

FA # 19922

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
OFFICE OF LAKE COUNTY  
RECORDER



LEGAL DESCRIPTION: THE SOUTH 15 FEET OF LOT NO. THIRTY-TWO (32), LOT THIRTY-THREE (33), AND THE NORTH 3 FEET OF LOT THIRTY-FOUR (34) IN BLOCK 2, OF KELWOOD ADDITION TO GARY, IN LAKE COUNTY, INDIANA, AS THE SAME APPEARS OF RECORD IN PLAT BOOK 13, PAGE 14, IN THE RECORDER'S OFFICE OF LAKE COUNTY, INDIANA.

PROPERTY ADDRESS: 4340 Delaware Street  
Gary, IN 46409

**ESTATE AFFIDAVIT**

ALICE M GURNIEWICZ, Affiant, states that:

1. EDWARD L. GURNIEWICZ, deceased, died on the 26 day of NOVEMBER, 1984;

2. Affiant is:  the surviving spouse of the deceased,

the Personal Representative/Executor-trix of the estate of the decedent;

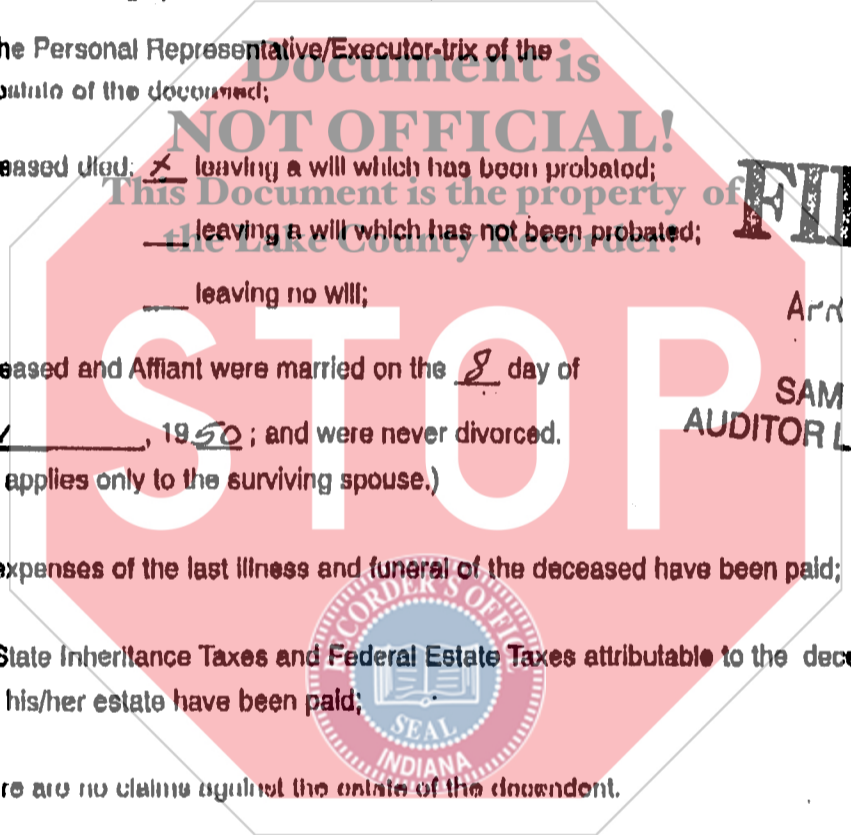
3. The deceased died:  leaving a will which has been probated;  
 leaving a will which has not been probated;  
 leaving no will;

4. The deceased and Affiant were married on the 8 day of JULY, 1950; 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.



**FILED**

APR 29 1997

SAM ORLICH  
AUDITOR LAKE COUNTY

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

MARCH 12 1997  
Date

Alice M Gurniewicz  
Signature of Affiant

ALICE M. GURNIEWICZ  
Printed Name of Affiant

State of Indiana, County of Lake

Subscribed and sworn to before me, this 12<sup>th</sup> day of MARCH, 1997.

MITCHELL R. CASS  
Printed Name of Notary

Mitchell R. Cass  
Signature of Notary

My Commission expires: 4-17-98

My County of Residence is: Porter

THIS INSTRUMENT WAS PREPARED BY:

Alice M. Gurniewicz

001693

12100  
05 ft

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

Below for State Office Use

- A \_\_\_\_\_
- B \_\_\_\_\_
- C \_\_\_\_\_
- D \_\_\_\_\_
- E \_\_\_\_\_
- F \_\_\_\_\_
- G \_\_\_\_\_
- H \_\_\_\_\_
- I \_\_\_\_\_
- J \_\_\_\_\_
- K \_\_\_\_\_
- L \_\_\_\_\_
- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_
- 6 \_\_\_\_\_
- 7 \_\_\_\_\_
- 8 \_\_\_\_\_
- 9 \_\_\_\_\_
- 10 \_\_\_\_\_
- 11 \_\_\_\_\_
- 12 \_\_\_\_\_

LICENSE No. 101205

EMBALMER'S NAME Keith Dillon

FUNERAL HOME  
No. 300776

FUNERAL DIRECTOR'S  
LICENSE No. 200367

FUNERAL DIRECTOR'S  
SIGNATURE *Mark J. Dillon*

Local No. \_\_\_\_\_

TYPE  
OR PRINT  
IN  
PERMANENT  
INK  
FOR  
INSTRUCTIONS  
SEE  
HANDBOOK

DECEASED

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

PARENTS

DISPOSITION

M.D.  
OR  
D.O.

CONDITIONS  
IF ANY  
WHICH GAVE  
RISE TO  
IMMEDIATE  
CAUSE  
STATING THE  
UNDERLYING  
CAUSE LAST

CAUSE

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

State  
No. \_\_\_\_\_

001694

DECEASED - NAME 1 EDWARD (L.) S. GURNIOWICZ			SEX Male	DATE OF DEATH (MONTH DAY YEAR) November 26, 1984	
RACE - to be White, Black, American Indian, etc. (Specify)	AGE - to be Birthday (First)	UNDER 1 YEAR MO 56	UNDER 1 DAY MO 56	DATE OF BIRTH (MO DAY YEAR) April 7, 1928	COUNTY OF DEATH Porter
4 White	6a 56	6b	6c	6d	7a Porter
7a Valparaiso		7b Porter Memorial Hospital		7c Inpatient	
STATE OF BIRTH (If not in U.S.A. specify country) 8 Indiana		CITIZEN OF WHAT COUNTRY 9 U.S.A.		MARRIED NEVER MARRIED WIDOWED DIVORCED (Specify) 10 Married	
SOCIAL SECURITY NUMBER 13 316-22-7518		USUAL OCCUPATION (Give kind of work done during most of working life from 15 years of record) 14a Steel Stocker		KIND OF BUSINESS OR INDUSTRY 14b U.S. Tubing Specialties	
RESIDENCE - STATE 15a Indiana		COUNTY 15b Lake		CITY, TOWN OR LOCATION 15c Gary	
STREET AND NUMBER 15d 4340 Delaware Street			IS RESIDENCE ON A FARM? 15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		16a YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 16b YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
FATHER - NAME 16a Walter		MOTHER - MAIDEN NAME 16b Anna		16c	
INFORMANT - NAME (Type or print) 17a Alice Gurniewicz - Wife		RELATIONSHIP 17b		MOTHER - MAIDEN NAME 17c Anna Banasak	
Mailing Address 18a 4340 Delaware Street		CITY OR TOWN 18b Gary, Indiana		STATE ZIP 18c Indiana 46409	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a Burial		CEMETERY OR CREMATORY - FUNERAL HOME 19b Calumet Park Cemetery		LOCATION CITY OR TOWN STATE 19c Merrillville, Indiana	
DATE (MONTH DAY YEAR) 20a November 30, 1984		FUNERAL HOME - NAME AND ADDRESS 20b Geisen Funeral Home, Inc., 7905 Broadway, Merrillville, In.		STREET OR R.F.D. NO CITY OR TOWN STATE ZIP 20c 46410	
To the best of my knowledge, death occurred at the time, date and place and due to the conditions stated 21a <i>[Signature]</i>			DATE SIGNED (MO DAY YEAR) 21b November 27, 1984		HOUR OF DEATH 21c 8:20 P.M.
NAME OF ATTENDING PHYSICIAN (Type or Print) 22a Arjun K. Gupta M.D.			MAILING ADDRESS - PHYSICIAN 22b 1109 E. Glendale Blvd. Valparaiso, Indiana 46383		
HEALTH OFFICER'S SIGNATURE 23a <i>[Signature]</i>			DATE RECEIVED BY LOCAL HEALTH OFFICER 23b 11-27-84		
23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a) AND (b))			Interval between onset and death		
PART I (a) X RESPIRATORY FAILURE.			10 men.		
DUE TO OR AS A CONSEQUENCE OF			Interval between onset and death		
(b) ADVANCED, METASTATIC MALIGNANCY			6 months.		
DUE TO OR AS A CONSEQUENCE OF			Interval between onset and death		
(c) CARCINOMA OF PANCREAS.			> 6 months.		
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a)			AUTOPS? (Specify Yes or No) 24 No		