STATE OF INDIANA LAKE COUNTY FILED FOR SECORD

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## TUE INSURAL

MAR 24 2000

	AFFIDAVIT	PETER BENJAMIN
STATE OF INDIANA)		LAKE COUNTY AUDITOR
COUNTY OF LAKE ) SS:		
Mabel Lee Malinich sworn upon oath, deposes and	d says:	, being first duly
1. That John Malinich		died on
September 7	, 1994 at н	obart, Indiana
2. That <u>John Malinich</u> were duly and legally marrie wife to the following descri	ed at the time they ac	bel Lee Malinich Equired title as husband and
Lot 9 in Lohman's Addition in Plat Book 28 page 19, in Indiana.	the Office of the Re	
Key No. 39-471-9.	March 1996 Commencer Control of the Control	
	the Lake Coun	the property of ty Recorder!
	onship which existed b	petween them at the time they fect and unbroken until the
4. That all funeral expense nave been paid in full.	es in connection with	the death of said decedent
	, including joint bank	would be includable for accounts and life insurance tate payment of Federal Estate
Further affiant sayeth not.		
	The state of the s	habel Lee Malinich
Subscribed and sworn to before March, 2000		abel Lee Malinich c, this 23rd day of
	Sh	annon Stiener Notary Public
My Commission expires:		annon Stiener Notary Public
3–14–07		
County of Residence:		EXP3-1407) ]
Lake		EXP3/40) X
his Instrument prepared by	Mabel Lee Malinich	White will have been a second of the second
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## INDIANA STATE DEPARTMENT OF HEALTH

	John Malinich	<b>1</b>		Male		ME OF DEATH		of DEATH NAME O tember 7	
4. *SOCIAL SECURITY NUMBER	Sa ACE-Last Bethde		Se UNDER	DAY 6 DATE				E (City and State or	
313-07-3818	(Years) 76	Months Days	Hours	Sep	. 10,	1917	Mc Kee	es Rock,	Pa.
BA WAS DECEDENT	SE YEAR LAST SERVED IN					heck only one 5			
A US. VETERANT	US ARMED FORCEST	HOSPITAL   Incent		<u>  2</u>		raing Home C	Other (Spec	:dy)	
NO 96 FACILITY NAME (If not mass	N/A	1 D ER/C	Outpenent D 0	OA		OF DEATH	Tex COUR	NTY OF DEATH	
Sebo Nursing	g Home			Hob	art			Lake	
(Specify) Married	11 SURVIVING SPOUSE (If wife give maden name) Mabel Day:	is		intenan	ce		S	teel Co.	
134 RESIDENCE-STATE	136 COUNTY	13e CITY TOWN OR	LOCATION			EET AND NUME			
Indiana	Lake	Gary				1 W. 4J			
130 ZIP CODE 131 JYSIDE CI	TY LIMITS 14 CITIZEN OF WHAT COUNT	IS WAS DECEDENT	AN IN AND H	secify Cuben	Block White	HC 15		DECEDENT'S EDI	
13g ON A FA	RM <sup>2</sup>	Merican Puerro F	Boan etc)		(Specify)	_ A =	lementary/Sec		Call <b>égé (1-4 o</b>
X No					White			10	
18 FATHERS NAME (First Mod			1,702.71	19 MOTHERS N			name)		. Canad
Peter Malin		This Do	ocum		ia Ste		rty (	of \	
20% INFORMANTS NAME (Type Mabel malin				Ave. G					te.
					7				
214 METHOD OF DISPOSITION	14	21b DATE AND PLAC		per 10,		or 21c	LOCATION-	-City or Town Stat	10
Buriel □ Cremetion     Opher (Special)	Removal from State			Cemeter			Merri	llville,	India
	371			Caneter		A SIA PEROPES		· ·	2.1.02.
224 EMBALMERS NAME		226 EMBALMERS	1016713		CKN	ATH REPORTED	O TO CORONI	EM7	
Edgar Gleim								E ELINEBAL MONE	
244 SIGNATURE OF FUNERAL D	PRECTOR		ICENSE NUMBEI (of Licensee)	Ku	iper F	uneral	Home	9039 KIE	inman
1/1			DO 1014					DH 300-7	
77	upu								
26 PARTI COMPANIE	se names o complications the	t caused the ceeth. Do not en	ter nonspecific te	ms, such as cardio	c or resouratory			•(=	Approximat
IMMEDIATE CAUSE TRIME disease or condition resulting in death)	-	caused the ceath. Do not en e on each line.  Color AS A CONSEQUENC	mhae	e - pos	e or resourcery	/	fed ule	*(=	Approximat
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