



**TICOR TITLE INSURANCE**  
98101299

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

98 DEC 18 AM 9:25

AFFIDAVIT

MORRIS W. CARTER  
RECORDER

STATE OF INDIANA )  
                          ) SS:  
COUNTY OF LAKE )

Stanley Jackura, being first duly  
sworn upon oath, deposes and says:

1. That Rose Jackura died on  
February 16, 1992 at Munster, IN.

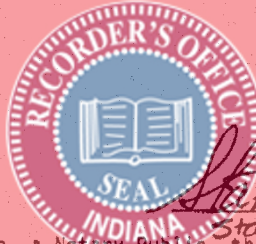
2. That Stanley Jackura and Rose Jackura  
were duly and legally married at the time they acquired title as husband and  
wife to the following described real estate:

**NOT OFFICIAL!**  
**This Document is the property of**  
**to the town of Over. Recorded in Plat Book**  
**39 Page 41. In the office of the**  
**recorder of Lake County, Indiana**

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 ~~his~~ (her) death.

4. 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.

Further affiant sayeth not.



Subscribed and sworn to before me, a Notary Public, this Stanley Jackura  
December, 1998 day of

Fred Triezenberg  
Notary Public

My Commission expires:

**FRED TRIEZENBERG**  
NOTARY PUBLIC, Lake County, Indiana  
My Commission Expires November 17, 2006  
Resident Of Lake County, Indiana

County of Residence:

This Instrument prepared by Stanley Jackura

98224828

TICOR TITLE INSURANCE  
Crown Point, Indiana

Return: CenturBank  
600 E. 84th Ave. Mass.

10/10  
to  
Su

INDIANA STATE BOARD OF HEALTH

CERTIFICATE OF DEATH

Local No. 0381-92

State No.

TYPE/PRINT IN PERMANENT BLACK INK

Form with fields for DECEASED-NAME (ROSE JACKURA), SEX (FEMALE), TIME OF DEATH (12:55P M), DATE OF DEATH (FEBRUARY 16, 1992), SOCIAL SECURITY NUMBER (312-16-4065), AGE (72), DATE OF BIRTH (DEC. 3, 1919), BIRTHPLACE (EAST CHICAGO, INDIANA), FACILITY NAME (THE COMMUNITY HOSPITAL), MARRITAL STATUS (MARRIED), SURVIVING SPOUSE (STANLEY JACKURA), RESIDENCE (INDIANA, LAKE COUNTY, DYER), DEATH CAUSE (myocardial infarction), and CERTIFIER (ALEXANDER S. WILLIAMS, MD).

8224828

PARENTS INFORMANT

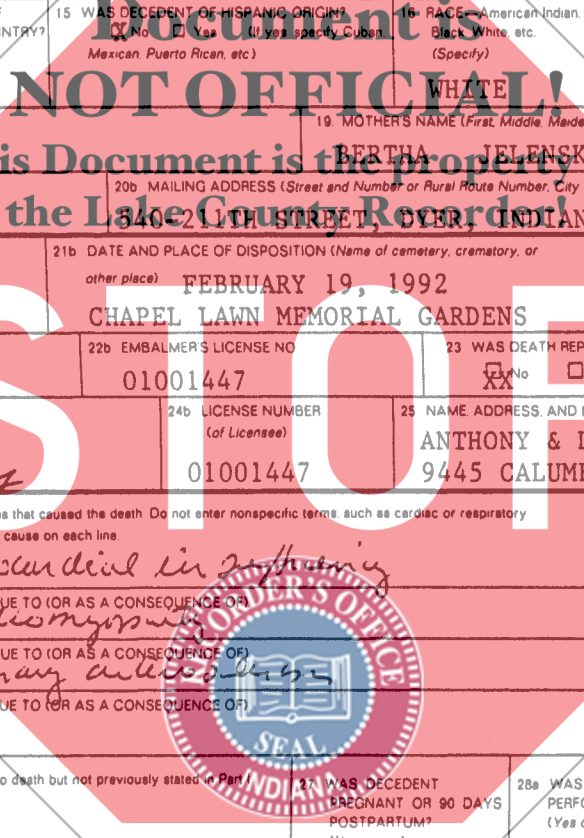
DISPOSITION

TICOR TITLE INSURANCE Crown Point, Indiana

CERTIFIER

HEALTH OFFICER

CORONER USE ONLY



Return: Centex Bank, 100 E. 8th Ave