

97 OCT -2 AM 9:58

MORRIS W. CARTER
RECORDER

Union Hobart 212308
Dravet

AFFIDAVIT OF ~~SWORN~~ ~~STATE~~ ~~INDIANA~~

FILED

OCT 01 1997

STATE OF INDIANA)
)
COUNTY OF LAKE)

MICHAEL STEFANCHIK III, first ^{SAMORUCH} duly sworn upon his oath, deposes and says: **AUDITOR LAKE COUNTY**

That this affiant is one of the owners in fee simple of the following real estate, to-wit:

The West 1/2 of Lots 1 and 2 in Beache's Subdivision, in the City of Hobart, as per plat thereof, recorded in Plat Book 21 page 7, in the Office of the Recorder of Lake County, Indiana, commonly known as 495 East 10th Hobart, Indiana 46342. *17-67-1*

That this affiant is the son of Michael Stefanchik Jr. and Theresa Stefanchik, husband and wife, now deceased. That the said Michael Stefanchik Jr. and Theresa Stefanchik were husband and wife at the time they acquired title as tenants by entireties to said real estate.

That the marital relationship which existed between Michael Stefanchik Jr. and Theresa Stefanchik continued unbroken from the time they acquired said real estate until the death, intestate, of Michael Stefanchik Jr. on the 16th day of May, 1995; and the subsequent death of Theresa Stefanchik on the 6th day of November, 1996.

That this affiant further says that there has never been an administration of the estate of Michael Stefanchik Jr. that the gross value of the estate of the said Michael Stefanchik Jr., deceased, taking into consideration in the evaluation thereof, the value of all his gifts in contemplation of death, including all gifts made by him in the three years preceding his death, together with the value of all his investments in joint properties and estates by the entireties, including the real estate above described, plus the proceeds of all insurance on his life, did not equal or exceed the sum of \$600,000.00 as a consequence of which his estate was not subject to Federal Estate Tax.

This affiant further says that the Estate of Theresa Stefanchik was probated in the Lake Superior Court, Room Number Three, Estate Number 45D03-9611-ES-00174.

That this affiant together with his sister CYNTHIA F. READNOUR, became the sole owners of the fee simple title to said real estate as tenants in common.

Further this affiant saith not. Dated this *20th* day of September, 1997.

Michael Stefanchik III
MICHAEL STEFANCHIK III

Subscribed and sworn to before me this day and date first above written.

Bernice J. Olszowski
Notary Public Bernice J. Olszowski
County of Lake
My commission expires: *August 27, 1998*

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INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

Local No. 4457-95

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First Middle Last) MICHAEL STEFANCHIK		2 SEX Male	3a TIME OF DEATH 9:20 P.M.	3b DATE OF DEATH (Month Day, Yr) May 16, 1995	
4 SOCIAL SECURITY NUMBER 306-09-5315	5a AGE—Last Birthday (Years) 81	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo. Day, Yr) January 12, 1914	
7 BIRTHPLACE (City and State or Foreign Country) Furness Run, Pa.	8a PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> OOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence				
9a WAS DECEDENT A U.S. VETERAN? No	9b YEAR LAST SERVED IN U.S. ARMED FORCES? -----	9c FACILITY NAME (If not institution, give street and number) St. Anthony Nursing Home			
9d CITY, TOWN OR LOCATION OF DEATH Crown Point		9e COUNTY OF DEATH Lake			
10 MARITAL STATUS (Specify) Married	11 SURVIVING SPOUSE (If wid. give maiden name) Theresa Zark	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Expeditor	12b KIND OF BUSINESS/INDUSTRY U.S. Steel		
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY, TOWN OR LOCATION Hobart	13d STREET AND NUMBER 495 E. 10th Street		
13e ZIP CODE 46342	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.)	16 RACE—American Indian, Black, White, etc. (Specify) White	
17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary; Secondary (9-12) 12 ; College (1-4 or 5 +)		18 FATHER'S NAME (First Middle Last) Michael Stefanchik			
19 MOTHER'S NAME (First Middle Maiden Surname) Anna Hook		20a INFORMANT'S NAME (Type/Print) Theresa Stefanchik			
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 495 E. 10th Street, Hobart, Indiana 46342		20c Relationship Wife			
21a METHOD OF DISPOSITION <input type="checkbox"/> Entombment <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) May 19, 1995 Calumet Park Cemetery		21c LOCATION—City or Town, State Merrillville, Indiana	
22a EMBALMER'S NAME Robert A. Craig, Jr.		22b EMBALMER'S LICENSE NO. FDO8700735	23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a SIGNATURE OF FUNERAL DIRECTOR <i>Alexis Hoover</i>		24b LICENSE NUMBER (of Licensee) FDO8600505	25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Geisen Funeral Home, Inc. FH83007762 7100 S. BIRCHWAY, MERRILLVILLE, IN. 46410		
26 PART I: Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms such as "cause unknown" or "cause of death not stated." List only one cause on each line. FILED					
IMMEDIATE CAUSE (Final disease or condition resulting in death) pleurisy DUE TO (OR AS A CONSEQUENCE OF) JUL 24 1997					
CONDITIONS if any which gave rise to the immediate cause stating the underlying cause last Alexander S. Williams, M.D. LAKE COUNTY HEALTH COMMISSIONER					
PART II: Other significant conditions - Conditions contributing to death but not reported in Part I OCT 11 1997 SAM ORLICH AUDITOR LAKE COUNTY					
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) No		
29a CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING 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 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 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>Milton Gasparis, M.D.</i>		29c MEDICAL LICENSE NO. 010 37515	
29d DATE SIGNED (Month, Day, Year) 5-19-95		30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 28) (Type/Print) Milton Gasparis, M.D. 1400 S. Lake Park Avenue, Hobart, Indiana 46342			
31 HEALTH OFFICER'S SIGNATURE <i>Alexander S. Williams, M.D.</i>			32 DATE FILED (Month, Day, Year) May 22, 1995		
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 DATE OF INJURY (Month, Day, Year)	34b TIME OF INJURY	34c INJURY AT WORK? (Yes or no)	34d DESCRIBE HOW INJURY OCCURRED
34e PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)		34f LOCATION (Street and Number or Rural Route Number, City or Town, State)			
34g DATE PRONOUNCED DEAD (Month, Day, Year)		34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc. 000005			