

2

FA# 23367

LEGAL DESCRIPTION:

LOTS 7,8,9 AND 10 IN BLOCK 1, IN CLAUD ZIEGLER'S ADDITION TO HOBARTITY AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 8, PAGE 27, IN LAKE COUNTY, INDIANA.

PROPERTY ADDRESS:

1201 HIGH STREET
HOBART, IN

98031178

98 APR 30 AM 10:50

REC'D



First American Title Insurance Company

ESTATE AFFIDAVIT

ANASTASIA SOWINSKI, Affiant, states that:

1. FRANK SOWINSKI, deceased, died on the 12 day

of January, 1985

2. Affiant is: X the surviving spouse of the deceased,
the Personal Representative/Executor-trix of the estate of the deceased;

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

4. The deceased and Affiant were married on the 27 day of Sept, 1944; 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;

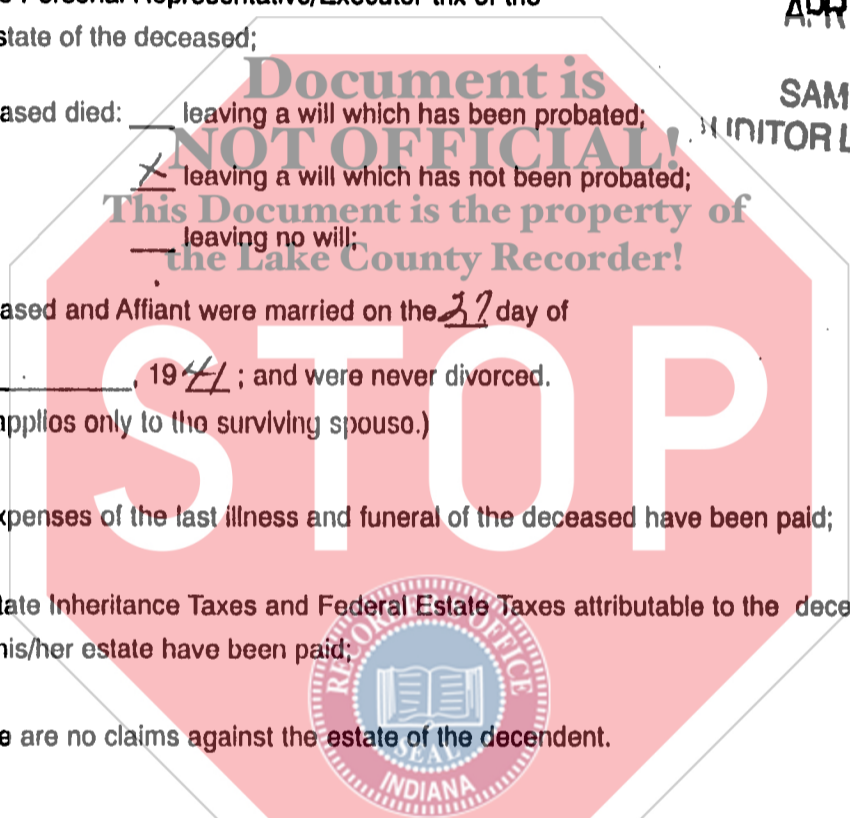
6. All State Inheritance Taxes and Federal Estate Taxes attributable to the deceased and his/her estate have been paid;

7. There are no claims against the estate of the decedent.

FILED

APR 30 1988

SAM ORLICH
CLERK LAKE COUNTY



HOLD FOR FIRST AMERICAN TITLE

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

4-13-98
Date

Anastasia Sowinski
Signature of Affiant

ANASTASIA SOWINSKI
Printed Name of Affiant



Subscribed and sworn to before me, this 13th day of April, 1998.

MARGARET E. LAWHEAD
Printed Name of Notary

Margaret E. Lawhead
Signature of Notary

My Commission expires: 9-21-00
My County of Residence is: Porter

THIS INSTRUMENT WAS PREPARED BY: ANASTASIA SOWINSKI

FA 23367

002079

1201 ga

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

Below for State Office Use

- A _____
- B _____
- C _____
- D _____
- E _____
- F _____
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002080

JAN 16 1985

APR 30 1988

EMBALMER'S NAME: **J. Krause**
 FUNERAL HOME: **Funeral Home of John Fonerak & Directors**
 SIGNATURE: *Wladimir...*
 LICENSE No. **646**
 FUNERAL HOME No. **306**
 COUNTY HEALTH COM. LICENSE No. **2012**

Local No. **98-85**

INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

State 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

DECEASED—NAME FRANK A. SOWINSKI		SEX Male	DATE OF DEATH month day year January 12, 1985
RACE White	AGE 67	DATE OF BIRTH month day year 11-6-1917	COUNTY OF DEATH Lake
CITY TOWN OR LOCATION OF DEATH Hobart	HOSPITAL OR OTHER INSTITUTION St. Mary's Medical Center		IF HOSP OR INST... Emergency Rm.
STATE OF BIRTH Pennsylvania	CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED Married	DECEASED EVER IN U.S. ARMED FORCES NO
SOCIAL SECURITY NUMBER 317-09-4299	USUAL OCCUPATION Pressman	KIND OF BUSINESS OR INDUSTRY U.S. Steel Corp.	
RESIDENCE—STATE Lake	CITY TOWN OR LOCATION Hobart	IS RESIDENCE ON A FARM? NO	INSIDE CITY LIMITS Yes
STREET AND NUMBER 1201 High Street			
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN CUBAN PUERTO RICAN, ETC. NO			
FATHER—NAME Viconty Sowinski, (dec.)	MOTHER—MARRIEN NAME Eva Samek, (dec.)		
INFORMANT—NAME Anastasia Sowinski, Wife	RELATIONSHIP Wife	MAILING ADDRESS 1201 High Street, Hobart, Indiana 46342	
BURIAL, CREMATION, REBURIAL, OTHER Burial	CEMETERY OR CREMATORY—FUNERAL HOME Calvary Cemetery	LOCATION Portage, Indiana	
DATE January 14, 1985	FUNERAL HOME—NAME AND ADDRESS Rees Funeral Home, Inc., 600 W. Ridge Rd., Hobart, IN	STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP 46342-4198	
NAME OF ATTENDING PHYSICIAN John Reed M.D.	DATE SIGNED 1-14-85	HOUR OF DEATH 5:00 a.	
MAILING ADDRESS—PHYSICIAN 10 North Michigan, Hobart, Indiana 46342	HEALTH OFFICER—SIGNATURE <i>Paul J. ...</i>	DATE RECEIVED BY LOCAL HEALTH OFFICER 1-16-85	
IMMEDIATE CAUSE ACUTE MYOCARDIAL INFARCTION		IMMEDIATE CAUSE IMMED.	
DUE TO OR AS A CONSEQUENCE OF CORONARY ATHEROSCLEROSIS			
DUE TO OR AS A CONSEQUENCE OF HYPERTENSION			
OTHER SIGNIFICANT CONTRIBUTIONS—Conditions contributing to death that are related to cause given in PART I			REPORTED BY NO