

Julie Ann Dilling  
21 Prairie Path P.O. Box 317  
502708 Whiting, Indiana 46775

STATE OF INDIANA )

IN RE: DECEDENT

) SS:

COUNTY OF LAKE )

GRACE BOMBA ALSO KNOWN AS  
GRACE JEAN BOMBA

99029628

AFFIDAVIT FOR TRANSFER OF REAL PROPERTY

1. That the above-named decedent died intestate on the 15th day of July, 1998, while domiciled in Lake County.

2. That no petition for the appointment of a personal representative of said decedent is pending in any Court in this State and that forty-five (45) days have elapsed since the death of the decedent.

3. That the following named persons are the only heirs of the decedent:

Jerome John Bomba, Sr. (husband)  
1414 Fischrupp  
Whiting, Indiana 46394

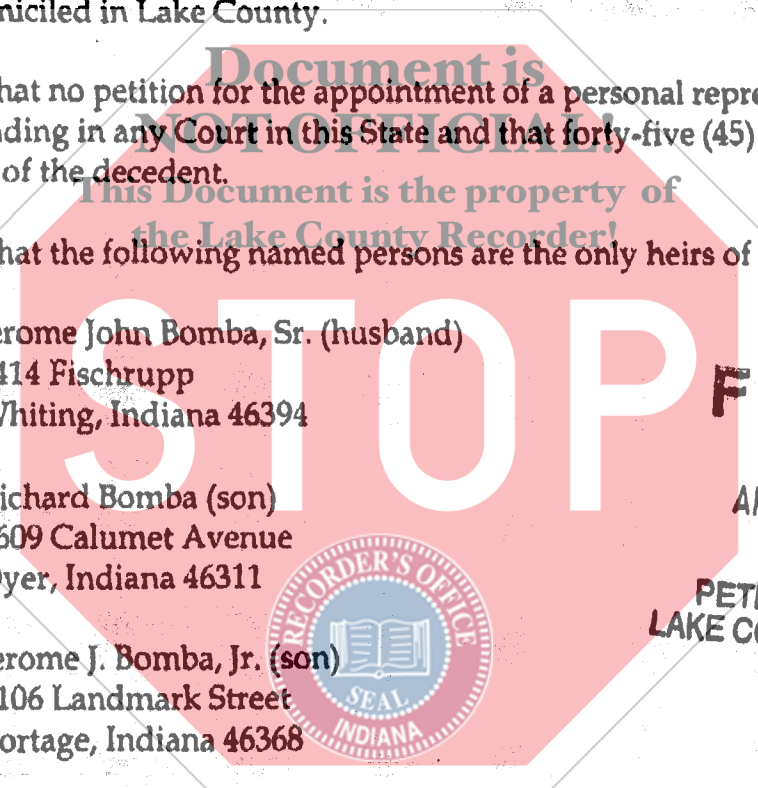
Richard Bomba (son)  
2609 Calumet Avenue  
Dyer, Indiana 46311

Jerome J. Bomba, Jr. (son)  
2106 Landmark Street  
Portage, Indiana 46368

John Bomba (son)  
1414 Fischrupp  
Whiting, Indiana 46394

4. That the value of the decedent's gross probate estate, less liens and encumbrances, does not exceed the sum of the allowance provided by I. C. 29-1-4-1; the costs and expenses of administration and reasonable funeral expenses.

5. That among the decedent's probate assets is a parcel of real estate which was owned by the decedent located in Lake County, Indiana, more particularly



FILED

APR 07 1999

PETER BENJAMIN  
LAKE COUNTY AUDITOR

MORRIS W. CARTER  
RECORDER

99APR - 7 PM 1:09

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

Chicago Tide Insurance Company

000541

Handwritten initials/signature

described as follows:

LOT NO. 14 AND THE WEST HALF OF LOT NO. 13 AS MARKED AND LAID DOWN ON THE RECORDED PLAT OF ROTHSCHILD'S ADDITION TO WHITING IN LAKE COUNTY, INDIANA, PLAT BOOK 10 PAGE 25.

6. That the following list of persons, firms, or corporations are the only creditors of the estate and the amount set forth by said name is the sum due said creditor, so far as the same is known to the affiant. [List creditors of decedent, address and amount due; if none, state that fact.]

None.

7. That the individuals entitled to the real estate as a result of the decedent's death as provided (under the laws of intestate succession in the Indiana Probate Code; or the following devisees listed under Article \_\_\_\_\_ of the decedent's Last Will and Testament), namely: (List name, address, and relationship to decedent.)

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Whiting, Indiana 46394

Richard Bomba (son)  
2609 Calumet Avenue  
Dyer, Indiana 46311

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2106 Landmark Street  
Portage, Indiana 46368

John Bomba (son)  
1414 Fischrupp  
Whiting, Indiana 46394

8. That the gross value of the estate of the decedent, Grace Bomba, as determined for the purposes of Federal Estate taxes, was less than the value required for the filing of a Federal Estate Tax Return. As a consequence thereof, the decedent's estate was not subject to Federal Estate Tax.

9. That the decedent's estate was not subject to Indiana Inheritance Tax.

Jerome John Bomba Sr  
Affiant Jerome John Bomba, Sr.

SUBSCRIBED AND SWORN TO  
Before me this 29<sup>th</sup> day of  
January 1999.

Susan E. Branley  
Notary Public

SUSAN E. BRANLEY  
COUNTY OF LAKE

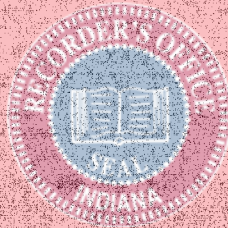
MY COMMISSION EXPIRES: 8/2/99

Document is  
**NOT OFFICIAL!**

This Document is the property of  
the Lake County Recorder!

**STOP**

Prepared by Jerome John Bomba, Sr.



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

# INDIANA STATE DEPARTMENT OF HEALTH

Local No. 160

## CERTIFICATE OF DEATH

State No. \_\_\_\_\_

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) <b>Grace Jean Bomba</b>		2 SEX <b>Female</b>	3a TIME OF DEATH <b>11.25AM</b>	3b. DATE OF DEATH (Month, Day, Yr) <b>July 15, 1998</b>
4. SOCIAL SECURITY NUMBER <b>312-42-9168</b>	5a. AGE—Last Birthday (Years) <b>55</b>	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr) <b>Nov. 3, 1942</b>
7. BIRTHPLACE (City and State or Foreign Country) <b>East Chicago, IN.</b>	8a. WAS DECEDENT A U.S. VETERAN? <b>NO</b>			
8b. YEAR LAST SERVED IN U.S. ARMED FORCES? <b>N/A</b>		9a. PLACE OF DEATH (Check only one. See instructions) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input checked="" type="checkbox"/> OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence		
9b. FACILITY NAME (If not institution, give street and number) <b>Lake County Nursing &amp; Rehab. Center</b>		9c. CITY, TOWN OR LOCATION OF DEATH <b>East Chicago</b>	9d. COUNTY OF DEATH <b>Lake</b>	
10. MARITAL STATUS (Specify) <b>Married</b>	11. SURVIVING SPOUSE (If wife, give maiden name) <b>Jerome Bomba</b>	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Homemaker</b>	12b. KIND OF BUSINESS/INDUSTRY <b>Own Home</b>	
13a. RESIDENCE—STATE <b>Indiana</b>		13b. COUNTY <b>Lake</b>	13c. CITY, TOWN, OR LOCATION <b>Whiting</b>	13d. STREET AND NUMBER <b>1414 Fishrupp Ave.</b>
13e. ZIP CODE <b>46394</b>	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	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) <b>White</b>
17. DECEDENT'S EDUCATION (Specify only highest grade completed) <b>unavailable</b>		18. FATHER'S NAME (First, Middle, Last) <b>John Kristoff</b>		
19. MOTHER'S NAME (First, Middle, Maiden Surname) <b>Theresa U/A</b>		20a. INFORMANT'S NAME (Type/Print) <b>Mr. Jerome Bomba</b>		
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>1414 Fishrupp Ave. Whiting, IN. 46394</b>		20c. Relationship <b>Husband</b>		
21a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" 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) <b>July 17, 1998 Oakland Memory Lane Crematory</b>		21c. LOCATION—City or Town, State <b>Dolton, Illinois</b>
22a. EMBALMER'S NAME <b>Jose G. Corona</b>		22b. EMBALMER'S LICENSE NO. <b>83020724 08601373</b>	23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Jose G. Corona</i>		24b. LICENSE NUMBER (of Licensee) <b>83020724 08601373</b>	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>Ruzich Funeral Home #83020724 2031 Indianapolis Blvd. Whiting IN 46394</b>	
26. PART I. Enter the diseases, injuries, or complications 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)  Conditions, if any, which gave rise to the immediate cause stating the underlying cause last				Approximate Interval Between Onset and Death
a. <b>Cardiopulmonary arrest</b> DUE TO (OR AS A CONSEQUENCE OF)				
b. <b>Cerebrovascular accident</b> DUE TO (OR AS A CONSEQUENCE OF)				
c. _____ DUE TO (OR AS A CONSEQUENCE OF)				
d. _____ DUE TO (OR AS A CONSEQUENCE OF)				
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) <b>NO</b>	28a. WAS AN AUTOPSY PERFORMED? (Yes or no) <b>NO</b>	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or 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>Dr. Praveen Shah</i>		
29c. MEDICAL LICENSE NO. <b>01032180</b>		29d. DATE SIGNED (Month, Day, Year) <b>07/16/98</b>		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>Dr. Shah 5825 Broadway, Merrillville, IN. (219)884-1400</b>				
31. HEALTH OFFICER'S SIGNATURE <i>Dr. Timothy Ryskovich</i>				32. DATE FILED (Month, Day, Year) <b>7-17-98</b>
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. INJURY AT WORK? (Yes or no)
34d. DESCRIBE HOW INJURY OCCURRED		34e. PLACE OF INJURY—At home, farm, street, factory, office building, 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? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.				