

FA # \_\_\_\_\_

**LEGAL DESCRIPTION:**

Lot 175, Crestwood Trace, in the City of Hobart, as shown in Plat Book 42, page 29, and as amended by Certificate of Correction dated September 19, 1973 and recorded September 25, 1973, as Document No. 222192, in Lake County, Indiana.

PROPERTY ADDRESS: 2911 Crabapple, Hobart, IN 46342



**ESTATE AFFIDAVIT**

Jean Lis, Affiant, states that:

1. Bruno Lis, deceased, died on the 25 day of March, 1998;

2. Affiant is:  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;  
 leaving a will which has not been probated;  
 leaving no will;

4. The deceased and Affiant were married on the 30 day of June, 1956; 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.

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

**FILED**  
Date 6/13/98  
**JUL 09 1998**

Jean Lis  
Signature of Affiant

Jean Lis  
Printed Name of Affiant

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

State of Indiana, County of Lake

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

Leslene G. Kurdelak  
Printed Name of Notary

Leslene G. Kurdelak  
Signature of Notary

My Commission expires: 9/19/98

My County of Residence is: Jasper County

THIS INSTRUMENT WAS PREPARED BY: Jean Lis

**HOLD FOR FIRST AMERICAN TITLE**

FATIC has recorded this instrument as an accomodation only. No examination has been made of the document or the property affected thereby.

98052206

98 JUL -9 11 1998

STATE OF INDIANA  
LAKE COUNTY

12.00  
CM  
FA

000745

LECCA

\* ATTENTION ESTATE: Disclosure of the facts we need to pursue our responsibilities is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.....

Local No. 0723-98

200643

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED-NAME (First Middle Last) BRUNO LIS		2. SEX Male	3a. TIME OF DEATH 5:06AM	3b. DATE OF DEATH (Month Day Yr) March 25, 1998
4. SOCIAL SECURITY NUMBER 304-34-3552	5a. AGE - Last Birthday (Years) 77	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo Day Yr) May 27, 1920
7. BIRTHPLACE (City and State or Foreign Country) Poland	8a. WAS DECEDENT A U.S. VETERAN? No	8b. YEAR LAST SERVED IN U.S. ARMED FORCES N/A	8c. PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input checked="" type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> <input type="checkbox"/> Residence	
9a. FACILITY NAME (If not institution, give street and number) St. Mary Medical Center		9b. CITY TOWN OR LOCATION OF DEATH Hobart	9c. COUNTY OF DEATH Lake	
10. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Jean Czuba	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Spot Welder	12b. KIND OF BUSINESS INDUSTRY Manufacturing	
13a. RESIDENCE - STATE Indiana	13b. COUNTY Lake	13c. CITY TOWN OR LOCATION Hobart	13d. STREET AND NUMBER 2911 Crabapple	
13a. ZIP CODE 46342	13e. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 13g. ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? USA	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 (0-12) <input type="checkbox"/> College (1-4 or 5+) <input type="checkbox"/> 10		18. FATHER'S NAME (First, Middle, Last) Andrew Lis		
19. MOTHER'S NAME (First, Middle, Maiden Surname) Maria (Unavailable)		20a. INFORMANT'S NAME (Type/Print) Jean Lis		
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2911 Crabapple, Hobart, IN 46342		20c. Relationship Wife		
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <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) Mar 27, 1998 Calumet Park Cemetery		21c. LOCATION - City or Town State Merrillville, Indiana
22a. EMBALMER'S NAME James J. Krause		22b. EMBALMER'S LICENSE NO. FDO1006463	23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a. SIGNATURE OF FUNERAL DIRECTOR <i>James J. Krause</i>		24b. LICENSE NUMBER (of License) FDO1006463	24c. NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME FH83003069 Rees Funeral Home, Inc. 600 W. Old Ridge Road, Hobart, IN 46342	
25. PART I. DEATH (Specify the disease or condition that caused the death. Do not enter nonspecific terms such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.) IMMEDIATE CAUSE (Final disease or condition resulting in death) MAR 26 1998 CORONARY ARTERY DISEASE DUE TO (OR AS A CONSEQUENCE OF) CUTANEOUS CELLULITIS IN J HESSED CONDITIONS IF ANY WHICH GAVE RISE TO THE IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST LAKE COUNTY HEALTH COMMISSIONER				Approximate Interval Between Onset and Death
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.				
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 PHYSICIAN To the best of my knowledge, 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>John G. Koeltis MD</i>			29c. MEDICAL LICENSE NO 0017087	29d. DATE SIGNED (Month Day Year) 3-26-98
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) John G. Koeltis MD, 751 E. 81st Place, Merrillville, IN 46410				
31. HEALTH OFFICER'S SIGNATURE <i>Alexander Skellern MD</i>				32. DATE FILED (Month Day Year) March 26, 1998
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month Day Year)	34b. TIME OF INJURY	34c. NATURE AND CAUSE OF INJURY FILED JUL 09 1998
34d. DESCRIBE HOW INJURY OCCURRED		34e. PLACE OF INJURY - At home, farm, place of business, factory, 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? (If yes, specify driver, passenger, pedestrian, etc.) SAM ORLICH AUDITOR LAKE COUNTY			000746	

HOLD FOR FIRST AMERICAN TITLE