

LEGAL DESCRIPTION:

SEE ATTACHED.



PROPERTY ADDRESS:

113 East 56th Avenue
Merrillville, Indiana 46410

ESTATE AFFIDAVIT

HOLD FOR FIRST AMERICAN TITLE

Helen Mayersky by Edward _____, Affiant, states that:
Mayersky, Jr., Attorney in Fact

1. Edward Mayersky, Sr., _____, deceased, died on the 22^d day
of August, 1977;

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;
 leaving no will;

4. The deceased and Affiant were married on the _____ day of
June, 1931; 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 to issue a policy of
title insurance on the above-described real estate.

August 30, 1996
Date

Edward Mayersky Jr.
Signature of Affiant Attorney in Fact

HELEN MAYERSKY
By: EDWARD MAYERSKY, JR.
Printed Name of Affiant Attorney in Fact

State of Indiana, County of Lake

Subscribed and sworn to before me, this 30 day of August, 1996

Andrea A Widlowski
Printed Name of Notary

Andrea A Widlowski
Signature of Notary

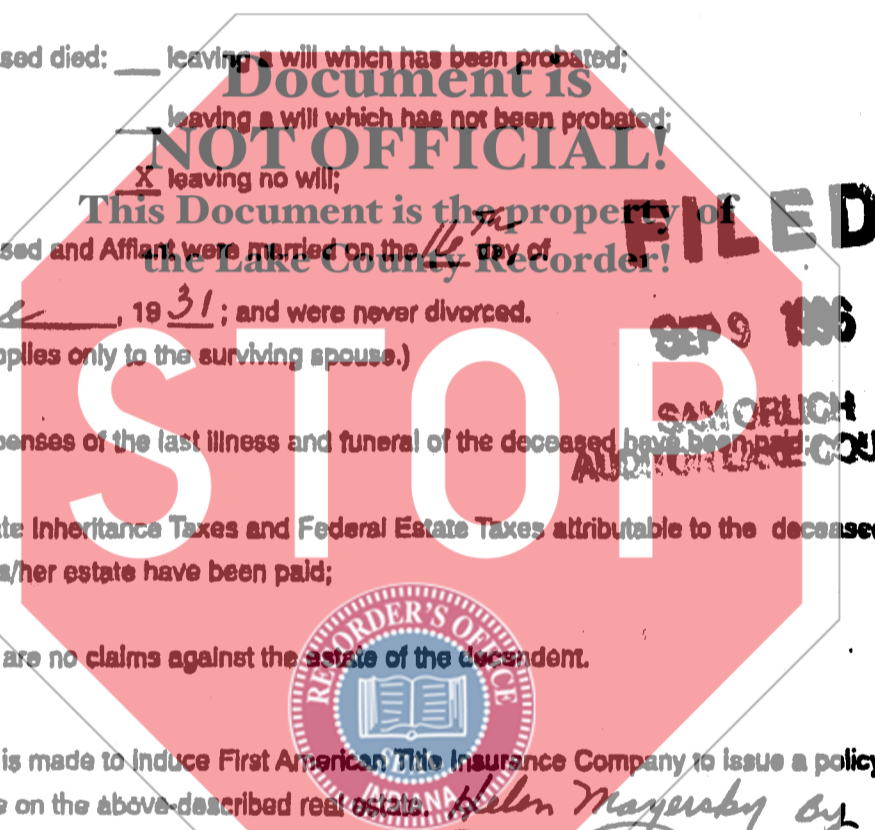
My Commission expires: 9-17-97

My County of Residence is: lake

THIS INSTRUMENT WAS PREPARED BY:
ROBERT P. KENNEDY, Spangler, Jennings & Dougherty, P.C.,
8396 Mississippi Street, Merrillville, IN 46410
Atty. No. 5148-45

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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
96 SEP -9 AM 10:20
MARSHALL L. HANCOCK
RECORDER

96060234

LEGAL DESCRIPTION:

PART OF LOT 1 AND THE NORTH 10 FEET OF LOT 2, BLOCK 2, HILDALE SUBDIVISION AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 21, PAGE 11, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA, MORE PARTICULARLY DESCRIBED AS FOLLOWS: COMMENCING AT THE SOUTHWEST CORNER OF THE NORTH 10 FEET OF SAID LOT 2; AND THENCE NORTH ALONG THE WEST LINE OF SAID LOTS 2 AND 1 TO THE NORTHWEST CORNER OF SAID LOT 1; AND THENCE NORTHEASTERLY ALONG THE NORTHERLY LINE OF SAID LOT 1 A DISTANCE OF 77.00 FEET; AND THENCE SOUTHEASTERLY AT RIGHT ANGLES A DISTANCE OF 60 FEET; AND THENCE SOUTHEASTERLY TO THE SOUTHEAST CORNER OF THE NORTH 10 FEET OF SAID LOT 2; AND THENCE WESTERLY TO THE POINT OF BEGINNING.

This Document is the property of
the Lake County Recorder!

STOP



HOLD FOR FIRST AMERICAN TITLE

HOLD FOR FIRST AMERICAN TITLE

LAKE COUNTY BOARD OF HEALTH

1047-77

Local No. 1047-77

MEDICAL CERTIFICATE OF DEATH

State No. _____

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

PERMANENT INK
SEE HANDBOOK FOR
INSTRUCTIONS

DECEASED—NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)

1. Edward Mayersky, Sr. 2. Male 3. 8/22/77

RACE AGE—LAST BIRTHDAY (YEARS) DAYS HOURS MIN. UNDER 1 DAY DATE OF BIRTH (MONTH, DAY, YEAR) COUNTY OF DEATH

4. White 5. 67 6. 8/3/10 7a. Lake

CITY, TOWN, OR LOCATION OF DEATH INSIDE CITY LIMITS (SPECIFY YES OR NO) HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT ON EITHER, GIVE STREET AND NUMBER)

7. Merrillville 7c. Yes 7d. Broadway Methodist Hospital

DECEASED STATE OF BIRTH (IF RESIDENTIAL) CITIES OF FINAL RESIDENCE MARRIED (IF NEVER MARRIED) SURVIVING SPOUSE (IF WIFE, GIVE MARRIAGE NAME)

8. Penna. 9. USA 10. Widowed 11. Helen McCrovitz

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

SOCIAL SECURITY NUMBER U.S. OCCUPATION, LINE AND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED. (KIND OF BUSINESS OR INDUSTRY)

12. 317-09-7489 13a. Retired Checker 13b. US Steel Corp.

RESIDENCE—STATE COUNTY CITY, TOWN OR LOCATION INSIDE CITY LIMITS (SPECIFY YES OR NO) TOWNSHIP

14. Indiana 14a. Lake 14b. Merrillville 14c. Yes 14d. Ross Twp.

STREET AND NUMBER 14e. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) IS RESIDENCE ON A FARM?

14f. 113 E. 56th Ave. 14g. No 14h. Yes No

FATHER—NAME FIRST MIDDLE LAST MOTHER—MAIDEN NAME FIRST MIDDLE LAST

15. Mike Mayersky 16. Anna Bernard

INFORMANT—NAME RELATIONSHIP MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

17a. Helen Mayersky 17b. Wife 17c. 113 E. 56th Ave., Merrillville, IN 46410

PART I. DEATH WAS CAUSED BY. (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

18. IMMEDIATE CAUSE

(a) Cerebral Hemorrhage 6 hrs.

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST

(b) _____

(c) _____

PART II. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE

GIVEN IN PART I (A) _____

AUTOPSY YES NO IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19a. YES NO

DATE & TIME OF DEATH MONTH DAY YEAR HOUR DATE SIGNED MONTH DAY YEAR

20. 8/22/77 10:20 A M 21a. 8/23/77

PHYSICIAN'S NAME (TYPE OR PRINT) LAST IN ATTENDANCE SIGNATURE OF PHYSICIAN PHY. CODE NO.

22a. George F. Slama, M. D. 22b. George F. Slama, M. D.

MAILING ADDRESS—PHYSICIAN STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP

23. 611 Harrison St., Merrillville, IN 46410

BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY, CREMATORY, FUNERAL HOME LOCATION CITY OR TOWN STATE

24a. Burial 24b. Calumet Park 24c. Merrillville, IN

DATE (MONTH, DAY, YEAR) FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

24d. 8/25/77 25a. Pruzin Funeral Home, 6360 Broadway, Merrillville, IN 46410

HEALTH OFFICER—SIGNATURE DATE RECEIVED BY LOCAL HEALTH OFFICER

Below for State Office Use

A _____

B _____

C _____

D _____

E _____

F _____

G _____

H _____

I _____

J _____

1 _____

2 _____

3 _____

4 _____

5 _____

6 _____

7 _____

8 _____

9 _____

Disposition Permit Issued / /

Provisional Certificate
 Yes No

FUNERAL HOME No. 245
FUNERAL DIRECTOR'S LICENSE No. 723
FUNERAL DIRECTOR'S NAME Chas. W. Wells
FUNERAL DIRECTOR'S NAME John S. Pruzin

