

## **COMMUNITY TITLE COMPANY**

An Indiana Corporation -421 West Blat Avenue Merrillville, Indiana 46410 219-736-2810

AFFIDAVIT

7	STATE OF INDIANA	)	cc
U	COUNTY OF LAKE	>	SS
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VERA WOLUÇKA \_, being first duly sworn upon oath, deposes and says: 2. That they were duly and legally married at the time they acquired title as husband and wife to the following described

real estate:

THE WEST 1/2 OF LOT 5 IN BLOCK 4 IN COLUMBIA GARDENS, IN THE CITY OF HAMMOND, AS PER PLAT THEREOF, RECORDED MAY 16, 1921.
IN PLAT BOOK 15 PAGE 2. ON THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA,

COMMONLY KNOWN AS 1114 SPRUCE ST., HAMMOND, IN. KEThis Pacyment is the property of UNIT 26

the Lake County Recorder!

- 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) (hie) 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.

DEC 16 1996

SAM ORLICH AUDITOR LAKE COUNT

ERA WOLUCKA

Subscribed	and sworn to	before	me, a	Notary	Public,	this	614
day of	Member	, 1	9 <u>96</u> .	_			
-				7		1	0000

Notary.

Му	Commission	expires
Му	Commission	expires

County of Residence:

gumment to manually Daniel W. Slusser Notary Public, State of Indiana Lake County

Lake County
My Commission Exp. 08/03/2000

This Instrument prepared by \_

RICHARD PARKS, ATTORNEY AT LAW

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(Check pray one)    HEALTH OFFICER   On the beas of examination and/or investigation in my opinion, death occurred at the time, date, and place and due to the cause(s) as more     CORONER   On the beas of examination and/or investigation in my opinion death occurred at the time date, and place and oue to the cause(s) and manner as stated  296. SIGNATURE AND TITLE OF CERTIFIER  296. MEDICAL LICENSE NO   296. DATE SIGNED (Month Co.)   September 9,	33 MANNER OF DEATH 340 DATE OF NJURY 346 TIME OF 34C INJURY AT WORK? 34G DESCRIBE HOW INJURY OCCUPAND	1	Carlos	Serna	M.D., 234	2 Ridge	add H	Mland	i, Ind	iana 46323	32	
(Cheek entry one)    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) as more cause(s) as more cause(s). It is the cause(s) and memor as stated.    CORONER On the basis of examination and/or investigation in my opinion death occurred at the time, date, and place, and glace,		r			allew.	D. WER	THELL	ino	MD		3/	DATE FILED (Month Day.
(Cheek entry and)    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) as three   CORONER 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) as menter as stated					wegi	ano-rigi		- 7-5	, , , ,		d/0	pleralie
(Cheek entry gras)    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) as broked   CORONER 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) as menter as stated	I (MAAA Pari Vanit I INA A AAI I	Ī	33 MANNER OF DEATH		1	1 .	· 1		- 1	344 DESCRIBE HOW I	NUMY OCCURY	pp.
(Cheek entry and)    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) as timed   CORONER 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   296 MEDICAL LICENSE NO   296 DATE SIGNED (Month of September 9, 200 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 25KT/ypon frint)   Carlos Serna M.D., 2342 Ridge to add Hamiland, Indiana 463232   31 MEALTH OFFICERS SIGNATURE			n n.		(Month. Day. Yo	אטנאו וישי	<b>'</b>   ''	res er no)	.			
Cheek and     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) as timed   CORONER   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   296. MEDICAL LICENSE NO   296. DATE SIGNED (Month of September 9)	Noturel Pending investigation .				1	1	. 1		1			

SDH06-004 State Form 10110 (R4/3-93) Deathcer/PD 1

349 DATE PRONOUNCED DEAD (Month Day Year) 34h MOTOR VEHICLE ACCIDENT? (Yes or no) If you specify driver, passenger padestrian, etc.