

**FILED**

OCT 01 1997

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

SAM ORLICH 97065990  
AUDITOR LAKE COUNTY

97 OCT -1 AM 9:01

MORRIS W. CARTER  
RECORDER

STATE OF INDIANA )  
COUNTY OF Lake ) SS:

AFFIDAVIT OF ANTHONY B. MICAN

Anthony B. Mican, being first duly sworn upon oath, deposes and says:

1. That I was the husband of Margaret M. Mican who died on November 10, 1982.
2. That a certified copy of the Death Certificate of Margaret M. Mican is attached to this Affidavit.
3. That at the time of Margaret M. Mican's death, title to the following described real estate located in Lake County, Indiana:

Lot Six (6), Block Four (4), Schererville Manor, in the Town of Schererville, as shown in Plat Book 29, Page 115, in Lake County, Indiana

was held in the following names: Anthony B. Mican and Margaret M. Mican, husband and wife, as tenants by entireties.

4. That Margaret M. Mican and I acquired title to said real estate as husband and wife by a deed dated August 27, 1959 and recorded September 15, 1959 in the Office of the Recorder of Lake County, Indiana in Deed Book 1125, page 343.
5. That Margaret M. Mican and I remained husband and wife continuously from the date we acquired title to said real estate until the date of her death on November 10, 1982.
6. That any Indiana inheritance tax or federal estate tax due or payable as a result of the death of Margaret M. Mican has been or will be paid.

000003

13.00  
cash

7. That I affirm under the penalties for perjury that the above statements are true and that I am over the age of 18 years and am competent to make this Affidavit.

Anthony B. Mican  
Anthony B. Mican

this 30th day of SEPTEMBER, 1997 SUBSCRIBED AND SWORN TO before me, a Notary Public, in and for said County and State,

David C. Lutz  
Notary Public, State of Indiana  
Lake County  
My Commission Exp. 08/16/2001

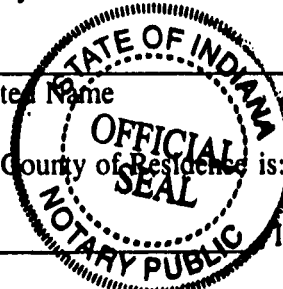
My Commission Expires:

David C. Lutz  
Notary Public

Printed Name

My County of Residence is:

Indiana



This document was prepared by: Mary P. Bottum, 328 N. Michigan St., South Bend, IN 46601

ANTHONY B. MICAN  
122 NORTH ROAD  
SCHERERVILLE, IN 46375



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 \_\_\_\_\_

EMBALMER'S NAME Lawrence Miller

FUNERAL DIRECTOR'S SIGNATURE Lawrence Miller

FUNERAL DIRECTOR'S LICENSE No. 1322

FUNERAL HOME No. 303

Local No. 561

## INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

Stat: 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 SHOULD BE LISTED TO SHOW CAUSE STAYING THE USUAL CAUSE LAST

CAUSE

DECEASED—NAME <b>Margaret Mican</b>		SEX <b>Female</b>	DATE OF DEATH MONTH DAY YEAR <b>, November 10, 1982</b>
RACE—(as a White, Black, American Indian, etc.) <b>White</b>	AGE—Last Birthday (Yr) <b>51</b>	DATE OF BIRTH (Mo. Day Yr) <b>1-26-1931</b>	COUNTY OF DEATH <b>LAKE</b>
CITY, TOWN OR LOCATION OF DEATH <b>EAST CHICAGO</b>		HOSPITAL OR OTHER INSTITUTION—Name if not in either give street and number <b>St. CATHERINES HOSPITAL</b>	IF HOSP OR INST specify DOA OF 1 hour, 24 hours, 48 hours <b>INPATIENT</b>
STATE OF BIRTH (if not in U.S.A. name country) <b>INDIANA</b>	CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	MARRIED NEVER MARRIED WIDOWED DIVORCED (Specify Yr) <b>MARRIED</b>	SURVIVING SPOUSE (if not give name) <b>ANTHONY MICAN</b>
SOCIAL SECURITY NUMBER <b>311-28-0687</b>	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b>	KIND OF BUSINESS OR INDUSTRY <b>OWN HOME</b>	
RESIDENCE—STATE <b>INDIANA</b>	COUNTY <b>LAKE</b>	CITY, TOWN OR LOCATION <b>Schererville</b>	
STREET AND NUMBER <b>122 North Road</b>		IS RESIDENCE ON A FARM? <b>NO</b>	INSIDE CITY LIMITS <b>YES</b>
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. <b>NO</b>			
FATHER—NAME <b>SDNEY O'NEILL</b>		MOTHER—MAIDEN NAME <b>MARGARET SMITH</b>	
INFORMANT—NAME (If not in street) <b>ANTHONY MICAN</b>		RELATIONSHIP <b>HUSBAND</b>	MAILING ADDRESS <b>122 North Road Schererville IN</b>
BURIAL, CREMATION, REMOVAL OTHER (Specify) <b>BURIAL</b>		CEMETERY OR CREMATORY—FUNERAL HOME <b>St. MICHAELS CEMETERY</b>	LOCATION <b>Schererville IN</b>
DATE (MONTH DAY YEAR) <b>11-13-1982</b>		FUNERAL HOME—NAME AND ADDRESS <b>FAGEN-Miller FUNERAL GARDENS INC. HIGHLAND IN</b>	
To the best of my knowledge death occurred at the time, date and place and due to the causes stated <b>[Signature]</b>		DATE SIGNED (Mo. Day Yr) <b>November 11, 1982</b>	HOUR OF DEATH <b>7:35 P.M.</b>
NAME OF ATTENDING PHYSICIAN (If not in street) <b>M. Y. Ali, M.D.</b>		MAILING ADDRESS—PHYSICIAN <b>4320 Fir Street, East Chicago, Indiana 46312</b>	
HEALTH OFFICER—SIGNATURE <b>[Signature]</b>		DATE RECEIVED BY LOCAL HEALTH OFFICER <b>11-16-82</b>	
IMMEDIATE CAUSE <b>Advanced, Metastatic Colonic Carcinoma</b>		Interval between onset and death	
PART I (a) DUE TO OR AS A CONSEQUENCE OF		Interval between onset and death	
PART I (b) DUE TO OR AS A CONSEQUENCE OF		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		AUTOPSY (Specify Yr or No)	