

② 31585488N Hold For:  
LAKE COUNTY TITLE COMPANY  
8695-A BROADWAY, SUITE A  
MERRILLVILLE, IN 46410

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

219-793-9899 2000 018412  
STATE OF INDIANA )  
COUNTY OF LAKE )

2000 MAR 17 AM 10:33  
IN RE: JULIANNA YUHASZ  
MORRIS COUNTY RECORDER

**AFFIDAVIT OF HEIRSHIP**

Comes now JOSEPH J. YUHASZ, being first duly sworn upon his oath, and states as

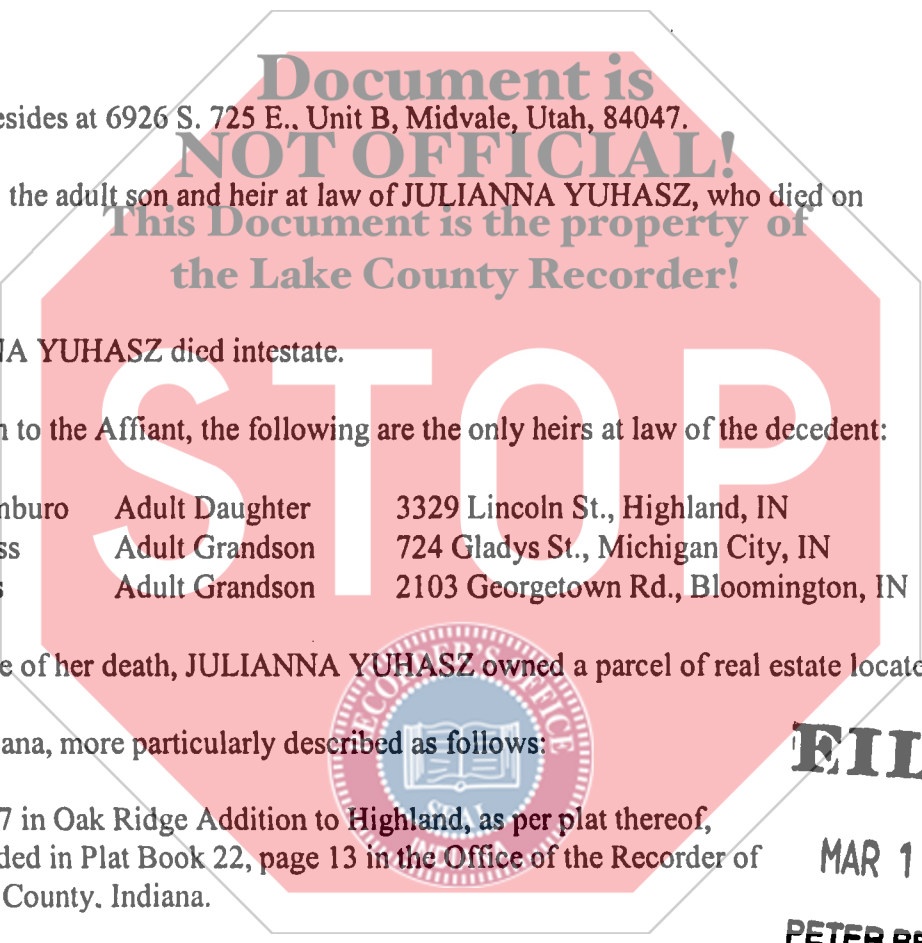
follows:

1. That he resides at 6926 S. 725 E., Unit B, Midvale, Utah, 84047.
2. That he is the adult son and heir at law of JULIANNA YUHASZ, who died on January 7<sup>th</sup>, 1990.
3. JULIANNA YUHASZ died intestate.
4. In addition to the Affiant, the following are the only heirs at law of the decedent:  

Margaret Tamburo	Adult Daughter	3329 Lincoln St., Highland, IN
Frederick Hess	Adult Grandson	724 Gladys St., Michigan City, IN
Gregory Hess	Adult Grandson	2103 Georgetown Rd., Bloomington, IN
5. At the time of her death, JULIANNA YUHASZ owned a parcel of real estate located in Lake County, Indiana, more particularly described as follows:  

Lot 17 in Oak Ridge Addition to Highland, as per plat thereof, recorded in Plat Book 22, page 13 in the Office of the Recorder of Lake County, Indiana.

Commonly known as 3329 Lincoln Street, Highland, Indiana
6. The gross value of the estate of the decedent was less than the value required for the filing of a Federal Estate Tax Return.
7. The estate of the decedent was not subject to Indiana inheritance taxes.



**FILED**

MAR 17 2000

PETER BENJAMIN  
LAKE COUNTY AUDITOR

13 am

61236

ITC  
#200820

8. The individuals entitled to the real estate as a result of the decedent's death are:

1/3 interest	Joseph Yuhasz	Adult Son	6926 S. 725 E., Unit B, Midvale, UT
1/3 interest	Margaret Tamburo	Adult Daughter	3329 Lincoln St., Highland, IN
1/6 interest	Frederick Hess	Adult Grandson	724 Gladys St., Michigan City, IN
1/6 interest	Gregory Hess	Adult Grandson	2103 Georgetown, Bloomington, IN

I AFFIRM UNDER PENALTIES FOR PERJURY THAT THE FOREGOING REPRESENTATIONS ARE TRUE.

STATE OF UTAH

COUNTY OF Salt Lake

Document is  
NOT ORIGINAL!

Joseph J. Yuhasz  
JOSEPH J. YUHASZ

This Document is the property of  
the Salt Lake County Recorder!



Notary Public  
LEONORA M. CARRASCO  
445 Trolley Square  
Salt Lake City, Utah 84102  
My Commission Expires  
November 9, 2002  
State of Utah

Subscribed and sworn before me this 17 day of February, 2000.

Leonora M Carrasco  
Notary Public

My Commission Expires: November 9, 2002

My County of Residence: Midvale, Utah



① Held For:  
Intercounty Title Co

INDIANA STATE BOARD OF HEALTH

Local No. 37-90

CERTIFICATE OF DEATH

State No. ....

TYPE/PRINT  
IN  
PERMANENT  
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF  
DEATH

CERTIFIER

HEALTH  
OFFICER

OWNER  
USE ONLY

1 DECEASED—NAME (First, Middle, Last) <b>JULIANNA YUHASZ</b>				2 SEX <b>FEMALE</b>		3a TIME OF DEATH <b>2 30A M</b>		3b DATE OF DEATH (Month, Day, Yr) <b>JANUARY 7, 1990</b>	
4 SOCIAL SECURITY NUMBER <b>306-70-6476</b>		5a AGE—Last Birthday (Years) <b>9<sup>3</sup>/<sub>4</sub></b>	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr) <b>AUGUST 15, 1896</b>		7 BIRTHPLACE (City and State or Foreign Country) <b>Arnolt, Hungary</b>		
8a WAS DECEDENT A U.S. VETERAN? <b>no</b>		8b YEAR LAST SERVED IN U.S. ARMED FORCES? <b>none</b>		9a PLACE OF DEATH (Check only one. See instructions) <b>HOSPITAL</b> <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <b>OTHER</b> <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence					
9b FACILITY NAME (If not institution, give street and number) <b>THE COMMUNITY HOSPITAL</b>				9c CITY, TOWN, OR LOCATION OF DEATH <b>MUNSTER</b>			9d COUNTY OF DEATH <b>LAKE</b>		
10 MARITAL STATUS (Specify) <b>Widowed</b>		11 SURVIVING SPOUSE (If wife, give maiden name)		12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Homemaker</b>			12b KIND OF BUSINESS/INDUSTRY		
13a RESIDENCE—STATE <b>INDIANA</b>		13b COUNTY <b>LAKE</b>		13c CITY, TOWN, OR LOCATION <b>HIGHLAND</b>			13d STREET AND NUMBER <b>3329 LINCOLN ST</b>		
13e ZIP CODE <b>46322</b>		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? <b>U.S.A.</b>	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) <b>White</b>		17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>6</b> College (1-4 or 5 +)
18 FATHER'S NAME (First, Middle, Last) <b>Martin Tamasy</b>					19 MOTHER'S NAME (First, Middle, Maiden Surname) <b>Julianna Simon</b>				
20a INFORMANT'S NAME (Type/Print) <b>Mr. Joseph J. Yuhasz</b>				20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>3329 Lincoln Street Highland, IN 46322</b>			20c Relationship <b>Son</b>		
21a METHOD OF DISPOSITION <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) <b>January 9, 1990 Oak Hill Cemetery</b>			21c LOCATION—City or Town, State <b>Hammond, Indiana</b>			
22a EMBALMER'S NAME <b>John C. Ault</b>			22b EMBALMER'S LICENSE NO. <b>FDO1013507</b>			23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
24a SIGNATURE OF FUNERAL DIRECTOR <i>John C. Ault</i>				24b LICENSE NUMBER (of Licensee) <b>FDO1013507</b>		25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>Bocken Funeral Home, Inc. FH83002801 7042 Kennedy Avenue Hammond, IN 46323</b>			
26 PART I Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as "this death." THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH. IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>myocardial infarction</b> DUE TO (OR AS A CONSEQUENCE OF) b. DUE TO (OR AS A CONSEQUENCE OF) c. DUE TO (OR AS A CONSEQUENCE OF) d. <b>MAR 17 2000 6:18 1990</b>						Approximate Interval Between Onset and Death			
26 PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I <b>carcinoma of colon</b>						27 WAS DECEDENT PREGNANT OR POSTPARTUM? (Yes or no)		28a WAS AN AUTOPSY PERFORMED 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 <i>R. R. R.</i>						29c MEDICAL LICENSE NO. <b>18389</b>		29d DATE SIGNED (Month, Day, Year) <b>JANUARY 8 1990</b>	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>RONALD REED 3641 RIDGE ROAD HIGHLAND, INDIANA 46322</b>									
31 HEALTH OFFICER'S SIGNATURE <i>Paul Johnson</i>							32 DATE FILED (Month, Day, Year) <b>JAN 8, 90</b>		
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) <b>91 DM</b>				
34g DATE PRONOUNCED DEAD (Month, Day, Year)			34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc. <b>NO</b>						

JIC #1000

25/10