

2000 016688

2000 MAR 06 10:43

NOTARY PUBLIC  
DANIEL W. SLUSSER

AFFIDAVIT

STATE OF INDIANA )  
                          ) SS:  
COUNTY OF LAKE )

Lubi Ann Paligraf, being first duly sworn upon oath, deposes and says:

1. That Affiant's spouse, Conn Paligraf died (without leaving a will) ~~XXXXXXXXXXXX~~ on September 16, 19 70 at Gary Clinic, 6111 Harrison St., Merrillville, IN. 46410

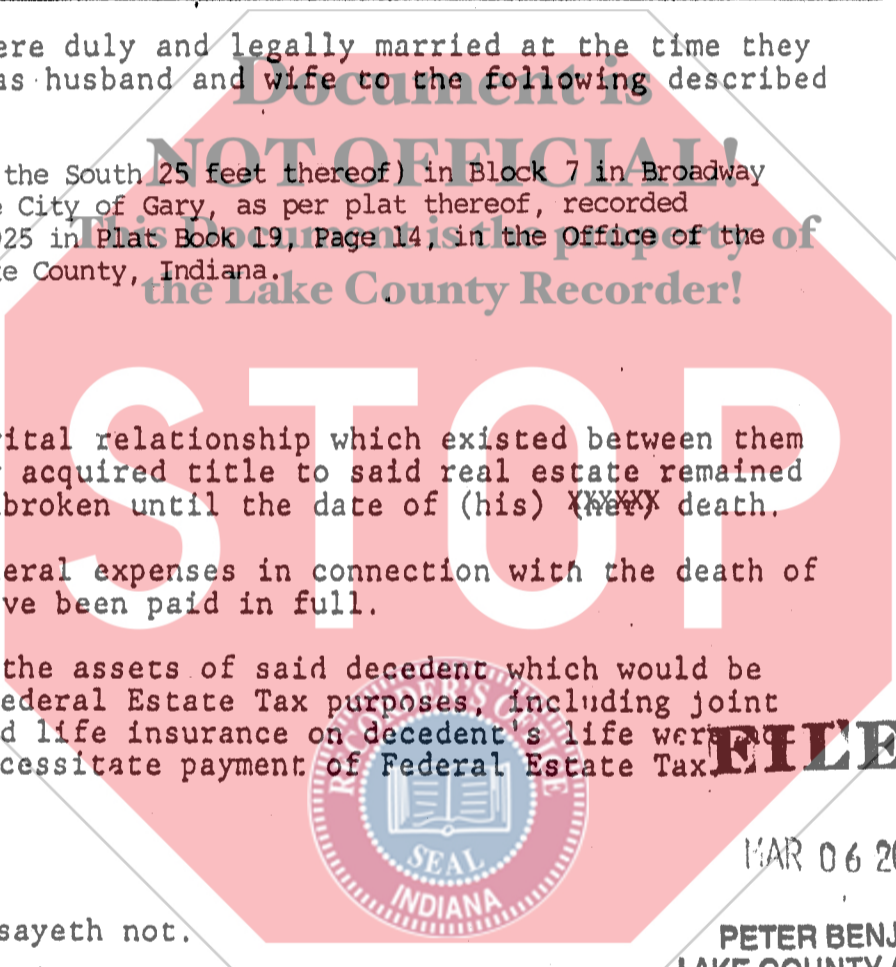
2. That they were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

Lot 16 (except the South 25 feet thereof) in Block 7 in Broadway Gardens, in the City of Gary, as per plat thereof, recorded November 27, 1925 in Plat Book 19, Page 14, in the Office of the Recorder of Lake County, Indiana.

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 sufficient to necessitate payment of Federal Estate Tax. **FILED**



Further affiant sayeth not.

MAR 06 2000  
PETER BENJAMIN  
LAKE COUNTY AUDITOR

COMMUNITY TITLE COMPANY  
FILE NO L 19144 MV

Lubi Ann Paligraf  
LUBI ANN PALIGRAF

Subscribed and sworn to before me, a Notary Public, this 1st day of March, 2000 ~~XXXX~~.

Daniel W. Slusser  
Notary Public  
Daniel W. Slusser  
Notary Public, State of Indiana  
Lake County  
My Commission Exp. 08/03/2000

This instrument prepared by:  
Lubi Ann Paligraf

11.00  
E.P.  
Comm  
#1241

016688

TYPE OR PRINT  
PLAINLY WITH  
UNFADING INK  
THIS IS A  
PERMANENT  
RECORD

Below for State Office Use

A \_\_\_\_\_  
B \_\_\_\_\_  
C \_\_\_\_\_  
D \_\_\_\_\_  
E \_\_\_\_\_  
F \_\_\_\_\_  
G \_\_\_\_\_  
H \_\_\_\_\_  
I \_\_\_\_\_  
J \_\_\_\_\_  
K \_\_\_\_\_  
L \_\_\_\_\_  
M \_\_\_\_\_  
N \_\_\_\_\_  
O \_\_\_\_\_  
P \_\_\_\_\_  
Q \_\_\_\_\_  
R \_\_\_\_\_  
S \_\_\_\_\_  
T \_\_\_\_\_  
U \_\_\_\_\_  
V \_\_\_\_\_  
W \_\_\_\_\_  
X \_\_\_\_\_  
Y \_\_\_\_\_  
Z \_\_\_\_\_

LAKE COUNTY HEALTH COMMISSIONER

SEP 22 1970

*Dr. M. Fadell*

ON FILE WITH THE EMBALMER'S NAME, ERWIN B. COOK

CERTIFIES THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF DEATH

INDIANA STATE BOARD OF HEALTH  
DIVISION OF VITAL RECORDS  
MEDICAL CERTIFICATE OF DEATH

Local No. 541-70 State No. \_\_\_\_\_

PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS		DECEASED—NAME 1. <b>Conn Paligraf</b>			SEX 2. <b>Male</b>	DATE OF DEATH (MONTH, DAY, YEAR) 3. <b>September 16, 1970</b>
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) 4. <b>White</b>		AGE—LAST BIRTHDAY (YEARS) 5a. <b>33</b>	UNDER 1 YEAR 5b. <b>0</b>	UNDER 1 DAY 5c. <b>0</b>	DATE OF BIRTH (MONTH, DAY, YEAR) 6. <b>May 8, 1927</b>	COUNTY OF DEATH 7a. <b>Lake</b>
CITY, TOWN, OR LOCATION OF DEATH 7b. <b>Ross Township</b>		INSIDE CITY LIMITS (SPECIFY YES OR NO) 7c. <b>NO</b>	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7d. <b>Gary Clinic 6111 Harrison St.</b>			
STATE OF BIRTH (IF NOT IN U.S.A.) 8. <b>Gary Lake County, U.S.A.</b>		CITIZEN OF WHAT COUNTRY 9. <b>U.S.A.</b>		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. <b>Married</b>		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 11. <b>Lubi Ann Mesich</b>
USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.		SOCIAL SECURITY NUMBER 12. <b>316-22-9503</b>		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 13a. <b>Merchant Mill</b>		KIND OF BUSINESS OR INDUSTRY 13b. <b>U.S. Steel</b>
RESIDENCE—STATE 14a. <b>Indiana</b>		COUNTY 14b. <b>Lake</b>	CITY, TOWN OR LOCATION 14c. <b>Gary</b>		INSIDE CITY LIMITS (SPECIFY YES OR NO) 14d. <b>Yes</b>	TOWNSHIP 14e. <b>Calumet</b>
STREET AND NUMBER 14f. <b>5001 Virginia Street</b>		IS RESIDENCE ON A FARM? 14g. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
FATHER—NAME 15. <b>Constantine Paligraf</b>		MOTHER—MAIDEN NAME 16. <b>Anna Magda</b>				
INFORMANT—NAME 17a. <b>Lubi A. Paligraf</b>		RELATIONSHIP 17b. <b>Wife</b>	MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 17c. <b>5001 Virginia St. Gary, Ind.</b>			
PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE		<i>Pulmonary edema</i>				<i>1 hr -</i>
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST		(a) DUE TO, OR AS A CONSEQUENCE OF:				
		(b) DUE TO, OR AS A CONSEQUENCE OF:				
		(c) DUE TO, OR AS A CONSEQUENCE OF:				
PART II. OTHER SIGNIFICANT CONDITIONS GIVEN IN PART I (A)		CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE		AUTOPSY (YES OR NO) 19a.	IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b.	
DEATH OCCURRED (HOUR) 20a. <b>3:48 P.M.</b>		THE DECEDENT WAS PRONOUNCED DEAD MONTH DAY YEAR <b>9 16 70</b>			DATE SIGNED (MONTH, DAY, YEAR) 21a. <b>9-18-70</b>	
CERTIFIER—NAME (TYPE OR PRINT) 22a. <b>Dr. M. Fadell</b>		SIGNATURE 22b. <i>Matthew J. Fadell M.D.</i>				(DEGREE OR TITLE)
MAILING ADDRESS—CERTIFIER 23. <b>6111 Harrison Street</b>		STREET OR R.F.D. NO.		CITY OR TOWN <b>Gary</b>	STATE <b>Indiana</b>	ZIP <b>46410</b>
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. <b>Burial</b>		CEMETERY, CREMATORY, FUNERAL HOME 24b. <b>Calumet Park Cem.</b>		LOCATION CITY OR TOWN STATE 24c. <b>CrownPoint, Indiana</b>		FUNERAL HOME NUMBER <b>242</b>
DATE (MONTH, DAY, YEAR) 24d. <b>Sept. 19, 1970</b>		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 25a. <b>Stilnovich &amp; Palmer 4213 Broadway Gary, Indiana</b>				
FUNERAL DIRECTOR—SIGNATURE 25b. <i>George Stilnovich</i>		HEALTH OFFICER—SIGNATURE 26a. <i>R.F. Bradette</i>		DATE RECEIVED BY LOCAL HEALTH OFFICER 26b. <b>SEP 21 1970</b>		

Disposition Permit Issued / /  
Provisional Certificate  
 Yes  No

25X10