

2004 042784

2004 MAY 24 AM 9:20

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

MORRIS W. CARTER
RECORDER

A F F I D A V I T

JOHN (F.) FRANK STEFANSKI, being first duly sworn upon his oath, states:

1. That he resides at 9095 West San Pierre Road, San Pierre, Indiana.
2. That he is the surviving widower of LOIS L. STEFANSKI, who died a resident of Crown Point, Lake County, Indiana, on February 11, 1987.
3. That he is the surviving and exclusive owner of the following parcel of real property:

Legal Description: Lot No. Sixteen (16), in Block Two (2), as marked and laid down on the recorded plat of Bunnell's First Addition to Hammond, in Lake County, Indiana, as the same appears of record in Plat Book 13, Page 23, in the Recorder's Office of Lake County, Indiana

Commonly Known As: 929 Fields Street, Hammond, Lake County, Indiana

4. That Exhibit "A", attached hereto, is a true, correct and authentic copy of the death certificate of the aforesaid LOIS L. STEFANSKI.

John F. Stefanski

JOHN (F.) FRANK STEFANSKI

SUBSCRIBED and SWORN to before me, a Notary Public, this 11th day of May, 2004.

Michele A. Ippolito

MICHELE A. IPPOLITO

My Commission Expires: August 8, 2007
County of Residence : Lake

This Document Prepared by: **FILED** Kenneth M. Wilk, Attorney at Law,
3235 - 45th Street, Highland, IN

MAY 19 2004
STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

DULY ENTERED FOR TAXATION SUBJECT TO
FINAL ACCEPTANCE FOR TRANSFER

MAY 19 2004
STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

001676

11.00
EK# 9450
10000

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

Below for State Office Use

Local No. 278-87

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. _____

A _____
B _____
C _____
D _____
E _____
F _____
G _____
H THIS CARRIES THE ABOVE A REASON AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE HEALTH DEPT.
I _____
J _____
K _____
L _____
M _____
N _____
O _____
P _____
Q _____
R _____
S _____
T _____
U _____
V _____
W _____
X _____
Y _____
Z _____

EMBALMER'S NAME Keith A. Dillo
FUNERAL DIRECTOR'S SIGNATURE *Keith A. Dillo*

FILE No. FDE1012056
FILE No. FDE1041740

FUNERAL HOME No. FDH3007762

CAUSE _____
M.D. _____
OR _____
D.O. _____

1 DECEASED NAME Lois L. Stefanski		2 SEX Female		3 DATE OF DEATH (MONTH, DAY, YEAR) February 11, 1987	
4 RACE White		5 AGE (MONTHS, DAYS) 56		6 DATE OF BIRTH (MONTH, DAY, YEAR) 3/30/1930	
7 CITY, TOWN OR LOCATION OF DEATH Crown Point		8 COUNTY Lake		9 STATE OF BIRTH (or U.S.A.) Indiana	
10 SOCIAL SECURITY NUMBER 323-24-8060		11 USUAL OCCUPATION (or last one held during life) Motel Manager		12 IF HOSP OR INST INPATIENT Inpatient	
13 RESIDENCE-STATE Indiana		14 KIND OF BUSINESS OR INDUSTRY Brant Motel, Highland		15 WAS DECEASED IN U.S. ARMED FORCES? No	
16 COUNTY Lake		17 CITY, TOWN OR LOCATION Griffith		18 INSIDE CITY? Yes	
19 STREET AND NUMBER 1101 W. 70th. Avenue		20 IS RESIDENCE ON A FARM? No		21	
22 IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PORTO RICAN, ETC. No		23 FATHER-NAME George		24 MOTHER-MAIDEN NAME Hable	
25 INFANANT NAME (first or given) Earl Strine		26 RELATIONSHIP Friend		27 MARRIAGE ADDRESS 1101 W. 70th. Avenue	
28 BURIAL, CREATION REMOVAL OTHER (Specify) Burial		29 DATE (MONTH, DAY, YEAR) February 14, 1987		30 CEMETERY OR CREATION - (FUNERAL HOME) Calumet Park Cemetery	
31 NAME OF ATTENDING PHYSICIAN J. C. Cestino M.D.		32 DATE SIGNED (MONTH, DAY, YEAR) February 11, 1987		33 LOCATION Merrillville, Indiana	
34 MAILING ADDRESS (PHYSICIAN) 2990 W. 93rd. Avenue, Crown Point, Indiana 46307		35 DATE RECEIVED BY LOCAL HEALTH OFFICER 2-12-87		36 HOUR OF DEATH 5:45 A. M.	
37 HEALTH OFFICER - SIGNATURE <i>Carl Johnson</i>		38		39	
40 NAME OF CAUSE Cardiac Arrest		41		42	
43 PART I (a) DATE TO BE A CONDITION OF See above		44 PART II (b) STATE OF BIRTH (or U.S.A.) Indiana		45	
46 PART III (c) STATE OF BIRTH (or U.S.A.) Indiana		47 PART IV (d) STATE OF BIRTH (or U.S.A.) Indiana		48	

Signature of the physician with history of physical examination by physician on 11/13/87 while hospitalized was _____
Signature of the health officer _____
Signature of the funeral director _____

FILED
MAY 19 2004
STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

001677