

ESTATE AFFIDAVIT

RE: FA- 18721

Address: 645 West 77th Ave.
Dyer, IN

Legal Description:

Lot 3 in Schilling's Fourth Addition to the Town of Dyer, as per plat thereof, recorded in plat book 37 page 78 and modified by corrected plat, recorded in plat book 39 page 17 and surveyor's certificate recorded November 14, 1968 in Miscellaneous record 1020 page 237 in the Office of the Recorder of Lake County, Indiana.

FILED ENTERED FOR MORTGAGE SUBJECT
FINAL ACCEPTANCE FOR TRANSFER.

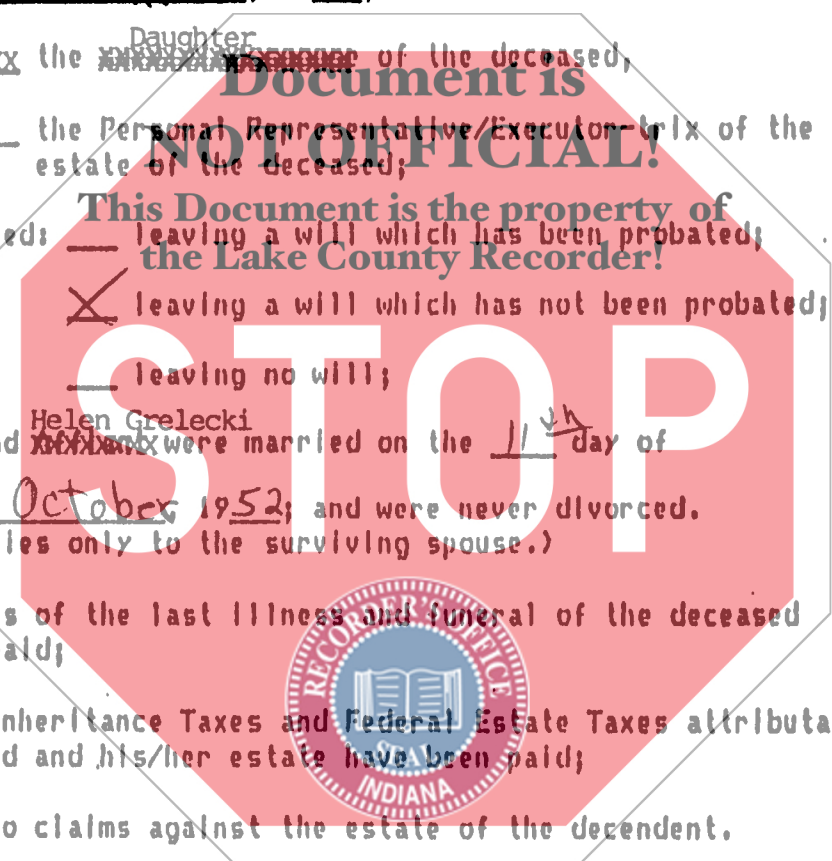
OCT 4 1996

SAM ORLICH
RECORDER LAKE COUNTY

Joann M. Rogers, Affiant, states that:

1. Ray R. Grelecki, deceased, died on the 19th day of June, 1985
2. Affiant is: the ^{Daughter} ~~sole surviving spouse~~ of the deceased,
 the Personal Representative/Executor 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 ^{Helen Grelecki} ~~affiant~~ were married on the 11th day of October, 1952; 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.

HOLD FOR FIRST AMERICAN TITLE



96066221

96 OCT -4 AM 10:23

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

MARSHALL C. CLAYLAND
RECORDER

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

September 24, 1996
Date

Jo Ann M. Rogers
Signature of Affiant

Joann M. Rogers
Printed Name of Affiant

State of Indiana, County of Lake

Subscribed and sworn to before me, this 24th day of September, 1996.

Kim A. Diaz
Printed Name of Notary

Kim A. Diaz
Signature of Notary

My Commission expires: 2/15/99

My County of Residence is: Lake

Prepared By:

000306

MOB
FA
SW

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No.

Local No.

DECEASED NAME RAY GRELECKI		SEX MALE	DATE OF BIRTH JUNE 19, 1921
HAIR White	AGE 63	UNDER 1 YEAR MONTHS DAYS	UNDER 1 DAY HOURS MINUTES SECONDS
PLACE OF BIRTH Dyer		DATE OF BIRTH OF PLACE Dec 7 1921	
CITY OF BIRTH Indiana		COUNTY OF BIRTH Lake	
CITIZENSHIP U.S.A.		MARRIAGE STATUS MARRIED	
SPOUSE HELEN YAROS		MARRIAGE DATE YES Will	
SOCIAL SECURITY NUMBER 305 42 4646		OCCUPATION Self Employed	
INDIAN STATE Ind		CITY OF BIRTH Lake Dyer	
RESIDENCE 645 West 77th Street		CITY OF BIRTH Lake Dyer	
FATHER'S NAME Stefan Grelecki		MOTHER'S NAME Janina Wnuk	
MARRIAGE ADDRESS Helen Grelecki wife 645 west 77th Street Dyer Indiana 46311		MARRIAGE ADDRESS Helen Grelecki wife 645 west 77th Street Dyer Indiana 46311	
DISPOSITION Burial		CEMETERY OR CREMATORY - FUNERAL HOME Chapel Lawn	
DATE 6/22/85		LOCATION Schererville, Ind.	
DATE SIGNED June 19, 1985		TIME OF BIRTH 6:00A.M.	
NAME OF ATTENDING PHYSICIAN Dr. Fred Portney		DATE SIGNED June 19, 1985	
MAILING ADDRESS 7905 Calumet Ave Munster, Indiana 46321		DATE SIGNED June 19, 1985	
HEALTH OFFICER Paul Johnson		DATE SIGNED 6-21-85	
PART MYOCARDIAL INFARCTION			

NOT OFFICIAL!

This Document is the property of the Lake County Auditor/Recorder!

SALE PRICE \$5.00

LAKE COUNTY



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

Refer for Rate (Office Use)

- A _____
- B _____
- C _____
- D _____
- E _____
- F _____
- G _____
- H _____
- I _____
- J _____
- K _____
- L _____
- M _____
- N _____
- O _____
- P _____
- Q _____
- R _____
- S _____
- T _____
- U _____
- V _____
- W _____
- X _____
- Y _____
- Z _____

FUNERAL HOME No. 496

FUNERAL DIRECTORS LICENSE No. 2381

EMBALMER'S NAME Frank J. Kish

FUNERAL DIRECTORS SIGNATURE *Frank J. Kish*

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

CAUSE
APR 25 1985

LAKE COUNTY HEALTH COMMISSIONER