

206819

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TICOR TITLE INSURANCE

AFFIDAVIT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

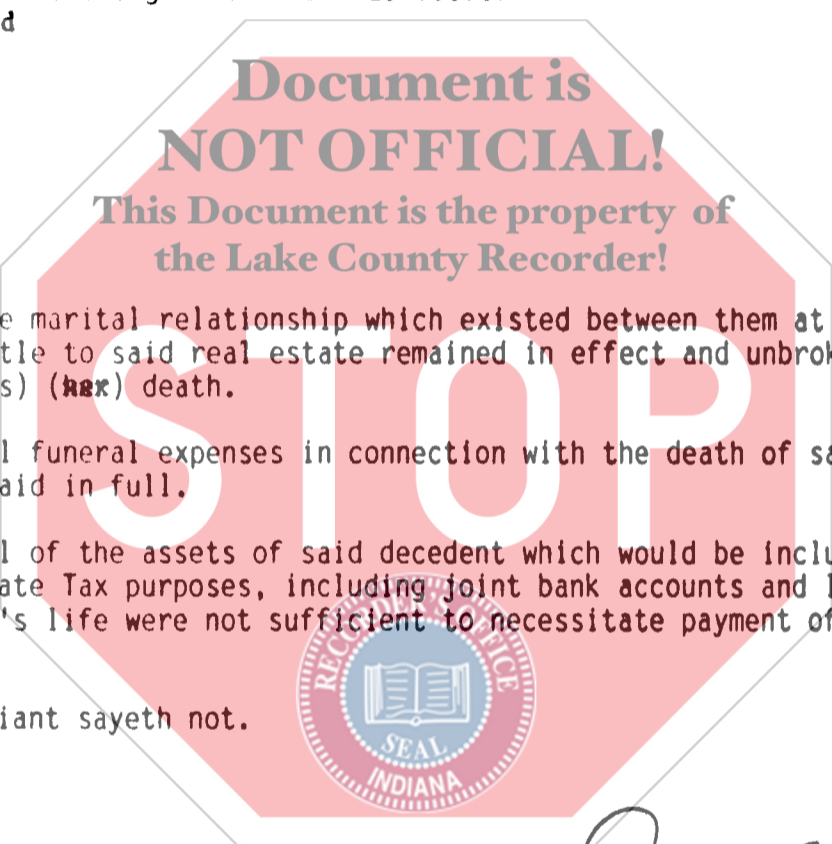
97009102

Anna Benedict, being first duly sworn upon oath, deposes and says:

1. That Alex J. Benedict died on October 5, 1990 at St. John, Indiana.

2. That Anna Benedict and Alex J. Benedict were duly and legally married at the time they acquired title as husband and wife to the following described real estate:
see attached

13-11-5



MORRIS W. CARTER
RECORDER

97 FEB 13 AM 9:29

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

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.

Anna Benedict

Anna Benedict

Subscribed and sworn to before me, a Notary Public, this 10th day of February, 19 97.

DULY ENTERED FOR TAXATION SUBJECT TO
FINAL ACCEPTANCE FOR TRANSFER.

Denise K. Zawada
Denise K. Zawada Notary Public

My Commission expires: FEB 12 1997

8/13/98 **SAM ORLICH**
AUDITOR LAKE COUNTY
County of Residence:

Lake

This Instrument prepared by Anna Benedict

1300
Zawada

000495

TICOR TITLE INSURANCE
No Green-Paint-Indiana

LEGAL DESCRIPTION

Part of the East 1/2 of the South 1/2 of the Southwest 1/4 of Section 17, Township 35 North, Range 9 West of the 2nd Principal Meridian, described as follows: Beginning at a point on the West line of the East 1/2 of the South 1/2 of the Southwest 1/4 of said Section 839.9 feet South of the Northwest corner thereof; thence East at an angle of 88 degrees 54 minutes South to East 229.3 feet; thence Southerly 94.78 feet; thence West 231.5 feet to a point on said West line of the East 1/2 of the South 1/2 of the Southwest 1/4 of said Section; thence North 94.53 feet to the place of beginning, in Lake County, Indiana



2018-90

INDIANA STATE BOARD OF HEALTH

Local No.

CERTIFICATE OF DEATH

State No.

TYPE/PRINT IN PERMANENT BLACK INK

1 DECEASED—NAME (First Middle Last) Alex J. Benedict			2 SEX Male	3a TIME OF DEATH 6:50 A.M.	3b DATE OF DEATH (Month Day Year) October 5, 1990
4 SOCIAL SECURITY NUMBER 303-16-8645	5a AGE—Last Birthday (Years) 71	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo Day Yr) Mar. 13, 1919	7 BIRTHPLACE (City and State or Foreign Country) East Chicago, IN
8a WAS DECEDENT A U.S. VETERAN? Yes	8b YEAR LAST SERVED IN U.S. ARMED FORCES? 1945	9a PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence			

DECEDENT

9b FACILITY NAME (If not institution, give street and number) 2331 St. John Rd.		9c CITY TOWN OR LOCATION OF DEATH St. John	9d COUNTY OF DEATH Lake
10 MARITAL STATUS (Specify) Married	11 SURVIVING SPOUSE (If wife, give maiden name) Anna Popa	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Fork Lift Operator	12b KIND OF BUSINESS/INDUSTRY Chemical Co.
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY TOWN OR LOCATION St. John	13d STREET AND NUMBER 2331 St. John Rd.
13e ZIP CODE 46374	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? U.S.A.	15 WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)
13g ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	16 RACE—American Indian, Black, White, etc. (Specify) White	17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) 10 College (1-4 or 5+)	

PARENTS

18 FATHER'S NAME (First Middle Last) Moses Benedict	19 MOTHER'S NAME (First Middle Maiden Surname) Pauline Nagy
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INFORMANT

20a INFORMANT'S NAME (Type/Print) Anna Benedict	20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2331 St. John Rd. St. John, Indiana	20c Relationship Wife
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DISPOSITION

21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) _____	21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) October 8, 1990 Chapel Lawn Cemetery	21c LOCATION—City or Town, State Schererville, Indiana
22a EMBALMER'S NAME Edgar Gleim	22b EMBALMER'S LICENSE NO. FDO 1016173	23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

CAUSE OF DEATH

24a SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>	24b LICENSE NUMBER (of Licenses) FDO 1014511	25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Kuiper Funeral Home 9039 Kleinman Rd. Highland, Indiana FDH 300-7500
26. PART I. IMMEDIATE CAUSE (First disease or condition resulting in death) Death on file with health dept. Cerebrovascular accident and right sided hemiplegia		
26. PART II. UNDERLYING CAUSE (Disease or condition contributing to death but not previously stated in Part I) Bronchogenic Carcinoma		

CERTIFIER

27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) NO	28a. WAS AN AUTOPSY PERFORMED? (Yes or no) NO	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) N/A
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HEALTH OFFICER

29a CERTIFIER (Check only one) <input type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> 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 stated. <input checked="" type="checkbox"/> 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.	29b SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>	29c MEDICAL LICENSE NO. 27970	29d DATE SIGNED (Month Day, Year) 10/5/1990
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) 9116 Columbia Avenue, Munster IN 46321, S.D. Gailani, M.D.			
31 HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>			32 DATE FILED (Month Day, Year) Oct. 5, 1990

CORONER USE ONLY

33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be Determined	34a TIME OF INJURY FEB 12 1997	34b INJURY AT WORK? (Yes or no)	34c PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	34d LOCATION (Street and Number or Rural Route Number, City or Town, State) SAMORUCH
34g DATE PRONOUNCED DEAD (Month Day, Year)		34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian		

AUDITOR LAKE COUNTY 00496