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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

**FILED**

99 OCT -1 AM 9:19

SEP 30 1999

MORRIS W. CARTER  
RECORDER

PETER BENJAMIN  
LAKE COUNTY AUDITOR

STATE OF INDIANA )  
                                  )SS:  
COUNTY OF LAKE )

**SURVIVORSHIP AFFIDAVIT**

I, PEARL O'LINSKI, being first duly sworn upon oath, states as follows:

1. That she is the surviving spouse of JOHN J. O'LINSKI, Deceased.
2. That my husband, JOHN J. O'LINSKI, passed away on the 25 day of APRIL, 1985;
3. That my husband and I were duly and legally married at the time we, as husband and wife, acquired the following real estate:

Lot 13 in Block 2 in Highland Addition to Highland as per plat thereof, recorded in Plat Book 26, page 19 in the Office of the Recorder of Lake County, Indiana.

Commonly known as: 3527 Garfield, Highland, Indiana 46322  
Key No.: 27-117-13

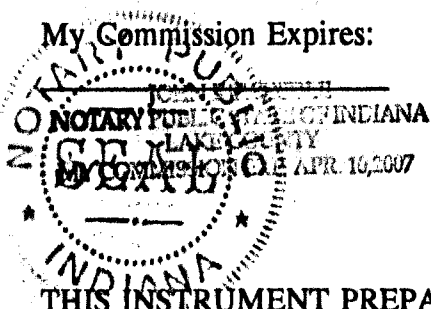
4. That the marital relationship which existed between my husband and myself at the time we acquired title to said real estate remained in effect and unbroken until the date of my husband's death;
5. That all funeral expenses in connection with the death of my husband have been paid in full; and
6. That the estate of my husband did not necessitate the filing of a Federal Estate Tax Return.

FURTHER AFFIANT SAYETH NOT.

*Pearl O'Linski*  
PEARL O'LINSKI  
Surviving Spouse of John J. O'Linski

Subscribed and sworn to before me a Notary Public in and for said county and state this 20th day of SEPTEMBER, 1999.

My Commission Expires:



*John F. Tweedle*  
Notary Public

**FILED**

Resident of LAKE County

SEP 30 1999

THIS INSTRUMENT PREPARED BY:

Robert F. Tweedle, #20411-45, Attorney at Law  
TWEEDLE & HOLTAN  
2633 - 45th Street, Highland, IN 46322  
(219) 924-0770

PETER BENJAMIN  
LAKE COUNTY AUDITOR

11.00  
E.P.  
T.

00649

FILED No 99108887 (Burned) Steele

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPT.

APR 29 1985

Date Issued

*Franklin J. Chermak, M.D.*  
 HAMMOND HEALTH COMMISSIONER

TYPE OR PRINT PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD Below for State Office Use

EMBALMER'S NAME: Edgar Gleim  
 FUNERAL DIRECTOR'S SIGNATURE: *E. H. Jurgens*  
 LICENSE No. 1617  
 FUNERAL HOME No. 750

INDIANA STATE BOARD OF HEALTH  
 MEDICAL CERTIFICATE OF DEATH

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

Local No. **354**

DECEASED—NAME 1. <b>JOHN J. OLINSKI</b>		SEX 2. <b>MALE</b>	DATE OF DEATH (MONTH, DAY, YEAR) 3. <b>APRIL 25, 1985</b>
RACE—(e.g., White, Black, American Indian, etc.) 4. <b>Caucasian</b>	AGE—Last Birthday (Mo., Day) 5a. <b>66</b>	UNDER 1 YEAR 5b. <b>66</b>	DATE OF BIRTH (Mo., Day, Year) 6. <b>3/17/19</b>
CITY, TOWN OR LOCATION OF DEATH 7a. <b>Hammond</b>		HOSPITAL OR OTHER INSTITUTION—(Name of inst. or other, give street and number) 7b. <b>St. Margaret Hospital</b>	IF HOSP OR INST. (Specify Inst., Hospital, etc.) 7c. <b>Inpatient</b>
STATE OF BIRTH (If not in U.S.A. specify country) 8. <b>Indiana</b>	CITIZEN OF WHAT COUNTRY 9. <b>U.S.A.</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10. <b>Married</b>	SURVIVING SPOUSE (If not, give maiden name) 11. <b>Pearl Tavarczyk</b>
SOCIAL SECURITY NUMBER 12. <b>306-01-9632</b>		USUAL OCCUPATION (Give kind of work done during most of working life, except if retired) 14a. <b>Painter</b>	KIND OF BUSINESS OR INDUSTRY 14b. <b>Standard Oil Company</b>
USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION. 15a. <b>Indiana</b>	COUNTY 15b. <b>Lake</b>	CITY, TOWN OR LOCATION 15c. <b>Highland</b>	STREET AND NUMBER 15d. <b>3527 Garfield</b>
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 15e. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		IS RESIDENCE ON A FARM? 15e. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INSIDE CITY LIMITS (SPECIFY YES OR NO) 15f. <b>Yes</b>
PARENTS 16. <b>Michael O'Linski</b>		MOTHER—MAIDEN NAME 16. <b>Peter Benjamin Nerine Nemeth</b>	
INFORMANT—NAME (Type or Print) 17. <b>Pearl O'Linski (Spouse)</b>		RELATIONSHIP 17. <b>(Spouse)</b>	
MARRIAGE ADDRESS 18. <b>3527 Garfield Highland, Indiana 46322</b>		CITY OR TOWN 18. <b>Highland, Indiana</b>	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. <b>Burial</b>		CEMETERY OR CREMATORY—FUNERAL HOME 19b. <b>St. John Cemetery</b>	LOCATION 19c. <b>Hammond, Indiana</b>
DATE (MONTH, DAY, YEAR) 20a. <b>April 29, 1985</b>		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO. CITY OR TOWN, STATE, ZIP) 20b. <b>Kuiper Funeral Home 9039 Kleinman Rd. Highland, Indiana 46322</b>	
NAME OF ATTENDING PHYSICIAN (Type or Print) 21a. <b>J. B. Walsh, M. D.</b>		DATE SIGNED (Mo., Day, Yr.) 21b. <b>4/29/85</b>	HOUR OF DEATH 21c. <b>9:00 P.M.</b>
MAILING ADDRESS—PHYSICIAN 21d. <b>5500 Hohman Avenue, Hammond, Indiana 46320</b>		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b. <b>APR 29 1985</b>	
IMMEDIATE CAUSE (GIVE ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) PART I 23. <b>Intractable Congestive Heart Failure</b>		Interval between onset and death 23. <b>2 YRS.</b>	
DUE TO OR AS A CONSEQUENCE OF 23. <b>Arteriosclerotic Heart Disease</b>		Interval between onset and death 23. <b>MANY YRS</b>	
DUE TO OR AS A CONSEQUENCE OF 23. _____		Interval between onset and death 23. _____	
OTHER SIGNIFICANT CONDITIONS—(Conditions contributing to death but not related to cause given on PART I (a)) PART II 24. <b>00650</b>		AUTOPSY (Specify Yes or No) 24. <b>N/O</b>	

FILED

SEP 30 1999

