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2000-044336

FA# F31959

LEGAL DESCRIPTION: Lot 29 and the North 8 feet of Lot 30 in Block 8 in Franklin Addition to the City of Hammond, as per plat thereof, recorded in Plat Book 4, page 16, in the Office of the Recorder of Lake County, Indiana.

FILED



First American Title Insurance Company

PROPERTY ADDRESS: 6252 Monroe Avenue, Hammond, IN 46324

ESTATE AFFIDAVIT

PAMELIA M. STANEK, Affiant, states that:

1. **JACK FRANCIS STANEK**, deceased, died on the **118** day of **OCTOBER**, 1996;

2. Affiant is: the surviving spouse of the deceased, the Personal Representative/Executor-trix of the estate of the deceased;

3. The deceased died: leaving a will which has been probated; leaving a will which has not been probated; leaving no will;

4. The deceased and Affiant were married on the **14** day of **1-14-56**; and were never divorced. (This item applies only to the surviving spouse.)

5. All expenses of the last illness and funeral of the deceased have been paid;
6. All State Inheritance Taxes and Federal Estate Taxes attributable to the deceased and his/her estate have been paid;
7. There have been no claims against the estate of the decedent.

This Affidavit is made to induce First American Title Insurance Company to issue a policy of title insurance on the above-described real estate.

Date: 6-19-2000 Signature of Affiant: Pamela M. Stanek

PAMELIA M. STANEK
Printed Name of Affiant

State of Indiana, County of LAKE

Subscribed and sworn to before me, this **19** day of **JUNE**

DRUANNE M. BOCEK
Printed Name of Notary

Druanne M. Bocek
Signature of Notary

My Commission expires: **08/26/06**
My County of Residence is: **LAKE**

PETER BENJAMIN
LAKE COUNTY AUDITOR

THIS INSTRUMENT WAS PREPARED BY: DRUANNE M. BOCEK **01974**

HOLD FOR FIRST AMERICAN TITLE

11:00
E.P.
FA

ATTENTION ESTATE: Disclosure of the SS# will need to insure our responsibilities is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

Local No. 3027-96

CERTIFICATE OF DEATH

State No.

42904
TYPE/PRINT
IN
PERMANENT
BLACK INK

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

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED—NAME (First Middle Last) JACK F. STANEK		2. SEX Male	3a. TIME OF DEATH 8:07 A.M.	3b. DATE OF DEATH (Month Day, Yr) October 18, 1996	
4. *SOCIAL SECURITY NUMBER 304-32-9188	5a. AGE—Last Birthday (Years) 63	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo. Day, Yr) April 28, 1933	
7. BIRTHPLACE (City and State or Foreign Country) Hammond, Indiana		8a. WAS DECEDENT A U.S. VETERAN? Yes			
8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1954		9a. PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence			
9b. FACILITY NAME (If not institution, give street and number) Community Hospital		9c. CITY, TOWN OR LOCATION OF DEATH Munster		9d. COUNTY OF DEATH Lake	
10. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Pamelia Lamorand	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Mechanic		12b. KIND OF BUSINESS/INDUSTRY Inland Steel Co.	
13a. RESIDENCE—STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN OR LOCATION Hammond		13d. STREET AND NUMBER 6252 Monroe Street	
13e. ZIP CODE 46324	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 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) Jacob Stanek			
19. MOTHER'S NAME (First Middle Maiden Surname) Lena Nowak		20a. INFORMANT'S NAME (Type/Print) Pamelia Stanek			
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 6252 Monroe Ave., Hammond, In. 46324		20c. Relationship Wife			
21a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" 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) October 22, 1996 Calumet Park Cemetery		21c. LOCATION—City or Town, State Merrillville, Indiana	
22a. EMBALMER'S NAME Dean G. Wagner		22b. EMBALMER'S LICENSE NO. 8800057		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Dean G. Wagner</i>		24b. LICENSE NUMBER (of Licensee) 8800057		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Solan Funeral Home FH83002893 7109 Calumet Ave., Hammond, In. 46324	
26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory. (Check or check boxes only. List only one cause on each line.) THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF CAUSE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT. cardiac arrest due to (OR AS A CONSEQUENCE OF) acute myocardial infarction OCT 21, 1996 Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last				Approximate Interval Between Onset and Death	
PART II. Other causes of death but not previously stated in Part I. Alcohol, Killings, and LAKE COUNTY HEALTH COMMISSIONER				27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) <input checked="" type="checkbox"/> 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 <i>[Signature]</i>		29c. MEDICAL LICENSE NO. 20560	
29d. DATE SIGNED (Month, Day, Year) 10/18/96		30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) M. J. Jacobs, M.D. 800 McArthur Blvd. Munster, Indiana 46321			
31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>			32. DATE FILED (Month, Day, Year) October 21, 1996		
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 3 2000
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) PETER BENJAMIN LAKE COUNTY AUDITOR		
34g. DATE PRONOUNCED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc. 01975			