



TICOR TITLE INSURANCE

99082575

AFFIDAVIT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

NANCY BECKHAM, being first duly sworn upon oath, deposes and says:

1. That ~~XXXXXXXXXX~~ GEORGE CALLAS died on January 1, 1988 at Gary Indiana

2. That HELEN CALLAS and GEORGE CALLAS were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

LOTS 16 AND 17 IN BLOCK 3 IN SOUTH BROADWAY ADDITION TO GARY, AS PLAT THEREOF RECORDED IN PLAT BOOK 7 PAGE 8, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
99 OCT - 7 AM 9:24
RECORDER OF LAKE COUNTY

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

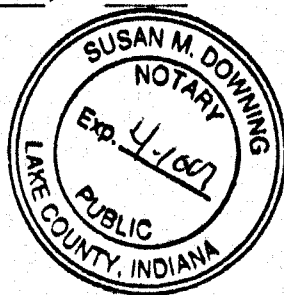
5. That all of the assets of said decedent which would be includable for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

Further affiant sayeth not.

**PETER BENJAMIN
LAKE COUNTY AUDITOR**

Nancy Beckham P.R.
NANCY BECKHAM

Subscribed and sworn to before me, a Notary Public, this 29TH day of SEPTEMBER, 19 99.



Susan M. Downing
Notary Public
SUSAN M. DOWNING

My Commission expires:

4-10-07

County of Residence:

LAKE

This Instrument prepared by NANCY BECKHAM

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9920685
H/O
Brown

25x11

INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

Local No. 82-0008

State No. _____

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK	DECEASED—NAME George (Wojciech) J. (Kalas) Callas				SEX Male	DATE OF DEATH MONTH DAY YEAR January 1, 1982
	RACE— White	AGE—Last Birthday 60'	UNDER 1 YEAR MOS DAYS	UNDER 1 DAY HOURS MINS	DATE OF BIRTH Feb. 28, 1901	COUNTY OF DEATH Lake
DECEASED	CITY, TOWN OR LOCATION OF DEATH Gary		HOSPITAL OR OTHER INSTITUTION— 3560 Penn. Street			IF MOOP OR INST. indicate DOA. -0-
	STATE OF BIRTH Penn.	CITIZEN OF WHAT COUNTRY USA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married	SURVIVING SPOUSE Helen Giesielski		WAS DECEDENT EVER IN U.S. ARMED FORCES? No
USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.	SOCIAL SECURITY NUMBER 313 07 6602		USUAL OCCUPATION Retired (Truck Driver)		KIND OF BUSINESS OR INDUSTRY US Steel	
	RESIDENCE—STATE Indiana	COUNTY Lake	CITY, TOWN OR LOCATION Gary		INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes	
PARENTS	FATHER—NAME John Callas		MOTHER—MAIDEN NAME Mary Forandley		IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. No	
	INFORMANT—NAME Helen Callas Wife		MARITAL ADDRESS 3560 Penn. St. Gary, Indiana 46409		IS RESIDENCE ON A FARM? No	
DISPOSITION	BURIAL, CREMATION, REMOVAL, OTHER Burial		CEMETERY OR CREMATORY—FUNERAL HOME Calumet Park Cem.		LOCATION Merrillville, Ind.	
	DATE January 4th, 1982		FUNERAL HOME—NAME AND ADDRESS Stilnovich, Palmer & Wiatrolick 4213 Edwy. Gary Indiana		DATE RECEIVED BY LOCAL HEALTH OFFICER JAN 5 1982	
M.D. OR D.O.	NAME OF ATTENDING PHYSICIAN Dr. M.A. Rahmany		MARITAL ADDRESS—PHYSICIAN 3801 E Ridge Road Highland, Indiana		HOUR OF DEATH M	
	HEALTH OFFICER SIGNATURE <i>Robert W. Wald</i>		DATE RECEIVED BY LOCAL HEALTH OFFICER JAN 5 1982		CONTRIBUTION IS AND WHICH GAVE RISE TO IMMEDIATE CAUSE STAYING THE UNDERLYING CAUSE LAST	
CAUSE	PART I (a) DUE TO, OR AS A CONSEQUENCE OF ASCVD		PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) Parkinson disease		AUTOPSY (Specify Yes or No) No	

EMBALMER'S NAME..... James Gholston..... LICENSE No. 419

FUNERAL DIRECTOR'S SIGNATURE..... *Robert W. Wald*..... LICENSE No. 968

FUNERAL HOME No. 242

H/O
99204685 - Brown