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2000 001501

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2000 JAN -7 AM 10:47

MORRIS W. CARTER
RECORDER

AFFIDAVIT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

IRENE VASILY, being first duly
sworn upon oath, deposes and says:

1. That Affiant's spouse, RUDY R. VASILY
died (~~without leaving a will~~) (leaving a will) on DEC. 4
1999 at Mary E. Bartz Hospice Valparaiso

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

LOT 97 IN CHAPEL MANOR, UNIT NO. 3, AS PER PLAT THEREOF, RECORDED SEPTEMBER 29, 1961 IN PLAT BOOK
35 PAGE 9, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

COMMONLY KNOWN AS: 534 EAST 78th PLACE, MERRILLVILLE, IN 46410

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) ~~XXXXX~~ 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.

JAN 04 2000

Further affiant sayeth not.

COMMUNITY TITLE COMPANY
FILE NO 2 18841

PETER BENJAMIN
LAKE COUNTY AUDITOR

Irene Vasily
IRENE VASILY

Subscribed and sworn to before me, a Notary Public, this 27th day of December, 1999.

Tracie A Kraszyk
Notary Public

THIS INSTRUMENT PREPARED BY: IRENE VASILY

TRACIE A. KRASYK
Notary Public, State of Indiana
County of Porter
My Comm. Expires Jan. 12, 2008

00050

Comm #1188
13.02
M

This document not valid unless stamped on reverse side and embossed with raised seal of Porter County

PORTER COUNTY
CERTIFICATE OF DEATH

PORTER COUNTY HEALTH DEPARTMENT
155 Indiana Ave.
Suite 104
Valparaiso, IN 46383

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

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF
DEATH

CERTIFIER

HEALTH
OFFICER

1. DECEASED—NAME (First, Middle, Last) RUDOLPH R. VASILY		2. SEX Male		3a. TIME OF DEATH 12:03 AM		3b. DATE OF DEATH (Month, Day, Yr) December 4, 1999	
4. *SOCIAL SECURITY NUMBER 314-18-3957		5a. AGE—Last Birthday (Years) 76		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes	
6. DATE OF BIRTH (Mo, Day, Yr) March 12, 1923		7. BIRTHPLACE (City and State or Foreign Country) Gary, Indiana					
8a. WAS DECEDENT A U.S. VETERAN? Yes		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1946		8c. 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 type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input checked="" type="checkbox"/> Other (Specify) Hospice Center			
9b. FACILITY NAME (If not institution, give street and number) Mary Bartz Hospice				9c. CITY, TOWN, OR LOCATION OF DEATH Valparaiso		9d. COUNTY OF DEATH Porter	
10. MARITAL STATUS (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Irene Mitro		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Supervisor		12b. KIND OF BUSINESS/INDUSTRY US Steel	
13a. RESIDENCE—STATE Indiana		13b. COUNTY Lake		13c. CITY, TOWN, OR LOCATION Merrillville		13d. STREET AND NUMBER 7260 McKinley Circle A-208	
13e. ZIP CODE 46410		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 13g. ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? U.S.A.		15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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) 12 College (1-4 or 5 +)					
18. FATHER'S NAME (First, Middle, Last) John Vasily				19. MOTHER'S NAME (First, Middle, Maiden Surname) Mary Yacko			
20a. INFORMANT'S NAME (Type/Print) Irene Vasily		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 7260 McKinley Circle, 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)		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) December 7, 1999 Calumet Park Cemetery				21c. LOCATION—City or Town, State Merrillville, Indiana	
22a. EMBALMER'S NAME Amy DeMunck		22b. EMBALMER'S LICENSE NO. FI29900059		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
24a. SIGNATURE OF FUNERAL DIRECTOR 		24b. LICENSE NUMBER (of Licensee) 1009893		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME PRUZIN BROS. FUNERAL SERVICE #83002453 636 ... Merrillville, IN 46410			
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. Pancreatic Cancer DUE TO (OR AS A CONSEQUENCE OF) JAN 04 2000 Approximate Interval Between Onset and Death 10 mos b. _____ DUE TO (OR AS A CONSEQUENCE OF) _____ c. _____ DUE TO (OR AS A CONSEQUENCE OF) PETER BENJAMIN LAKE COUNTY AUDITOR d. _____ DUE TO (OR AS A CONSEQUENCE OF) _____ 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) ---			
29a. CERTIFIER (Check only one) <input checked="" 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 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.							
29b. SIGNATURE AND TITLE OF CERTIFIER 				29c. MEDICAL LICENSE NO. 01045710		29d. DATE SIGNED (Month, Day, Year) 12/4/99	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) M. Trybula, M.D., 125 East 89th Avenue, Merrillville, IN 46410 (219) 736-2800							
31. HEALTH OFFICER'S SIGNATURE 						32. DATE FILED (Month, Day, Year) December 8, 1999	
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <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)			
34g. DATE PRONOUNCED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc. 00051					

No. 156-65

Document

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the Lake County Recorder!

PORTER COUNTY HEALTH DEPT.
VALPARAISO, INDIANA
THIS IS TO CERTIFY THAT THIS IS A
TRUE COPY OF THE ORIGINAL RECORD

Gary A. Babcock
HEALTH OFFICER

STOP

THIS CERTIFIED COPY IS
ISSUED FREE FOR VETERANS
BENEFITS ONLY.

Gary A. Babcock
HEALTH OFFICER

