

FA# F29791

LEGAL DESCRIPTION:

The East 30 feet of lot 7, all of lot 8, in Block 1 in Calumet Lawn Addition to Hammond, as per plat thereof, recorded in Plat Book 17, page 2, in the Office of the Recorder of Lake County, Indiana.



First American Title Insurance Company

082780

PROPERTY ADDRESS:

833 173rd Place, Hammond, IN 46324

**ESTATE AFFIDAVIT**

Estelle M. Miofsky

, Affiant, states that:

1. Nick Miofsky, deceased, died on the 17th day of November, 1968;

2. Affiant is:  the surviving spouse of the deceased,

the Personal Representative/Executor-trix of the estate of the deceased;

3. The deceased died:  leaving a will which has been probated;  leaving a will which has not been probated;  leaving no will;

4. The deceased and Affiant were married on the 1934 day; and were never divorced. (This item applies only to the surviving spouse.)

5.  All expenses of the last illness and funeral of the deceased have been paid;

6.  All State Inheritance Taxes and Federal Estate Taxes attributable to the deceased and his/her estate have been paid;

7.  There have been no claims against the estate of the decedent.

This Affidavit is made to induce First American Title Insurance Company to issue a policy of title insurance on the above-described real estate.

09/30/99  
Date

*Estelle M. Miofsky*  
Signature of Affiant

Estelle M. Miofsky  
Printed Name of Affiant

By Patricia A. Handlon, Attorney in fact

State of Indiana, County of

Subscribed and sworn to before me, this 30th day of September, 1999

Beth A. Kolbert  
Printed Name of Notary

*Beth A. Kolbert*  
Signature of Notary

My Commission expires: 07/11/01

My County of Residence is: Lake

000445

THIS INSTRUMENT WAS PREPARED BY: Patricia A. Handlon POA for Estelle M. Miofsky

12-00  
200  
7A

25x10

TYPE OR PRINT  
PLAINLY WITH  
UNFADING INK  
THIS IS A  
PERMANENT  
RECORD

Below for State Office Use

THIS CERTIFIES THE ABOVE IS A TRUE AND  
COMPLETE COPY OF THE CERTIFICATE OF DEATH

ON FILE WITH THE LAKE COUNTY HEALTH DEPT.

NOV 21 1968

Date issued

*Frankowski, M.D.*

HAMMOND HEALTH COMMISSIONER

EMBALMER'S NAME **GEORGE A. BURNS**

LICENSE No. **2989**

906

FUNERAL DIRECTOR'S LICENSE No. ....

INDIANA STATE BOARD OF HEALTH  
DIVISION OF VITAL RECORDS  
MEDICAL CERTIFICATE OF DEATH

Local No. **979**

State No. ....

PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS		DECEASED—NAME FIRST MIDDLE LAST <b>NICK C. MIOFSKY</b>			SEX <b>MALE</b>	DATE OF DEATH (MONTH, DAY, YEAR) <b>NOVEMBER 17, 1968</b>
1. RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) <b>WHITE</b>		AGE—LAST BIRTHDAY (YEARS) 5a. <b>57</b>		UNDER 1 YEAR MOS. DAYS	UNDER 1 DAY HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR) <b>6/8/17/1911</b>
4. CITY, TOWN, OR LOCATION OF DEATH <b>HAMMOND</b>		INSIDE CITY LIMITS (SPECIFY YES OR NO) 7c. <b>YES</b>		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) <b>833-173rd PLACE</b>		
7b. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) <b>ILLINOIS</b>		CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>MARRIED</b>		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) <b>ESTELLE</b>
8. USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.		12. SOCIAL SECURITY NUMBER <b>NOT AVAILABLE</b>		13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) <b>RETIRED SALESMAN</b>		13b. KIND OF BUSINESS OR INDUSTRY <b>INSURANCE</b>
14a. RESIDENCE—STATE <b>INDIANA</b>		14b. COUNTY <b>LAKE</b>		14c. CITY, TOWN OR LOCATION <b>HAMMOND</b>		14d. INSIDE CITY LIMITS (SPECIFY YES OR NO) <b>YES</b>
14e. STREET AND NUMBER <b>833-173rd PLACE</b>		14f. IS RESIDENCE ON A FARM? <b>NO</b>				
PARENTS		FATHER—NAME FIRST MIDDLE LAST <b>CHRIST MIOFSKY</b>			MOTHER—MAIDEN NAME FIRST MIDDLE LAST <b>DEANA KARSHAKOVA</b>	
17a. INFORMANT—NAME <b>ESTELLE MIOFSKY</b>		17b. RELATIONSHIP <b>WIFE</b>		17c. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) <b>833-173rd PL. HAMMOND, IND.</b>		
PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]						
18. IMMEDIATE CAUSE (a) <b>Acute myocardial infarction</b>		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <b>Instantaneous</b>				
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST (b) <b>Hypertension - Arterio-sclerosis</b>		DUE TO, OR AS A CONSEQUENCE OF: <b>3 yrs.</b>				
CAUSE		(c) <b>FILED</b>				
PART II. OTHER SIGNIFICANT CONDITIONS GIVEN IN PART I (A)		CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE		AUTOPSY (YES OR NO) 19a. <b>No</b>		IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b.
DEATH OCCURRED (HOUR) <b>10:30</b>		THE DECEDENT WAS PRONOUNCED DEAD (MONTH) <b>Nov</b>		DATE SIGNED (MONTH, DAY, YEAR) <b>Nov 19, 1968</b>		
20a. <b>11/17/68 P.M.</b>		20b. <b>Nov</b>		21a. <b>Nov 19, 1968</b>		
CERTIFIER		22a. NAME (TYPE OR PRINT) <b>Nicholas Equatz, M.D.</b>			22b. SIGNATURE <i>Nicholas Equatz, M.D.</i>	
23. MAILING ADDRESS—CERTIFIER <b>7330 Indpls Blvd - Hammond</b>		STREET OR R.F.D. NO.		CITY OR TOWN <b>HAMMOND</b>		STATE <b>INDIANA</b>
24a. BURIED		24b. CEMETERY, CREMATORY, FUNERAL HOME <b>ELMWOOD CEMETERY</b>		24c. LOCATION CITY OR TOWN STATE <b>HAMMOND, INDIANA</b>		FUNERAL HOME NUMBER <b>496</b>
24d. DATE (MONTH, DAY, YEAR) <b>11/20/1968</b>		25a. FUNERAL HOME—NAME AND ADDRESS <b>BURNS FUNERAL HOME 8415 CALUMET AVE. MUNSTER, IND.</b>		DATE RECEIVED BY LOCAL HEALTH OFFICER <b>NOV 21 1968</b>		
25b. FUNERAL DIRECTOR—SIGNATURE <i>George A. Burns</i>		26a. HEALTH OFFICER—SIGNATURE <i>Frankowski, M.D.</i>		26b. DATE RECEIVED BY LOCAL HEALTH OFFICER <b>NOV 21 1968</b>		

Disposition Permit Issued / /  
Provisional Certificate  
 Yes  No