CTC 18552

COMMUNITY TITLE COMPANY

— An Indiana Corporation —
421 West 81st Avenue
Merrillville, Indiana 46410
219-736-2810

99084050

99 OCT 12 AM 10:56

CARTER
RECORDER

DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER.
OCT 08 1999
PETER BENJAMIN
LAKE COUNTY AUDITOR

AFFIDAVIT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

LEAH R. GOLENIA, being first duly sworn upon oath, deposes and says:

1. That Affiant's spouse, EDWARD V. GOLENIA died (without leaving a will) (xxxxxxxxxxxxxxxx) on March 17, 1999 at The Community Hospital, Munster, Indiana

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

THE WEST 1/2 OF LOT 4 IN BLOCK 3 IN RICHLAND MEADOWS, IN THE CITY OF HAMMOND, AS PER PLAT THEREOF, RECORDED NOVEMBER 6,1922 IN PLAT BOOK 15 PAGE 23, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

COMMONLY KNONN AS 1031 CHERRY ST., HAMMOND, IN. 46324

UNIT 26 KEY NO. 35-271-10

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.

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Further affiant sayeth not.

COMMUNITY TITLE COMPANY
FILE NO #18552 mv

Leah R. Golenia
LEAH R. GOLENIA

Subscribed and sworn to before me, a Notary Public, this 4th day of October, 1999.

Patricia Ludington
Patricia Ludington Notary Public

My Commission expires:
04/15/08

County of Residence:
Lake

11.00 E.P.
Comm #1083

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

000635

25×10

* ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

Local No. 1041-111

3 33649

TYPE/PRINT IN PERMANENT BLACK INK

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. ....

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

DECEDENT

1. DECEASED—NAME (First Middle Last): EDWARD GOLENIA
2. SEX: MALE
3a. TIME OF DEATH: 8:25 P.M
3b. DATE OF DEATH (Month Day Yr): MARCH 17, 1999
4. *SOCIAL SECURITY NUMBER: 316-24-7163
5a. AGE—Last Birthday (Years): 73
5b. UNDER 1 YEAR (Months, Days):
5c. UNDER 1 DAY (Hours, Minutes):
6. DATE OF BIRTH (Mo. Day. Yr): Feb.14,1926
7. BIRTHPLACE (City and State or Foreign Country): East Chicago,IN
8a. WAS DECEDENT A U S VETERAN?: Yes
8b. YEAR LAST SERVED IN US ARMED FORCES?: 1946
9a. PLACE OF DEATH (Check only one See instructions): HOSPITAL ☒ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☐ Other (Specify) ☐ Residence
9b. FACILITY NAME (If not institution, give street and number): THE COMMUNITY HOSPITAL
9c. CITY, TOWN, OR LOCATION OF DEATH: MUNSTER
9d. COUNTY OF DEATH: LAKE
10. MARITAL STATUS (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Leah Hess
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Tunnel Kiln Operator
12b. KIND OF BUSINESS/INDUSTRY: Brick Factory
13a. RESIDENCE—STATE: IN
13b. COUNTY: Lake
13c. CITY, TOWN, OR LOCATION: Hammond
13d. STREET AND NUMBER: 1031 Cherry St.
13e. ZIP CODE: 46324
13f. INSIDE CITY LIMITS: ☐ No ☒ Yes
13g. ON A FARM?: ☒ No ☐ Yes
14. CITIZEN OF WHAT COUNTRY?: U.S.A.
15. WAS DECEDENT OF HISPANIC ORIGIN? ☒ No ☐ Yes (If yes specify Cuban, Mexican, Puerto Rican, etc.)
16. RACE—American Indian, Black, White, etc. (Specify): White
17. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 8; College (1-4 or 5 +): ---

PARENTS

18. FATHER'S NAME (First, Middle, Last): Frank Golenia
19. MOTHER'S NAME (First, Middle, Maiden Surname): Angelina Lapa

INFORMANT

20a. INFORMANT'S NAME (Type/Print): Leah Golenia
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1031 Cherry St. Hammond,IN 46324
20c. Relationship: Wife

DISPOSITION

21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Other (Specify) ☐ Entombment ☐ Removal from State
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): March 20,1999 Chapel LAwn Memorial Gardens
21c. LOCATION—City or Town, State: Schererville,IN
22a. EMBALMER'S NAME: John T. Noble
22b. EMBALMER'S LICENSE NO: 9000031
23. WAS DEATH REPORTED TO CORONER?: ☒ No ☐ Yes
24a. SIGNATURE OF FUNERAL DIRECTOR: Thomas J. Burns
24b. LICENSE NUMBER (of Licensee): 1045184
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: Burns-Kish Funeral HOme#3004968 8415 Calumet MUnster,IN 46321

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CAUSE OF DEATH

26. PART I Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms 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)
a. Cardiomyopathy
DUE TO (OR AS A CONSEQUENCE OF)
b.
DUE TO (OR AS A CONSEQUENCE OF)
c.
DUE TO (OR AS A CONSEQUENCE OF)
d.

Conditions, if any, which gave rise to the immediate cause stating the underlying cause last

Approximate Interval Between Onset and Death

CERTIFIES THE ABOVE IS A TRUE COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT. MAR 19 1999 Alexander S. Williams, M.D.

PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I

27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no): No
28a. WAS AN AUTOPSY PERFORMED? (Yes or no): No
28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no): ---

CERTIFIER

29a. CERTIFIER (Check only one):
☒ CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) as stated
☐ 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) as stated
☐ CORONER 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: McKay
29c. MEDICAL LICENSE NO: 01031764
29d. DATE SIGNED (Month Day Year): MARCH 18, 1999
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): S. N. MAKAM, M.D. 922 COLUMBIA AVENUE MUNSTER, INDIANA 46321

HEALTH OFFICER

31. SIGNATURE: Alexander S. Williams, M.D.
32. DATE FILED (Month Day Year): 3/19/99

33. MANNER OF DEATH: ☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ 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):
34g. DATE PRONOUNCED DEAD (Month Day Year):
34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc.

SDH06-004 State Form 10110 (R4/3-93) Deathcer/PD 1

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