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STATE OF INDIANA )  
COUNTY OF LAKE )

98075894

) SS:

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

98 SEP 24 AM 10:59

MORRIS W. CARTER  
RECORDER

**AFFIDAVIT OF SURVIVORSHIP**

Comes now Ernest J. Lucas, being duly sworn upon his oath and states as follows:

1. That he is competent and has personal knowledge of the facts contained herein.
2. That at the time of his death, Stanley J. Lucas was a joint owner via a tenancy by the entirety with his wife, Ann S. Lucas, of the following described real estate located at 1348 Greenwood Avenue, Dyer, Lake County, Indiana, and more particularly described as follows:

**Lot 66 in East Suburban Addition to the Town of Dyer, as marked and laid down on the recorded plat thereof in the office of the recorder of Lake County, Indiana.**

3. That Stanley J. Lucas and Ann S. Lucas were husband and wife and acquired title as tenants by the entirety to said real estate.
4. That the marital relationship which existed between Stanley J. Lucas and Ann S. Lucas continued unbroken from the time they acquired title to said real estate until the death of Stanley J. Lucas on Oct. 13, 1980.
4. That the gross value of the estate was determined for purpose of Federal Estate Taxes was less than the value required for the filing and her estate was not subject to Federal Estate Tax.
5. That the estate of Stanley J. Lucas was not subject to Indiana Inheritance Taxes.

*Ernest J. Lucas*  
Ernest J. Lucas

Before me, the undersigned, a Notary Public, in and for said County and State, personally appeared Ernest J. Lucas and acknowledged the execution of the foregoing document. Witness my hand and seal this 13th day of AUGUST, 1998.

Resident of LAKE County *Kathryn S. Grudzien* Notary Public  
My Commission Expires: 9/8/2001 *KATHRYN S. GRUDZIEN*

COMMUNITY TITLE COMPANY  
FILE NO L 16034

NOT TO BE ENTERED FOR TAXATION SUBJECT TO  
FINAL ACCEPTANCE FOR TRANSFER.

Affsurv.wpd

SEP 17 1998

001233

SAM ORLICH  
AUDITOR LAKE COUNTY

*Comm 3337*

700  
 TYPE OR PRINT  
 PLAINLY WITH  
 UNFADING INK  
 THIS IS A  
 PERMANENT  
 RECORD

Below for State Office Use

A  
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Disposition Permit  
 Issued  
 Provisional

FUNERAL HOME  
 No. 291

LICENSE No. 1191

FUNERAL DIRECTOR'S  
 LICENSE No. 2269

CEMENTER'S NAME: Keith D. Anthony

FUNERAL DIRECTOR'S  
 SIGNATURE: Keith D. Anthony

Local No. 1529-80

DECEASED

USUAL RESIDENCE  
 WHERE DECEASED  
 LIVED, IF DEATH  
 OCCURRED IN  
 INSTITUTION, GIVE  
 RESIDENCE BEFORE  
 ADMISSION

PERMITS

DISPOSITION

M.D.  
 OR  
 D.O.

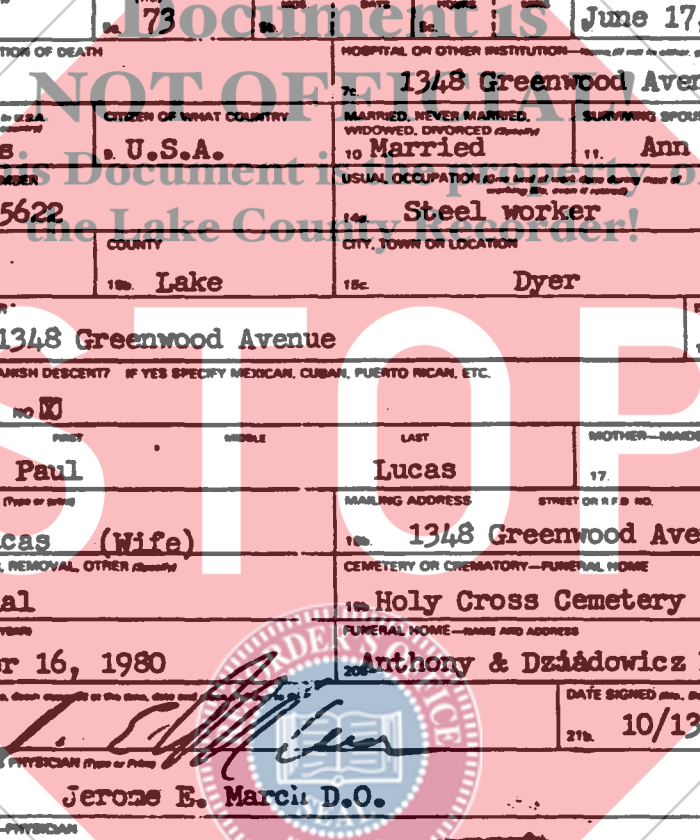
CAUSE

CAUSE

INDIANA STATE BOARD OF HEALTH  
 MEDICAL CERTIFICATE OF DEATH

State  
 No.

DECEASED—NAME Stanley James Lucas			SEX Male	DATE OF DEATH (MONTH, DAY, YEAR) October 13, 1980
RACE—(e.g. White, Neg., American Indian, etc.) White	AGE—Last birthday (Yrs.) 73	UNDER 1 YEAR MOS. DAYS HOURS MINS.	DATE OF BIRTH (MO., DAY, YR.) June 17, 1907	COUNTY OF DEATH Lake
CITY, TOWN OR LOCATION OF DEATH Dyer		HOSPITAL OR OTHER INSTITUTION—(Name, if not in either, give street and number) 1348 Greenwood Avenue		IF HOSP. OR INST. ISSUED I.D.A. (Specify date, institution, authority) 7d
STATE OF BIRTH (If not in U.S.A. give country) Illinois	CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10 Married	SURVIVING SPOUSE or wife, give maiden name 11 Ann Rucinski	WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Year or Year 12) 12 Yes
SOCIAL SECURITY NUMBER 12 320-03-5622	RESIDENCE—STATE Indiana	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 14 Steel worker	KIND OF BUSINESS OR INDUSTRY 14b Steel Mfg.	
CITY, TOWN OR LOCATION 18a Lake	COUNTY 18b Lake	CITY, TOWN OR LOCATION 18c Dyer	IS RESIDENCE ON A FARM? 18d YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
STREET AND NUMBER 1348 Greenwood Avenue		IS RESIDENCE ON A FARM? 18e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INSIDE CITY LIMITS (Specify Yes or No) 18f Yes
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 19a YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
FATHER—NAME 12 Paul	MIDDLE	LAST Lucas	MOTHER—MAIDEN NAME 17 Helen	FIRST MIDDLE LAST Wiwatowski
INFORMANT—NAME (Print or print) 18 Ann Lucas (Wife)	MAILING ADDRESS 18b 1348 Greenwood Avenue, Dyer, Indiana 46311		CITY OR TOWN STATE ZIP	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a Burial	CEMETERY OR CREMATORY—FUNERAL HOME 19b Holy Cross Cemetery		LOCATION CITY OR TOWN STATE 19c Calumet City, Illinois	
DATE (MONTH, DAY, YEAR) 20 October 16, 1980	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 20a Anthony & Dziadowicz Funeral Home 9445 Calumet Ave, Munster		CITY OR TOWN STATE ZIP	
To the best of my knowledge, these causes of the death, date and time of death, are correct. 21a Signature 21b 10/13/1980		DATE SIGNED (MO., DAY, YR.) 21b 10/13/1980		HOUR OF DEATH 21c 5:30am
NAME OF ATTENDING PHYSICIAN (Print or Print) 21d Jerome E. March D.O.		HEALTH OFFICER—SIGNATURE 22a Keith D. Anthony M.D.		
HEALTH OFFICER—ADDRESS 21e 200 Monticello Drive, Dyer, Indiana 46311		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b 10-14-80		
23a RESPIRATORY FAILURE		23b METASTATIC CARCINOMA OF THE LUNG		
OTHER SIGNIFICANT CONDITIONS—(Conditions contributing to death to be related to cause given in PART 1)		AUTOPSY (Specify Yes or No) 24		



25X10