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JAN 27 2000

PETER BENJAMIN
LAKE COUNTY AUDITOR

AFFIDAVIT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

etc 18979

LORRAINE J. BARANCYK, being first duly
sworn upon oath, deposes and says:

1. That Affiant's ~~spouse~~ FATHER, JOSEPH MICHAEL TOTH
died (without leaving a will) ~~XXXXXXXXXXXXXXXXXX~~ on September 30,
19 99 at Gary, Indiana

2. That ~~they~~ JOSEPH MICHAEL TOTH AND VIOLET MARIE TOTH
were duly and legally married at the time they
acquired title as husband and wife to the following described
real estate:

LOTS 363 AND 364 IN LAKES OF THE FOUR SEASONS, UNIT NO. 2, AS PER
PLAT THEREOF, RECORDED OCTOBER 17, 1966 IN PLAT BOOK 37 PAGE 76,
IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.
COMMONLY KNOWN AS 3615 KINGSWAY, CROWN POINT, IN. 46307
UNIT 11 KEY NO. 10-46-134

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) ~~death~~ 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.

AFFIANT MAKES THE ABOVE STATEMENTS ACCORDING TO HER BEST
KNOWLEDGE AND BELIEF.

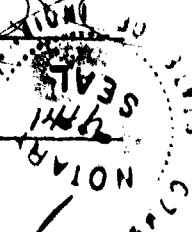
Further affiant sayeth not.

Lorraine J. Barancyk
LORRAINE J. BARANCYK

Subscribed and sworn to before me, a Notary Public, this
day of January, 19 2000.

COMMUNITY TITLE COMPANY
FILE NO L 18979 MV

Patricia Ludington
Notary Public



THIS INSTRUMENT PREPARED BY: PATRICK McMANAMA, ATTORNEY AT LAW
ID 9534-45

PATRICIA LUDINGTON
NOTARY PUBLIC, STATE OF INDIANA
COUNTY OF LAKE
MY COMMISSION EXPIRES 04-15-08

01370

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E.P.
COMM
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25 x 17

CERTIFIED COPY

CERTIFICATE OF DEATH
FLORIDA

LOCAL FILE NO

1 DECEDENT'S NAME FIRST: Joseph M. LAST: Toth		2 SEX Male	
3 DATE OF DEATH (Month, Day, Year) September 30, 1999		4 SOCIAL SECURITY NUMBER 307-20-0177	
5a AGE - Last Birthday (years) 73		5b UNDER 1 YEAR Months: Days: Hours: Minutes:	
6 DATE OF BIRTH (Month, Day, Year) March 19, 1926		7 BIRTHPLACE (City and State or Foreign Country) Gary, Indiana	
9a PLACE OF DEATH (Check only one. see instructions on other side) HOSPITAL: Inpatient: ER/Outpatient: DOA: OTHER: Nursing Home: Residence: Other (Specify):		9b INSIDE CITY LIMITS? (Yes or No) No	
9c FACILITY NAME (If not institution, give street and number) 124 Pier E		9d CITY, TOWN, OR LOCATION OF DEATH Naples	
9e COUNTY OF DEATH Collier		11 MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married	
10a DECEDENT'S USUAL OCCUPATION Supervisor		12 SURVIVING SPOUSE (If wife, give maiden name) Violet M Serletic	
13a RESIDENCE - STATE Florida		13b COUNTY Collier	
13c CITY, TOWN, OR LOCATION Naples		13d STREET AND NUMBER 124 Pier E	
13e INSIDE CITY LIMITS? (Yes or No) No		13f ZIP CODE 34112	
14 WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes - If yes, specify Haitian, Cuban, Mexican, Puerto Rican, etc.) No		15 RACE - American Indian, Black, White, etc. Specify: White	
16 DECEDENT'S EDUCATION (Specify only highest grade complete) Elementary/Secondary: College (1-4 or 5-1): 3		17 FATHER'S NAME (First, Middle, Last) Michael W. Toth	
18 MOTHER'S NAME (First, Middle, Maiden Surname) Mary Ann Kelner		19a INFORMANT'S NAME (Type/Print) Violet M. Toth	
19b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 124 Pier E Naples Fl 34112		20a METHOD OF DISPOSITION Burial: Cremation: Removal from State: Donation: Other (Specify): X Removal from State	
20b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Calumet Park Cemetery		20c LOCATION - City or Town, State Merrillville, In.	
21a SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>		21b LICENSE NUMBER FL 3239	
21c NAME AND ADDRESS OF FACILITY American Family Funeral Home 2701 Cleveland Ave Fort Myers Fl 33901		22a NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Anthony D'Agostino MD 1172 Goodlette Frank Rd Naples Fl 34102	
22b DATE SIGNED (Mo, Day, Yr) 10/4/99		22c HOUR OF DEATH 4:10 P.M.	
22d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		23a 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 (Signature and Title) <i>[Signature]</i>	
23b DATE SIGNED (Mo, Day, Yr)		23c HOUR OF DEATH	
23d MEDICAL EXAMINER'S CASE #		24 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print) Anthony D'Agostino MD 1172 Goodlette Frank Rd Naples Fl 34102	
25a SUBREGISTRAR - SIGNATURE AND DATE		25b LOCAL REGISTRAR - SIGNATURE <i>[Signature]</i>	
25c DATE REGISTERED Oct 6, 1999		26 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) LUNG CANCER Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I		27a WAS AN AUTOPSY PERFORMED? (Yes or No) no	
27b WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? (Yes or No)		28 CASE REPORTED TO MEDICAL EXAMINER? (Yes or No) no	
29 IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 3 MONTHS? YES X NO		30a IF SURGERY IS MENTIONED IN PART I OR II ENTER CONDITION FOR WHICH IT WAS PERFORMED	
30b DATE OF SURGERY (Mo, Day, Year)		31 PROBABLE MANNER OF DEATH (Specify) Natural	
32a DATE OF INJURY (Month, Day, Year)		32b TIME OF INJURY M	
32c INJURY AT WORK? (Yes or No)		32d DESCRIBE HOW INJURY OCCURRED	
32e PLACE OF INJURY - At home, farm, street, factory, etc. (Specify)		32f LOCATION (Street and Number or Rural Route Number, City or Town, State)	

THIS IS A CERTIFIED TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE

BY: *[Signature]* State Registrar
OCT 06 1999

WARNING:

THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK.

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FLORIDA DEPARTMENT OF HEALTH

DOH FORM 1564A (3-98)

CERTIFICATION OF VITAL RECORD

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