



# COMMUNITY TITLE COMPANY

- An Indiana Corporation - INDIANA  
421 West 81st Avenue LAKE COUNTY  
Merrillville, Indiana 46410 FILED FOR RECORD

99083545

219-736-2810

99 OCT -8 AM 10:51

AFFIDAVIT W. CARTER  
RECORDER

STATE OF INDIANA )  
                          ) SS:  
COUNTY OF LAKE )

DENNIS A. PANASUK, being first duly sworn upon oath, deposes and says:

1. That Affiant's ~~spouse~~ <sup>FATHER,</sup> VASIL PANASUK died (without leaving a will) (leaving a will) on December 26, 1988 at 1617 Caroline, Hammond, In.

2. That ~~they~~ <sup>VASIL PANASUK AND IRENE PANASUK</sup> were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

LOTS 28 AND 29 IN BLOCK 12 IN PARK VIEW ADDITION TO HAMMOND, AS PER PLAT THEREOF, RECORDED JUNE 26, 1925 IN PLAT BOOK 18 PAGE 19, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

COMMONLY KNOWN AS 1617 CAROLINE AVE., WHITING, IN. 46394.

UNIT 26 KEY NO. 35-231-30

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) ~~own~~ 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.



**FILED**

OCT 04 1999

PETER BENJAMIN  
LAKE COUNTY AUDITOR  
DENNIS A. PANASUK

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

COMMUNITY TITLE COMPANY  
FILE NO 218599

Patricia Luongton  
Notary Public

My Commission expires:

04-15-08

County of Residence:

LAKE

This Instrument prepared by PATRICK McMANAMA, ATTORNEY AT LAW  
ID 9534-45

000222  
Comm #1074  
11:00 AM

INDIANA STATE BOARD OF HEALTH  
CERTIFICATE OF DEATH

THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.

Sept. 28, 1988  
Date Issued Hammond Health Commissioner

Local No. 1050

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

PRONOUNCING PHYSICIAN ONLY

ITEMS 24-26 MUST BE COMPLETED BY PERSON WHO PRONOUNCES DEATH

SEE INSTRUCTIONS

CAUSE OF DEATH

SEE INSTRUCTIONS

CERTIFIER

HEALTH OFFICER

CORONER OR MEDICAL EXAMINER USE ONLY

1 DECEASED—NAME FIRST MIDDLE LAST VASIL PANASUK			2 SEX Male	3 DATE OF DEATH (Month Day Year) December 26, 1988	
4 SOCIAL SECURITY NUMBER 314-14-4148	5a AGE—Last Birthday (Years) 65	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Month Day Year) September 25, 1923	
7 BIRTHPLACE (City and State or Foreign Country) Indiana					
8 YEAR LAST SERVED IN U.S. ARMED FORCES? July 3, 1946					
9a PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)					
9b FACILITY NAME (If not institution, give street and number) 1617 Caroline		9c CITY TOWN OR LOCATION OF DEATH Hammond		9d COUNTY OF DEATH Lake	
10 MARITAL STATUS—Married Never Married Widowed Divorced (Specify) Married	11 SURVIVING SPOUSE (If wife give maiden name) Irene J. Waclawik	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Pipefitter		12b KIND OF BUSINESS/INDUSTRY Industry	
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY, TOWN OR LOCATION HAMMOND (WHITING P.O.)		13d STREET AND NUMBER 1617 Caroline, Whiting, Indiana	
13e INSIDE CITY LIMITS? (Yes or no) Yes	13f FARM No	13g ZIP CODE 46394	14 WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes. If yes specify Cuban, Mexican, Puerto Rican, etc.) No	15 RACE—American Indian, Black, White, etc. (Specify) White	
16 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (14 or 16+) unavailable					
17 FATHER'S NAME (First Middle Last) Kuzma Panasuk			18 MOTHER'S NAME (First Middle Maiden Surname) Lucille Koniuk		
19a INFORMANT'S NAME (Type/Print) Irene J. Panasuk		19b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1617 Caroline Whiting, Indiana		19c Relationship Wife	
20a METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Entombment <input checked="" type="checkbox"/> Other (Specify) Entombment		20b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place) December 29, 1988 Holy Cross Mausoleum		20c LOCATION—City or Town, State Calumet City, Illinois	
21a SIGNATURE OF FUNERAL DIRECTOR <i>Daniel W. Ruzich</i>		21b LICENSE NUMBER (of Licensee) 1008643	22 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME RUZICH FUNERAL HOME #727 2031 Indianapolis Blvd., Whiting, In. 46		
23a To the best of my knowledge death occurred at the time, date and place stated Signature and Title <		23b LICENSE NUMBER	23c DATE SIGNED (Month Day Year)		
24 TIME OF DEATH 10.29 am M	25 DATE PRONOUNCED DEAD (Month Day Year) December 26, 1988	26 WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? (Yes or no) NO			
27 PART I Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying 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) Prostate Carcinoma DUE TO (OR AS A CONSEQUENCE OF) Subacute Meningioma DUE TO (OR AS A CONSEQUENCE OF) ASHO DUE TO (OR AS A CONSEQUENCE OF) PART II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I		28a WAS AN AUTOPSY PERFORMED? (Yes or no) NO		28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)	
29a CERTIFIER (Check only one) <input type="checkbox"/> CERTIFYING PHYSICIAN (Physician certifying cause of death when another physician has pronounced death and completed item 23) To the best of my knowledge, death occurred due to the cause(s) and manner as stated <input checked="" type="checkbox"/> PRONOUNCING AND CERTIFYING PHYSICIAN (Physician both pronouncing death and certifying cause of death) To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated <input type="checkbox"/> MEDICAL EXAMINER <input type="checkbox"/> CORONER <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) and manner as stated					
29b SIGNATURE AND TITLE OF CERTIFIER <i>Mark J. Kozloff</i>		29c LICENSE NUMBER 36-047581	29d DATE SIGNED (Month Day Year) DEC 27 1988		
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type/Print) Dr. Mark Kozloff M.D. 155th & Page Harvey, Illinois					
31 HEALTH OFFICER'S SIGNATURE <i>Franklin J. Resnick M.D.</i>				32 DATE FILED (Month Day Year) DEC 27 1988	
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <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)		

25x10