	1600 W. 53rd Pl.

13e. INSIDE CITY LIMITS? (Yes or no)	13f. FARM	13g. ZIP CODE	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.)	15. RACE—American Indian, Black, White, etc. (Specify)	16. DECEDENT'S EDUCATION (Specify only highest grade completed)	
					Elementary/Secondary (0-12)	College (1-4 or 5+)
Yes	No	46410	☒ No ☐ Yes Specify	White	12	

PARENTS

17. FATHER'S NAME (First, Middle, Last)	18. MOTHER'S NAME (First, Middle, Maiden Surname)
John Mehal	Ann Kachmar

INFORMANT

19a. INFORMANT'S NAME (Type/Print)	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	19c. Relationship
John Turchany	1600 W. 53rd Place Merrillville IN 46410	husband

DISPOSITION

20a. METHOD OF DISPOSITION	20b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	20c. LOCATION—City or Town, State
☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)	July 12, 1988 Calumet Park Cemetery	46410 Merrillville IN.

21a. SIGNATURE OF FUNERAL DIRECTOR	21b. LICENSE NUMBER (of Licensee)	22. NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME
Anthony A. Rendina Jr	FDE 1010402	Rendina Funeral Home INC 46410 5100 Cleveland Gary IN. FDH30078

PRONOUNCING PHYSICIAN ONLY

ITEMS 24-26 MUST BE COMPLETED BY PERSON WHO PRONOUNCES DEATH

Complete items 23a-c only when certifying physician is not available at time of death to certify cause of death

23a. To the best of my knowledge, death occurred at the time, date and place stated. Signature and Title	23b. LICENSE NUMBER	23c. DATE SIGNED (Month, Day, Year)
John T. Lindley MD	In 17621	12 July 88

24. TIME OF DEATH	25. DATE PRONOUNCED DEAD (Month, Day, Year)	26. WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? (Yes or no)
M	12 July 88	no

CAUSE OF DEATH

SEE INSTRUCTIONS

27. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, 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. Left Hemiplegia - massive	3 months
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS A CONSEQUENCE OF): Cerebral Thrombosis - Right Mid Cerebral Artery	
	c. DUE TO (OR AS A CONSEQUENCE OF):	
	d.	

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I

28a. WAS AN AUTOPSY PERFORMED? (Yes or no)	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)

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

SEE INSTRUCTIONS

CERTIFIER

29a. CERTIFIER (Check only one)

☐ CERTIFYING PHYSICIAN (Physician certifying cause of death when another physician pronounced death and completed Item 23)
To the best of my knowledge, death occurred due to the cause(s) and manner as stated.

☐ PRONOUNCING AND CERTIFYING PHYSICIAN (Physician both pronouncing death and certifying cause of death)
To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.
JUL 14 1988

☐ MEDICAL EXAMINER ☐ CORONER ☐ 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) and manner as stated.

29b. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)
Carl Johnson MD	17621	12 July 88

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type/Print)
INTERNAL MEDICINE ASSOCIATES
8815 BROADWAY
MERRILLVILLE, INDIANA 46410

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE: Carl Johnson MD — DATE FILED (Month, Day, Year): JUL 14 88

CORONER OR MEDICAL EXAMINER USE ONLY

33. MANNER OF DEATH	34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)	34d. DESCRIBE HOW INJURY OCCURRED
☐ Natural ☐ Pending investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide				

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)

CB