

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

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99088795



TICOR TITLE INSURANCE

MORRIS W. CARTER
RECORDER

AFFIDAVIT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Ethel R. Volcsko, being first duly sworn upon oath, deposes and says:

1. That John A. Volcsko died on July 7, 1995 at Merrillville, Indiana.

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

* See attached sheet for Legal Description.

NOT OFFICIAL! Key 23-166-80
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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.

Ethel R. Volcsko

Ethel R. Volcsko

Subscribed and sworn to before me, a Notary Public, this 20th day of October, 1999.

Linda J. McBride
Linda J. McBride Notary Public

My Commission expires:

1-26-07

County of Residence:

Lake

This Instrument prepared by Ethel R. Volcsko

PETER BENJAMIN
LAKE COUNTY AUDITOR

001764

FILED

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E.P.
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* 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.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

Local No. 95 0511

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

TYPE/PRINT IN PERMANENT BLACK INK	1 DECEASED—NAME (First Middle Last) JOHN A. VOLCSKO				2 SEX Male	3a TIME OF DEATH 7:27 P M	3b DATE OF DEATH (Month Day Yr) July 7, 1995	
	4 SOCIAL SECURITY NUMBER 311-07-0556		5a AGE—Last Birthday (Years) 74	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo Day Yr) November 26, 1920		7 BIRTHPLACE (City and State or Foreign Country) Gary, Indiana
DECEDENT	8a WAS DECEDENT A U.S. VETERAN? Yes		8b YEAR LAST SERVED IN U.S. ARMED FORCES? 1945		8c PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence			
	9a FACILITY NAME (If not institution, give street and number) Northwest Family Hospital				9b CITY TOWN OR LOCATION OF DEATH Gary		9c COUNTY OF DEATH Lake	
PARENTS INFORMANT	10 MARITAL STATUS (Specify) Married		11 SURVIVING SPOUSE (If wife, give maiden name) Ethel Calhoun		12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Proprietor		12b KIND OF BUSINESS/INDUSTRY Advertising Specialties	
	13a RESIDENCE—STATE Indiana		13b COUNTY Lake		13c CITY, TOWN, OR LOCATION Merrillville		13d STREET AND NUMBER 6901 Broadway	
DISPOSITION	13e ZIP CODE 46410		14 CITIZEN OF WHAT COUNTRY? U.S.A.		15 WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		16 RACE—American Indian, Black, White, etc. (Specify) White	
	17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (10-12) <input type="checkbox"/> College (1-4 or 5+) 12		18 FATHER'S NAME (First Middle Last) Andrew Volcsko		19 MOTHER'S NAME (First Middle Maiden Surname) Elizabeth Jancsak			
DISPOSITION	20a INFORMANT'S NAME (Type/Print) Ethel Volcsko			20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 6901 Broadway, Merrillville, IN 46410			20c Relationship Wife	
	21a METHOD OF DISPOSITION <input type="checkbox"/> Entombment <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) Burial			21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) July 11, 1995 Calumet Park Cemetery			21c LOCATION—City or Town, State Merrillville, Indiana	
CAUSE OF DEATH	22a EMBALMER'S NAME Charles W. Wells			22b EMBALMER'S LICENSE NO. 1042372		23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
	24a SIGNATURE OF FUNERAL DIRECTOR <i>John A. Pruzin</i>			24b LICENSE NUMBER (of License) 1007231		25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME PRUZIN BROS. FUNERAL SERVICE #3002453 6360 Broadway, Merrillville, IN 46410		
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. Vascular collapse Due to arteriosclerotic heart and vascular disease						Approximate Interval Between Onset and Death Unknown	
	26 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	
CERTIFIER	28a CERTIFIER (Check only one) <input type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <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) as stated. <input checked="" type="checkbox"/> 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. Deputy						29a MEDICAL LICENSE NO. N/A	
	29b SIGNATURE AND TITLE OF CERTIFIER <i>John A. Pruzin</i>						29c DATE SIGNED (Month Day Year) July 11, 1995	
HEALTH OFFICER	30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Donna Melyon, Deputy Coroner, 2293 North Main Street, Crown Point, Indiana 46307							
	31 HEALTH OFFICER'S SIGNATURE OCT 27 1995						32 DATE FILED (Month Day, Year)	
HEALTH OFFICER	33 MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be Determined		34a DATE OF INJURY (Month Day, Year)		34b TIME OF INJURY		34c INJURY AT WORK? (Yes or no)	
	34d DESCRIBE HOW INJURY OCCURRED PETER BENJAMIN LAKE COUNTY AUDIOS		34e PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) LAKE COUNTY AUDIOS					
34g DATE PRONOUNCED DEAD (Month Day, Year) July 7, 1995			34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc. 001765					

LEGAL DESCRIPTION

PARCEL I: Unit 21-4, being that part of Tract 21 in Fieldstone Crossing Townhomes Unit 1, a Planned Unit Development, in the City of Crown Point, as per plat thereof, recorded in Plat Book 73 page 26 in Lake County, Indiana, said Unit 21-4 being described as follows: Commencing at the Northwest corner of said Tract 21; thence North 89 degrees 58 minutes 04 seconds East 74.89 feet along the North line of said Tract 21, to a bend; thence South 51 degrees 43 minutes 31 seconds East 97.68 feet along the Northeasterly line of said Tract 21, to the point of beginning; thence South 51 degrees 43 minutes 31 seconds East 34.25 feet along said Northeasterly line; thence South 38 degrees 16 minutes 29 seconds West 103.62 feet, to the Southwesterly line of said Tract 21; thence Northwesterly 2.07 feet along the arc of a circle of 50.00 feet radius convex Northeasterly having a chord bearing North 55 degrees 00 minutes 04 seconds West, to a point of tangency; thence North 56 degrees 11 minutes 22 seconds West 32.28 feet along said Southwesterly line; thence North 38 degrees 16 minutes 29 seconds East 106.25 feet, to the herein designated point of beginning.

PARCEL II: The North 110.48 feet of West 500.83 feet of Northwest 1/4 of the Northwest 1/4 of Section 15, Township 35 North, Range 8 West of the 2nd Principal Meridian, in the Town of Merrillville, Lake County, Indiana.

