

2000-066089

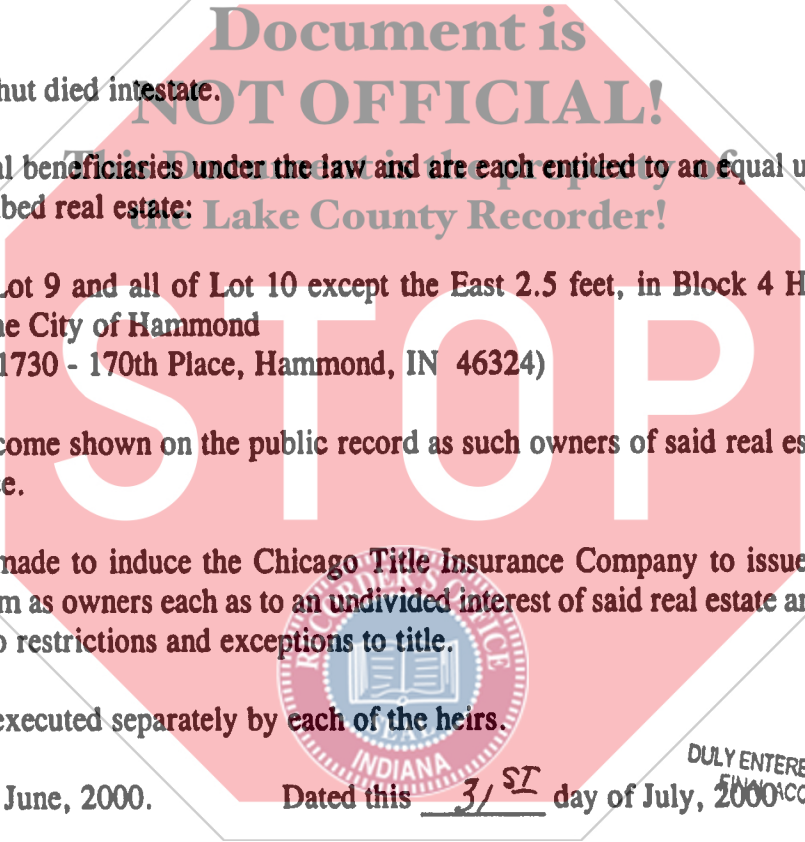
STATE OF INDIANA  
AFFIDAVIT CONCERNING HEIRS AND  
BENEFICIARIES OF BETTY CECELIA KOHUT, DECEASED

62003789

Nicholas P. Kohut, 9801 Geneva Lane, Knoxville, TN 37922, and Patricia A. Shaw, 13524 S. Geneva Road, Clinton, IN 47842, being first duly sworn depose and say:

Chicago Title Insurance Company

1. That they are the only children of Betty Cecelia Kohut, who died on March 6, 2000, and that they are the only heirs of said decedent.
2. That a certified copy of the death certificate of Betty Cecelia Kohut is attached hereto and made a part hereof as Exhibit A.
3. That Betty Cecelia Kohut died intestate.
4. That the heirs are equal beneficiaries under the law and are each entitled to an equal undivided interest of the following described real estate:  
The East 5.0 feet of Lot 9 and all of Lot 10 except the East 2.5 feet, in Block 4 Homestead Gardens Addition to the City of Hammond (commonly known as 1730 - 170th Place, Hammond, IN 46324)
5. That they desire to become shown on the public record as such owners of said real estate and secure a policy of title insurance.
6. That this affidavit is made to induce the Chicago Title Insurance Company to issue a policy of title insurance showing them as owners each as to an undivided interest of said real estate and the legal status of said real estate as to restrictions and exceptions to title.
7. The affidavit may be executed separately by each of the heirs.



DATED this \_\_\_\_\_ day of June, 2000.

Dated this 31<sup>ST</sup> day of July, 2000  
DULY ENTERED FOR TAXATION SUBJECT TO FINANCIAL ACCEPTANCE FOR TRANSFER

\_\_\_\_\_  
NICHOLAS P. KOHUT

Patricia A. Shaw SEP 11 2000  
PATRICIA A. SHAW PETER BENJAMIN  
LAKE COUNTY AUDITOR

STATE OF TENNESSEE, COUNTY OF KNOX; SS:

STATE OF INDIANA, VERMILLION COUNTY; SS:

Before me, a Notary Public in and for said County and State this \_\_\_\_\_ day of June, 2000, personally appeared Nicholas P. Kohut and acknowledged the execution of the foregoing affidavit. In Witness whereof I have hereunto subscribed my name and affixed my official seal.

Before me, a Notary Public in and for said County and State this 31<sup>ST</sup> day of July, 2000, personally appeared Patricia A. Shaw and acknowledged this execution of the foregoing affidavit. In Witness whereof I have hereunto subscribed my name and affixed my official seal.

\_\_\_\_\_, Notary Public  
My Commission Expires: \_\_\_\_\_  
County of Residence: \_\_\_\_\_

Sandra Akerman 12-  
SANDRA AKERMAN, Notary Public  
My Commission Expires: 10-14-2007  
County of Residence: VERMILLION CT

This instrument was prepared by: William Joseph O'Connor, AAL  
5272 Holmes, Hammond, IN 46320  
00561

1072

TYPE OR PRINT  
PLAINLY WITH  
UNFADING INK

737959

932

# INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

State No. \_\_\_\_\_

THIS IS A  
CERTIFICATE  
RECORD  
DEC 15 1983

THIS CERTIFIES THE ABOVE IS A TRUE AND  
COMPLETE COPY OF THE CERTIFICATE OF DEATH  
ON FILE WITH THE HAMMOND HEALTH DEPT.

*Non-recorded - complete copy on file with the Hammond Health Dept.*  
L. S. 89 AL 4 DEC - 9 1983  
M. 42.5.8.10  
#34-339-10

EMBALMER'S NAME: *SKM ALEXANDER*  
FUNERAL DIRECTOR'S SIGNATURE: *[Signature]*  
LICENSE No. *1011*  
FUNERAL DIRECTOR'S LICENSE No. *242*

Local No. \_\_\_\_\_

DECEASED—NAME <b>Nicholas Kohut</b>		SEX <b>Male</b>	DATE OF DEATH <b>12-7-83</b>
RACE <b>WHITE</b>	AGE—Last Birthday <b>67</b>	UNDER 1 YEAR UNDER 1 DAY	COUNTY OF DEATH <b>LAKE</b>
CITY, TOWN OR LOCATION OF DEATH <b>HAMMOND</b>		HOSPITAL OR OTHER INSTITUTION <b>ST MARGARET HOSPITAL</b>	IF HOSP OR INST <b>ER</b>
STATE OF BIRTH <b>NEW JERSEY</b>	COUNTRY OF BIRTH <b>U.S.A.</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <b>MARRIED</b>	WAS DECEDENT EVER IN U.S. ARMED FORCES? <b>NO</b>
SOCIAL SECURITY NUMBER <b>150-01-7630</b>	USUAL OCCUPATION <b>PAUSE CAR REPAIRMAN</b>	KIND OF BUSINESS OR INDUSTRY <b>STEEL</b>	
RESIDENCE—STATE <b>IND</b>	COUNTRY <b>LAKE</b>	CITY, TOWN OR LOCATION <b>HAMMOND</b>	
STREET AND NUMBER <b>1730-170th Pl.</b>	IS RESIDENCE ON A FARM? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	INSIDE CITY LIMITS <input checked="" type="checkbox"/> YES	
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC.			
FATHER—NAME <b>PAUL KOHUT</b>		MOTHER—MAYEN NAME <b>MARY HUSAK</b>	
INFORMANT—NAME <b>BETTY KOHUT</b>	RELATIONSHIP <b>WIFE</b>	MAILING ADDRESS <b>1730-170th Pl. Hammond In 46324</b>	DATE OF DEATH <b>DEC 7 1983</b>
BURIAL, CREMATION, REMOVAL, OTHER <b>BURIAL</b>	CEMETERY OR CREMATORY, FUNERAL HOME <b>ST JOHN</b>	LOCATION <b>HAMMOND IN</b>	STATE <b>IN</b>
DATE <b>DECEMBER 14 1983</b>	FUNERAL HOME—NAME AND ADDRESS <b>VIOLA HURD FUNERAL HOME HAMMOND IN 46324</b>	DATE SIGNED <b>DEC 15 P.M.</b>	
NAME OF ATTENDING PHYSICIAN <b>Dr. Michael Floyd</b>		MAILING ADDRESS—PHYSICIAN <b>18141 Dixie Highway, Homewood, IL 60430</b>	
NAME OF OFFICER <b>[Signature]</b>		DATE RECEIVED BY LOCAL HEALTH OFFICER <b>DEC - 9 1983</b>	
IMMEDIATE CAUSE <b>BRIVENTRICULAR HEART FAILURE</b>		DURATION OF ILLNESS <b>92 DAYS</b>	
DUE TO, OR AS A CONSEQUENCE OF <b>CARDIOMYOPATHY</b>		DURATION OF ILLNESS <b>5</b>	
DUE TO, OR AS A CONSEQUENCE OF <b>ATHEROSCLEROSIS</b>		DURATION OF ILLNESS <b>2 1/2 No.</b>	