

FA # _____

LEGAL DESCRIPTION:

(2)

PROPERTY ADDRESS:

2002 058500

2002 JUL 26 10:37



First American Title Insurance Company

ESTATE AFFIDAVIT

Robert DeGonia, Affiant, states that:

1. Ruth Czech, deceased, died on the 22 day of April, 19 80;

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 ___ day of _____, 19 ___; 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 are 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.

~~JUL 26 2002~~

Date

JUL 26 2002

Robert DeGonia

Signature of Affiant

PETER BENJAMIN
LAKE COUNTY AUDITOR

Robert DeGonia

Printed Name of Affiant

JUL 26 2002

State of Indiana, County of Lake

Subscribed and sworn to before me, this JUL 20 2002 day of _____, 19 ____.

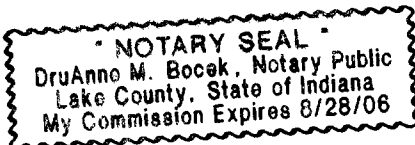
Printed Name of Notary

DruAnne M Bocek
Signature of Notary

My Commission expires:

My County of Residence is:

THIS INSTRUMENT WAS PREPARED BY:



HOLD FOR FIRST AMERICAN TITLE

114645

000070

11/02
DW
FA

TYPE OR PRINT
PLAINLY WITH
UNFADING INK

THIS IS A
PERMANENT
RECORD

Below for State Office Use

Disposition Permit
Saud /
Provisional Certificate
 Yes No

A _____
B _____
C _____
D _____
E _____
F _____
G _____
H _____
I _____
J _____
K _____
L _____
M _____
N _____
O _____
P _____
Q _____
R _____
S _____
T _____
U _____
V _____
W _____
X _____
Y _____
Z _____

EMBALMER'S NAME John Dalton LICENSE No. 1139
FUNERAL DIRECTOR'S SIGNATURE John Dalton FUNERAL DIRECTOR'S LICENSE No. 1751
FUNERAL HOME No. 282

Local No. 592-80

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. _____

After 1990, with the Casimer J. Czech, 9990 N. Bloomington, tangier, IN 47952

1 DECEASED NAME RUTH CZECH FIRST MIDDLE LAST SEX FEMALE DATE OF DEATH (MONTH, DAY, YEAR) APR 22, 1980

2 RACE White AGE (Last Birthday) 60 UNDER 1 YEAR UNDER 1 DAY UNDER 1 HOUR UNDER 1 MINUTE DATE OF BIRTH (Mo, Day, Yr) 6/3/19/20

3 SOCIAL SECURITY NUMBER 325-20-5756 RESIDENCE - STATE INDIANA COUNTY LAKE CITY, TOWN OR LOCATION HAMMOND

4 USUAL OCCUPATION (Give kind of work done during most of working life when first stated) COMMUNITY HOSPITAL

5 HOSPITAL OR OTHER INSTITUTION (Name if not in other, give street and number) COMMUNITY HOSPITAL

6 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED MARRIED SURVIVING SPOUSE (If wife, maiden name) Casimer Czech

7 IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. NO IS RESIDENCE ON A FARM? NO INSIDE CITY LIMITS (Specify Yes or No) YES

8 FATHER - NAME FIRST MIDDLE LAST MOTHER - MAIDEN NAME FIRST MIDDLE LAST Gustave Erickson Eva Nilsson

9 INFORMANT - (NAME (Type or Print) STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP Casimer Czech 7131 Chestnut Hammond Ind 46324

10 BUNIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation CEMETERY OR CREMATORY - FUNERAL HOME Oakland Memory Home Dalton Funeral Home, 6955 Southeastern, Hammond, Ind.

11 DATE (MONTH, DAY, YEAR) 4-25-80 FUNERAL HOME NAME AND ADDRESS DALTON FUNERAL HOME, 6955 SOUTHEASTERN, HAMMOND, IND. (STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP)

12 To the best of my knowledge, death occurred at the time, date and place from data to the question stated. Yes (Signature) George C. Rasch, M.D. DATE SIGNED (Mo, Day, Yr) 4/25/80 HOUR OF DEATH 11/2

13 NAME OF ATTENDING PHYSICIAN (Type or Print) George C. Rasch, M.D. MAILING ADDRESS - PHYSICIAN 1644-45th Ave. Munster, Ind. 46321

14 HEALTH OFFICER - SIGNATURE John Dalton DATE RECEIVED BY LOCAL HEALTH OFFICER _____

15 IMMEDIATE CAUSE Metastatic Carcinoma of Breast, mixed (ENTER ONLY ONE CAUSE PER LINE FOR (a) AND (b))

16 DUE TO OR AS A CONSEQUENCE OF Carcinoma of the Left Breast

17 DUE TO OR AS A CONSEQUENCE OF Bone

18 INTERVAL BETWEEN ONSET AND DEATH 1 1/2 years

19 INTERVAL BETWEEN ONSET AND DEATH months

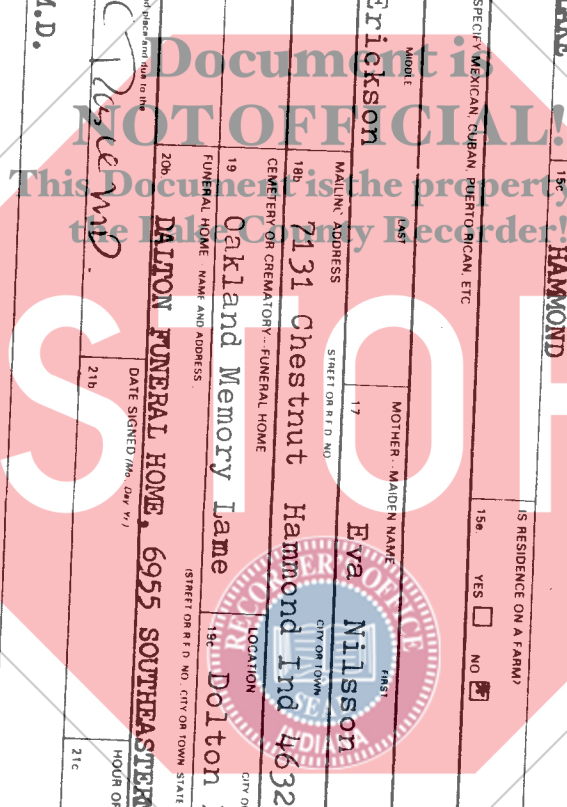
20 INTERVAL BETWEEN ONSET AND DEATH years

21 OTHER SIGNIFICANT CONDITIONS (Conditions contributing to death but not related to cause given in part 14)

22

23

24



FILED
APR 22 1980
LAKE COUNTY
AUDITOR