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FA# F33167

LEGAL DESCRIPTION:

Lot 11 in Suburban Gardens First Addition to Dyer, as per plat thereof, recorded in Plat Book 28, page 6, in the Office of the Recorder of Lake County, Indiana

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

MORRIS W. CARTER
RECORDER



PROPERTY ADDRESS:
625 212th Place, Dyer, IN 46311

ESTATE AFFIDAVIT

ANNA KALINOWSKI, Affiant, states that:

1. WACLAW, deceased, died on the 5th day March of 1985 ;
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 2nd day of June, 1947 ; 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

Signature of Affiant

PETER BENJAMIN
LAKE COUNTY AUDITOR
Printed Name of Affiant

State of Indiana, County of

Subscribed and sworn to before me, this 27TH day of OCTOBER, 2000

CORINA CASTEL RAMOS
Printed Name of Notary

Signature of Notary

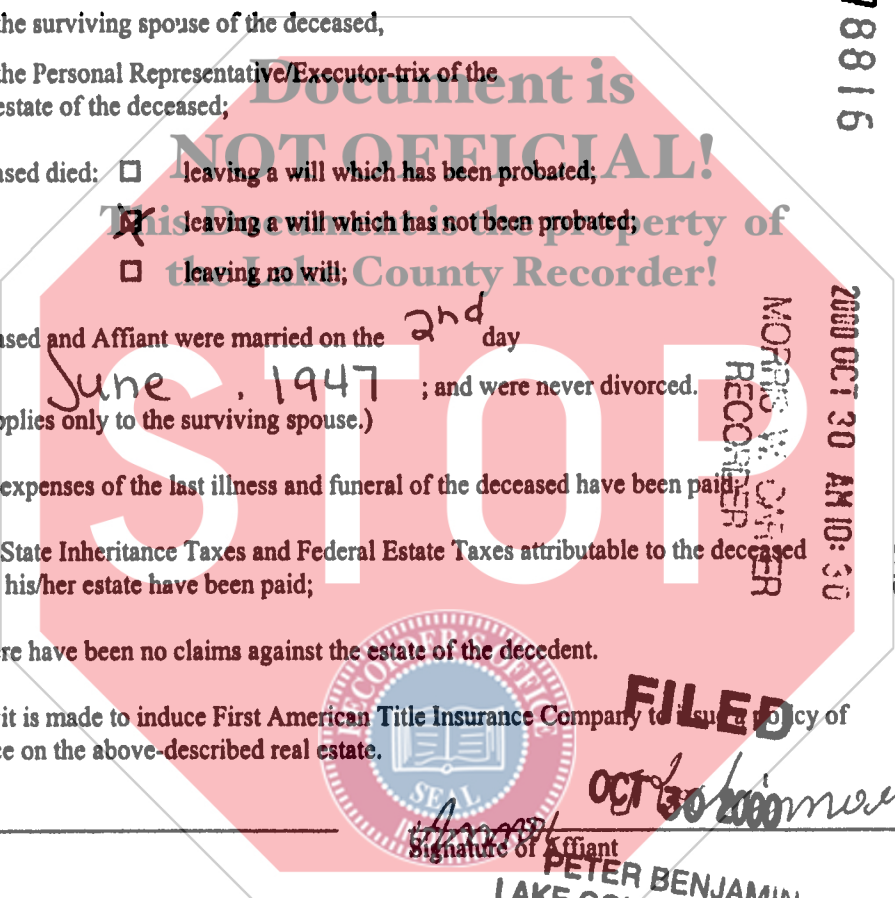
My Commission expires: 5-16-01

My County of Residence is: PORTER

THIS INSTRUMENT WAS PREPARED BY: ANNA KALINOWSKI

02285

HOLD FOR FIRST AMERICAN TITLE



2000 078816

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2000 OCT 30 AM 10:30

MORRIS W. CARTER
RECORDER

FILED
OCT 30 2000

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

Below for State Office Use

THIS CERTIFIES THE ABOVE IS A TRUE AND
COMPLETE COPY OF THE CERTIFICATE OF DEATH
ON FILE WITH THE HAMMOND HEALTH DEPT.
MAR -7 1985

Franklin Z. Grynuda, M.D.

HAMMOND HEALTH COMMISSIONER

Date Issued

LICENSE No. 1361

EMBALMER'S NAME C. Wm. McCoy

FUNERAL HOME

FUNERAL DIRECTOR'S

FUNERAL DIRECTOR'S

SIGNATURE *C. Wm. McCoy*

No. 287

LICENSE No. 1131

Local No. **211**

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No.

DECEASED—NAME 1. WACLAW KALINOWSKI		SEX Male	DATE OF DEATH (Month Day Year) 85-85
RACE—(a) White, (b) Black, American Indian, (c) Other 4. White	AGE—Last Birthday (Year) 5a. 74	UNDER 1 YEAR 5b. 74	DATE OF BIRTH (Month Day Year) 7. Feb. 2, 1911
CITY, TOWN OR LOCATION OF DEATH 7a. Hammond		HOSPITAL OR OTHER INSTITUTION—(Name, full name or other, give street and number) 7c. St. Margaret Hospital	
STATE OF BIRTH (If not in U.S.A. Name Country) 8. Poland	CITIZEN OF WHAT COUNTRY 9. U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10. Married	SURVIVING SPOUSE (If wife, give maiden name) 11. Anna Cabanski
SOCIAL SECURITY NUMBER 13. 303-36-2680	USUAL OCCUPATION (Give kind of work done during most of working life, except if retired) 14a. Fieldman	KIND OF BUSINESS OR INDUSTRY 14b. Cemetery	
USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 15a. Illinois	COUNTY 15b. Cook	CITY, TOWN OR LOCATION 15c. Calumet City	
STREET AND NUMBER 15d. 450 Freeland Avenue		IS RESIDENCE ON A FARM? 15e. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INSIDE CITY LIMITS (Specify Yes or No) 15f. Yes
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 15g. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
FATHER—NAME FIRST MIDDLE LAST 16. Franciszek Kalinowski		MOTHER—MAIDEN NAME FIRST MIDDLE LAST 17. Maryjana Plonski	
INFORMANT—NAME (Type or print) 18a. Anna Kalinowski	RELATIONSHIP (Wife)	MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP 18b. 450 Freeland Ave., Calumet City, Illinois 60409	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Burial		CEMETERY OR CREMATORY—FUNERAL HOME 19b. Holy Cross Cemetery	LOCATION CITY OR TOWN STATE 19c. Calumet City, Illinois
DATE (Month Day Year) 20a. March 9, 1985		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP) 20b. McCoy Funeral Chapel 5713 Hohman, Hammond, Indiana For: Nowak Funeral Home, Calumet City, Illinois	HOUR OF DEATH 21c. 7:41 a.m.
NAME OF ATTENDING PHYSICIAN (Type or print) 21d. J. Tan, M. D.		DATE SIGNED (Month Day Year) 21b. 3-5-85	
MAILING ADDRESS—PHYSICIAN 21e. 9038 Columbia Avenue, Munster, Indiana 46321			
HEALTH OFFICER—NAME (Type or print) 22a. Franklin Z. Grynuda, M.D.		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b. MAR -7 1985	
CAUSE PART I IMMEDIATE CAUSE (Use only one cause per line for I, II, and III) 1. Ventricular Tachycardia DUE TO, OR AS A CONSEQUENCE OF 2. Recent Inferior wall myocardial infarction DUE TO, OR AS A CONSEQUENCE OF 3. Congestive Heart Failure PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not needed to cause death as in PART I Ischemic heart Disease			

FILED

OCT 30 1985

PETER BENJAMIN
LAKE COUNTY #022886

F33167

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