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TICOR TITLE INSURANCE

AFFIDAVIT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

96030747

Patricia J. Grdinich, being first duly sworn upon oath, deposes and says:

1. That John Grdinich died on July 24, 1981 at St. Catherine's Hospital.

2. That Patricia J. Grdinich and John Grdinich were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

Lot 320 in Turkey Creek Meadows Unit No. 5, in the Town of Merrillville as per plat thereof, recorded in Plat Book 35 page 43, in the Office of the Recorder of Lake County, Indiana.

15-361-32

This Document is the property of the Lake County Recorder!

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
96 MAY - 9 AM 9:59
MERRILLVILLE
RECORDER

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 funeral expenses in connection with the death of said decedent have been paid in full.

5. 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.

Further affiant sayeth not.

FILED

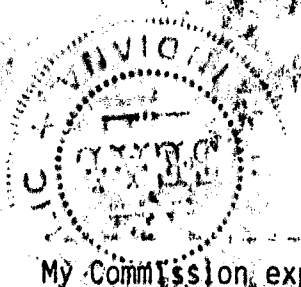
MAY 8 1996

Patricia J. Grdinich
Patricia J. Grdinich

Subscribed and sworn to before me, Notary Public, this 6th day of May

SAM ORLICH
AUDITOR LAKE COUNTY

Linda J. McBride
Linda J. McBride Notary Public



My Commission expires:
1-26-99

County of Residence:
Lake

This Instrument prepared by Patricia J. Grdinich

000526

11/23/96

TYPE OR PRINT
PLAINLY WITH
UNFADING INK
THIS IS A
PERMANENT
RECORD

Below for State Office Use

INDIANA ABSTRACT
AND GUARANTY COFF.
LA PORTE, INDIANA

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State
No.

87-08584

Local No. 370

#15-361-32

JUL 10 14 46 PM '87
ANNE H. VALEY
RECORDER LA PORTE CO.

FUNERAL HOME No. 245
FUNERAL DIRECTOR'S LICENSE No. 723
BALMER'S NAME CHAS. W. WELLS
FUNERAL DIRECTOR'S SIGNATURE *John A. Gray*

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

USUAL RESIDENCE WHERE DECEASED OR IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

DISPOSITION

M.D. OR P.O.

CONDITIONS IF ANY WHICH GAVE RISE TO CAUSE OF DEATH STATING THE MODE OF DEATH

CAUSE

1. DECEASED—NAME FIRST MIDDLE LAST John Grdinich			SEX Male	DATE OF DEATH (MONTH, DAY, YEAR) July 24, 1981
2. RACE—(White, Black American, Indian, etc.) White	3. AGE—Last Birthday (Year) 55	4. UNDER 1 YEAR MOS. DATE	5. UNDER 1 DAY HOURS MIN.	6. DATE OF BIRTH (Mo., Day, Yr.) 10-28-1925
7. CITY, TOWN OR LOCATION OF DEATH East Chicago		8. HOSPITAL OR OTHER INSTITUTION—Name (if not in other, give street and number) St. Catherine's Hospital		9. IF HOSP. OR INST. Indicate DOA, OP/Emg. Rm., Inpatient (Specify) Inpatient
10. STATE OF BIRTH (If not in U.S.A. Name Country) Ohio	11. CITIZEN OF WHAT COUNTRY USA	12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED Married	13. SURVIVING SPOUSE (If wife, give maiden name) Patricia Rhodes	
14. SOCIAL SECURITY NUMBER 308-20-1691		15. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Supervisor	16. KIND OF BUSINESS OR INDUSTRY Apex Steel & Supply	
17a. RESIDENCE—CITY, TOWN OR LOCATION Indiana	17b. COUNTY Lake	17c. CITY, TOWN OR LOCATION Merrillville		
18a. STREET NAME AND NUMBER 830 West 66th Place	18b. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		18c. INSIDE CITY LIMITS (Specify if not no) yes	
19. IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
20. FATHER—NAME FIRST MIDDLE LAST Joseph Grdinich		21. MOTHER—MAIDEN NAME FIRST MIDDLE LAST Fannie Panozich		
22. INFORMANT—NAME (Type or print) Patricia Grdinich Wife		23. MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP 830 West 66th Place, Merrillville, Indiana 46410		
24. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		25. CEMETERY OR CREMATORY—FUNERAL HOME Chapel Lawn Cemetery		26. LOCATION CITY OR TOWN STATE ZIP Schererville, Indiana 46410
27. DATE (MONTH, DAY, YEAR) July 27, 1981		28. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) PRUZIN FUNERAL HOME, 6360 Broadway, Merr., Ind. 46410		
29. To the best of my knowledge, death occurred at the place stated and arose due to the (Cause) stated Signature <i>[Signature]</i>		30. DATE SIGNED (Mo., Day, Yr.) July 24, 1981		31. HOUR OF DEATH 3:35 AM
32. NAME OF ATTENDING PHYSICIAN (Type or Print) Mohammed Y. Ali, M.D.				
33. MAILING ADDRESS—PHYSICIAN 4321 Fir Street, East Chicago, Indiana 46312				
34. HEALTH OFFICER—SIGNATURE <i>E. A. Campagna M.D.</i>				35. DATE RECEIVED BY LOCAL HEALTH OFFICER 7-30-81
36. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))				
(a) PART I Carcinomatosis		DULY ENTERED FOR TAXATION		
(b) PART II Small Cell Carcinoma of Lung		JUL 1 0 1987		
(c) PART III OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		AUTOPSY (Specify Yes or No) no		

Disposition Permit Issued / /
Provisional Certificate
 Yes No

Auditor of LaPorte County, Indiana

A-15M1

501753

AM 10:54

STATE OF INDIANA
LA PORTE COUNTY
RECORDER