



# COMMUNITY TITLE COMPANY

- An Indiana Corporation -  
421 West 81st Avenue  
Merrillville, Indiana 46410  
219-736-2810

## FILED

OCT 14 1997

AFFIDAVIT

**SAM ORLICH**  
**AUDITOR LAKE COUNTY**

STATE OF INDIANA )  
                          ) SS:  
COUNTY OF LAKE   )

DONALD L. GRAY, being first duly sworn upon oath, deposes and says:

1. That ~~XXXXXXXXXXXXXXXXXXXX~~ JOSEPHINE NEMETH died (without leaving a will) ~~XXXXXXXXXXXXXXXXXXXX~~ on MAY 12, 19 88 at DYER, LAKE COUNTY, STATE OF INDIANA

2. That they were duly and legally married at the time they acquired title as husband and wife to the following described real estate: SEE ATTACHED LEGAL DESCRIPTION

COMMONLY KNOWN AS: 7209 CALIFORNIA AVENUE, HAMMOND, INDIANA 46323

*2 14134*

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 ~~XXXXXX~~ (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.

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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

Further affiant sayeth not.

*Donald L. Gray*  
DONALD L. GRAY

Subscribed and sworn to before me, a Notary Public, this 25TH day of SEPTEMBER, 19 97.

*Jacqueline Runk*  
JACQUELINE RUNK Notary Public

My Commission expires:

AUGUST 31, 1999

000773

County of Residence:

LAKE

~~000773~~

This Instrument prepared by ATTORNEY DONALD L. GRAY  
1244 119TH STREET  
WHITING, INDIANA 46394

*7/100*  
*Sw*

*#3171*

PARCEL 1: THE NORTH 50 FEET OF THE NORTH 100 FEET OF THE FOLLOWING DESCRIBED TRACT; PART OF THE SOUTHEAST 1/4 OF THE SOUTHEAST 1/4 OF SECTION 9, TOWNSHIP 36 NORTH, RANGE 6 WEST OF THE SECOND PRINCIPAL MERIDIAN, IN THE CITY OF HAMMOND, LAKE COUNTY, INDIANA; DESCRIBED AS BEGINNING AT THE INTERSECTION OF THE WEST LINE OF SAID TRACT WITH THE CENTER LINE OF BLACK OAK ROAD (SAID POINT BEING 285 FEET NORTH OF THE SOUTHWEST CORNER OF SAID TRACT); THENCE SOUTH 62 DEGREES 12 MINUTES EAST ALONG THE CENTER LINE OF SAID ROAD, 149.2 FEET; THENCE NORTH PARALLEL WITH THE WEST LINE OF SAID TRACT, 364.8 FEET; THENCE WEST AT RIGHT ANGLES, 132 FEET TO THE WEST LINE OF SAID TRACT; THENCE SOUTH 295.2 FEET TO THE PLACE OF BEGINNING..

PARCEL 2: THE NORTH 50 FEET OF THE FOLLOWING DESCRIBED PROPERTY: PART OF THE SOUTHEAST 1/4 OF THE SOUTHEAST 1/4 OF SECTION 9, TOWNSHIP 36 NORTH, RANGE 9 WEST OF THE 2ND PRINCIPAL MERIDIAN, DESCRIBED AS COMMENCING AT A POINT ON THE SOUTH LINE OF SAID TRACT AT THE INTERSECTION OF THE WEST LINE OF THE EAST 1/2 OF THE WEST 1/2 OF THE SOUTHEAST 1/4 OF THE SOUTHEAST 1/4 WHICH POINT IS 998.46 FEET, MORE OR LESS, WEST OF THE SOUTHEAST CORNER OF SAID TRACT; THENCE NORTH 660 FEET; THENCE WEST 175.65 FEET, MORE OR LESS, PARALLEL WITH THE SOUTH LINE OF SAID SECTION TO A POINT 166.44 FEET EAST OF THE WEST LINE OF SAID SOUTHEAST 1/4 OF THE SOUTHEAST 1/4 OF SAID SECTION; THENCE SOUTH 78.64 FEET, MORE OR LESS, TO A POINT 166.41 FEET EAST OF THE WEST LINE OF SAID SOUTHEAST 1/4 OF THE SOUTHEAST 1/4 OF SAID SECTION; THENCE WEST 34.41 FEET MORE OR LESS, TO A POINT 132 FEET EAST OF THE WEST LINE OF SAID SOUTHEAST 1/4 OF THE SOUTHEAST 1/4 OF SAID SECTION AND TO THE POINT OF BEGINNING OF THIS DESCRIPTION; THENCE SOUTH 100 FEET PARALLEL WITH AND 132 FEET DISTANT FROM SAID WEST LINE; THENCE EAST 34.41 FEET PARALLEL WITH THE SOUTH LINE OF SAID SECTION; THENCE NORTH 100 FEET PARALLEL WITH AND 166.41 FEET DISTANT FROM SAID WEST LINE; THENCE WEST 34.41 FEET TO THE POINT OF BEGINNING, IN THE CITY OF HAMMOND, LAKE COUNTY, INDIANA.

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INDIANA STATE BOARD OF HEALTH

CERTIFICATE OF DEATH

Local No. 1055-88

State No

TYPE/PRINT IN PERMANENT BLACK INK

DECEASED—NAME: Josephine M. Nemeth; SEX: Female; DATE OF DEATH: May 12, 1988

DECEDENT

SOCIAL SECURITY NUMBER: 309-76-2107; DATE OF BIRTH: 7-25-1917; PLACE OF BIRTH: Whiting, Indiana

YEAR LAST SERVED IN U.S. ARMED FORCES: 70; FACILITY NAME: Meridian Nursing Home; CITY/TOWN/LOCATION: Dyer; COUNTY OF DEATH: Lake

MARITAL STATUS: Married; SURVIVING SPOUSE: Joseph P. Nemeth; DECEASED'S USUAL OCCUPATION: Homemaker; HOME: Home

RESIDENCE—STATE: Indiana; COUNTY: Lake; CITY/TOWN/LOCATION: Hammond; STREET AND NUMBER: 7209 California Avenue

INSIDE CITY LIMITS: YES; PARISH: NO; ZIP CODE: 46323; RACE: White; DECEASED'S EDUCATION: 8

PARENTS

FATHER'S NAME: John Golden; MOTHER'S NAME: Josephine Blastick

INFORMANT

INFORMANT'S NAME: Joseph F. Nemeth; ADDRESS: 7209 California Avenue, Hammond, IN 46321; RELATIONSHIP: Husband

DISPOSITION

METHOD OF DISPOSITION: Burial; DATE AND PLACE OF DISPOSITION: May 16, 1988, St. John Mausoleum; LOCATION: Hammond, Indiana

PRONOUNCING PHYSICIAN ONLY

SIGNATURE OF FUNERAL DIRECTOR: Charles B. Scheuer, Jr.; LICENSE NUMBER: 1006049; NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME: Virgil Huker Funeral Home-3002869, 7051 Kennedy Hammond, IN 46323

ITEMS 24-26 MUST BE COMPLETED BY PERSON WHO PRONOUNCES DEATH

TIME OF DEATH: 2:00 P.M.; DATE PRONOUNCED DEAD: May 12, 1988; WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? No

SEE INSTRUCTIONS

PART I: Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

IMMEDIATE CAUSE: Ruptured cerebral aneurysm; DUE TO (OR AS A CONSEQUENCE OF): Ruptured cerebral aneurysm; DUE TO (OR AS A CONSEQUENCE OF): Arteriovenous malformation

CAUSE OF DEATH

PART II: Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

WAS AN AUTOPSY PERFORMED? NO; WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? No

SEE INSTRUCTIONS

CERTIFYING PHYSICIAN: Samuel Orlich, Auditor Lake County; SIGNATURE AND TITLE OF CERTIFIER: Samuel Orlich

CERTIFIER

DATE SIGNED: 5-16-88; SIGNATURE AND TITLE OF PERSON WHO COMPLETED CAUSE OF DEATH: Dr. Fred Adler M.D., 800 MacArthur Blvd., Munster, Indiana 46321

HEALTH OFFICER

HEALTH OFFICER'S SIGNATURE: Fred Adler; DATE FILED: May 16, 1988

CONCERN OR MEDICAL EXAMINER USE ONLY

MODE OF DEATH: Natural; DATE OF INJURY: May 12, 1988; TIME OF INJURY: 2:00 P.M.; PLACE AT WHICH INJURY OCCURRED: Home

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