

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

99 OCT -5 AM 10:49

MONIE W. CARTER  
RECORDER

99081881

AFFIDAVIT

STATE OF INDIANA )  
                          ) SS:  
COUNTY OF LAKE )

Joanne Buckmaster, being first duly  
sworn upon oath, deposes and says:

1. That Affiant's <sup>father</sup> ~~brother~~, Joseph G. Rozcicha  
died (without leaving a will) ~~(xxxxxxxxxxxx)~~ on February 16  
19 84 at St. Anthony Hospital

2. That they <sup>Joseph G. Rozcicha and Wanda Rozcicha</sup> were duly and legally married at the time they  
acquired title as husband and wife to the following described  
real estate:

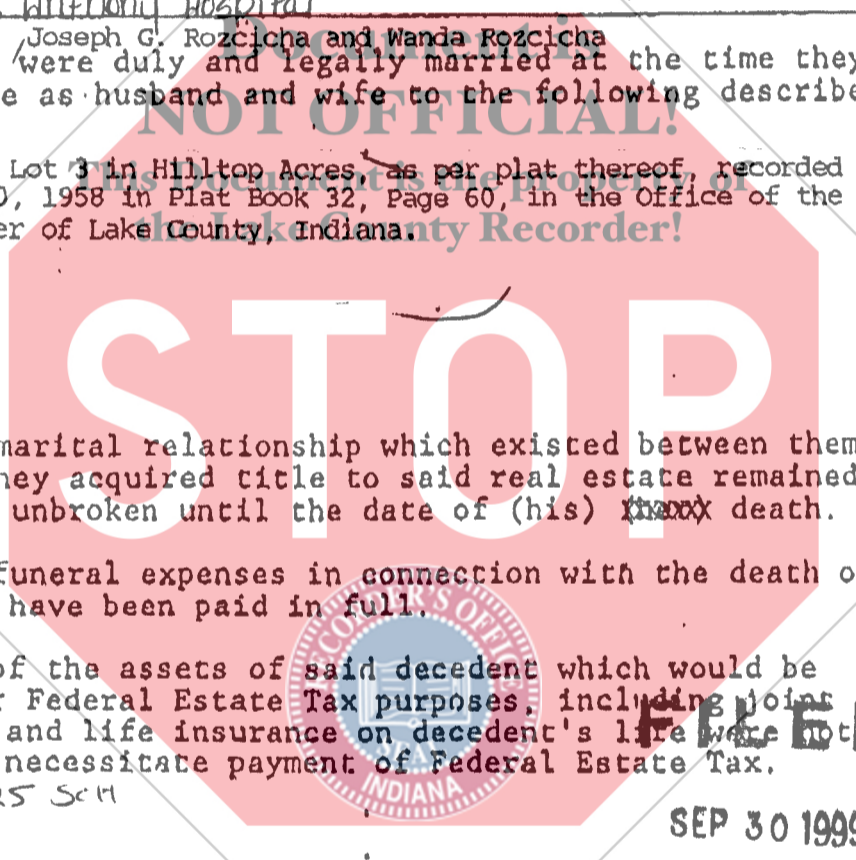
Lot 3 in Hilltop Acres, as per plat thereof, recorded  
June 30, 1958 in Plat Book 32, Page 60, in the Office of the  
Recorder of Lake County, Indiana.

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) ~~their~~ death.

4. That all funeral expenses in connection with the death of  
said decedent have been paid in full.

5. 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.

FILE # 18525 SCH



Further affiant sayeth not.

PETER BENJAMIN  
LAKE COUNTY AUDITOR

Joanne Buckmaster  
Joanne Buckmaster

Subscribed and sworn to before me, a Notary Public, this 24th  
day of September, 1999.

Karen Gatons  
Notary Public

This instrument prepared by:  
Patrick J. McManama, Attorney at Law  
Attorney ID#9534-45

KAREN GATONS  
Notary Public, State of Indiana  
County of Lake  
My Commission Expires 11/04/2006

Comm  
#10112  
#2

2212

TYPE OR PRINT  
PLAINLY WITH  
UNFADING INK

THIS IS A  
PERMANENT  
RECORD

Below for State Office Use

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FILE # 18525 S41

Key 11-101-3  
will top across 11-3

JUL 2 1984

LARRY D. ANTHONY  
EMBALMER'S NAME

LARRY D. ANTHONY  
FUNERAL DIRECTOR'S SIGNATURE

144 LICENSE No.  
M. D. ANTHONY  
FUNERAL DIRECTOR'S SIGNATURE

291 LICENSE No.  
LARRY D. ANTHONY  
FUNERAL DIRECTOR'S SIGNATURE

AUDITOR LAKE COUNTY  
FUNERAL HOME

No. 291

LAKE COUNTY HEALTH COMMISSION

Local No. 32384

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

State No.

**NOT OFFICIAL!**  
This Document is the property of the Lake County Recorder.

|  |                                     |   |  |  |
|--|-------------------------------------|---|--|--|
| DECEASED - NAME<br>1 Joseph G. Rozcicha  |                                     |   | SEX<br>2 Male  | DATE OF DEATH<br>3 Febr                          |
| RACE - (e.g. White, Black, American Indian, etc.)<br>4 White   | AGE - Last Birthday (Yr.)<br>5a 76  | UNDER 1 YEAR<br>5b  | UNDER 1 DAY<br>5c  | DATE OF BIRTH (Mo. Day Yr.)<br>6 8/30/1907       |
| CITY, TOWN OR LOCATION OF DEATH<br>7b Crown Point  |                                     | HOSPITAL OR OTHER INSTITUTION (Name if not on either give street and number)<br>7c St. Anthony Hospital                           |  |  |
| STATE OF BIRTH (If not in U.S.A. name country)<br>8 Indiana  | CITIZEN OF WHAT COUNTRY<br>9 U.S.A. | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br>10 Married   | SURVIVING SPOUSE (If wife give maiden name)<br>11 Wanda Casey                                      |  |
| SOCIAL SECURITY NUMBER<br>13 335-10-2874 A   |                                     | USUAL OCCUPATION (Give kind of work done during most of working life even if retired)<br>14a Machinist                            |  | KIND OF BUSINESS OR INDUSTRY<br>14b Steel & P.   |
| RESIDENCE - STATE<br>15a Indiana   | COUNTY<br>15b Lake                  | CITY, TOWN OR LOCATION<br>15c Crown Point   |  |  |
| STREET AND NUMBER<br>15d 8912 Edison Street  |                                     |   | IS RESIDENCE ON A FARM?<br>15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ET.C.<br>15g YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |                                     |   |  |  |
| FATHER - NAME<br>16 Albert Rozcicha  |                                     | MOTHER - MAIDEN NAME<br>17 Katherine  |  |  |
| INFORMANT - NAME (Type or print)<br>18a Wanda Rozcicha - Wife  |                                     | RELATIONSHIP<br>18b 8912 Edison Street, Crown Point, Indiana  |  |  |
| BURIAL, CREMATION, REMOVAL, OTHER (Specify)<br>19a Burial  |                                     | CEMETERY OR CREMATORY - FUNERAL HOME<br>19b Chapel Lawn Memorial Garden   |  | LOCATION<br>19c Schererville                     |
| DATE (MONTH DAY YEAR)<br>20a February 18, 1984   |                                     | FUNERAL HOME - NAME AND ADDRESS (STREET OR R.F.D. NO. CITY OR TOWN STATE)<br>20b Anthony & Dziadowicz Funeral Home 9445 0 Munster |  |  |
| To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated<br>21a (Signature) <i>James D.O.</i>  |                                     |   | DATE SIGNED (Mo. Day Yr.)<br>21b 2/17/84   | HOUR OF DEATH<br>21c                             |
| M.D. OR D.O.<br>21d James Gentleman, D.O.  |                                     |   |  |  |
| MAILING ADDRESS - PHYSICIAN<br>21e 12110 Grant St, Crown Point, IN. 46307  |                                     |   |  |  |
| HEALTH OFFICER - SIGNATURE<br>22a <i>James Gentleman M.D.</i>  |                                     |   |  | DATE RECEIVED BY LOCAL HEALTH OFFICER<br>22b 2-1 |
| 23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a) AND (b))<br>PART I (a) PANCREATIC CARCINOMA<br>DUE TO OR AS A CONSEQUENCE OF<br>(b) DUE TO OR AS A CONSEQUENCE OF<br>(c) OTHER SIGNIFICANT CONDITIONS (Conditions contributing to death but not related to cause given in PART I (a))<br>PART II |                                     |   |  |  |