05 01906

	٨٥	TIDAVIT	90
		FIDAVIT	5
	STATE OF INDIANA)) SS:		
	COUNTY OF LAKE)		
	JOHN J SOPO swarn upon oath, deposes and says	,	being £irst∰uly—
		•	
	1. That HIS FATHER JOHN J SOPO SEPTEMBER 17	-90 1005 At 0 00	一便走on 三 另名员
	2. That JOHN J SOPO	, 20 1995 at 8:30am at E	
	were duly and legally married at	and MARY SOPO the time they acquired tit	Te as bushand Sate
	wife to the following described r	eal estate:	
	LOT 28 BLOCK 1 IN CENTEAU DADY ADDITION	cument is 8-29-00	>33-0017
	LOT 28 BLOCK 1 IN CENTRAL PARK ADDITION TO WHIT OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA	ING, AS PER PLAT THEREOF, RÉCORD	DED IN PLAT BOOK 5 PAGE 1, IN THE
	This Docum	ent is the property of	
		County Recorder!	
		•	
	3. That the marital relationship	which existed between ther	n at the time they
	acquired title to said real estate date of (his) (her) death.	remained in effect and ur	broken until the
	4. That all of the assets of said	decedent which would be	
SHORE TITLE LLO	Federal Estate Tax purposes, include on decedent's life were not sufficient.	ling inint bank accounts a	nd 1:6.
E	o on decedent's life were not sufficient.	ient to necessitate paymen	t of Federal Estate
1	500	WEDER'S OF	
35	DULY ENTERE	D FOR TAXATION SUBJECT TO	
SOUTHS	Further affiant sayeth not.	EPTANCE FOR TRANSFER	
io.	1.6.F	o A DIANAS	
	N3 to	in Landald	
		HEN R. STIGLICH	
		COUNTY AUDITOR	JOHN SOPO
	Subscribed and sworn to before me, FEBRUARY , 2005	a Notary Public, this <u>17</u> t	h day of
	2003	- '	
		Jun)	B
	My Commission		Notary Public
	My Commission expires:	LESLIE J BE	RNACKI
	12/28/2009	and a company of the contract	というない。
	County of Residence:	SOUTHSHORE TITLE LLC 11055 BROADWAY	
	LAKE	CROWN POINT, IN 46307	

This Instrument prepared by CATHERINE L GONZALEZ

0009es L.S

we need to pursue our responsibilities voluntary and there will be no penalty for fusal.*

INDIANA STATE DÉPARTMENT OF HEALTH

cal No. 95-270 CERTIFICATE OF DEATH State No.

	THE RECORDS IN THIS SE	RIES ARE CONFIDENTIAL PE	R IC 16-1-19-3	•			
YPE/PRINT IN	1. DECEASED—NAME (First MI	J. SOPO		2. SEX MAL	3a. TIME OF DE 8:30A	SEPTEM	ATH (Mande Day, Yr) BER 17, 1995
'ERMANENT BLACK INK	4. *SOCIAL SECURITY NUMBER 312-14-2580	5a. AGE—Last Birthday (Years) 73	Sb. UNDER 1 YEAR S Months Days	Hours Minutes -	EC. 26,192	_ 	and State or Foreign Country)
	8a. WAS DECEDENT A U.S. VETERAN?	86. YEAR LAST SERVED IN U.S. ARMED FORCES?	HOSPITAL: Inpetient		OTHER: Nursing Hon	ne Other (Specify)	
ECEDENT	9b. FACILITY NAME (IF not institute ST. CATHER	ion, give street and number)) Z3 EH/Outpa		WN OR LOCATION OF DEATH		F DEATH
	10. MARITAL STATUS (Specify) MARRIED	11. SURVIVING SPOUSE (If wife, give maiden name) MARY FFKFT	/	done during most of wor	OCCUPATION (Give kind of we kind life Do not use retired) A TOGRAPHER		
	134. RESIDENCE—STATE INDIANA	13b. COUNTY LAKE	13c. CITY, TOWN, OR LOC.		13d. STREET AND		AVENUE
3	136. ZIP CODE 13f. INSIDE CIT	Y LIMITS 14. CITIZEN OF J Yes WHAT COUNTRY	15. WAS DECEDENT OF H	(If yes, specify Cuban,	16. RACE—American Indian. Black, White, etc. (Specify)		EDENT'S EDUCATION r highest grade completed) r (0-12) College (1-4 or 5 +)
	13g. ON A FAR] Yes			WHITE		2
ARENTS	ALEX	0	SOPO		ELIZABETH		WAYO
IFORMANT		0P0	1728 9	SHERIDAN,	er or Rural Route Number, City WHITING,	IN 46394	WIFE
	21a: METHOD OF DISPOSITION Burial Cremation Donation Other (Special	Removal from State (y)	21b. DATE AND PLACE OF other place)	DISPOSITION (Name of A	21, 1995	HAMMOND	
ISPOSITION	22a. EMBALMER'S NAME: MARTIN	A. DYBEL	FDE01019	1456 - A		ORTED TO CORONER? Yes	/ 1/10 2/1111
	24a. SIGNATURE OF FUNERAL DI	AECTOR CONTRACTOR		SE NUMBER A consoe) 1019456	BARAN & SO 1235-119TH	ICENSE NUMBER OF FUN INC. F IST. WHI	ERAL HOME DH83007267 TING, IN 463
		ea, injuries, or complications that cau heart failure. List only one cause on		onspecific terms, such as o	pardiac or respiratory		Approximate Interval Between
AUSE OF	IMMEDIATE CAUSE (Final disease or condition resulting in death)	a doute	2 Myoen OF AS A CONSEQUENCE OF	ardial.	infarction	71	Onset and Death
EATH	Conditions, if any, which gave rise to the immediate cause, stating the underlying	· Sype	OF AS A CONSEQUENCE OF	essen	tisp.		
	cause last	· alter	in sclery	Tic He	art disea	ese	
	PART II. Other significant conditions	- Conditions contributing to death b	ut not previously stated in Par	all mad block	T OR 90 DAYS PERFO	PIMED? A	VERE AUTOPSY FINDINGS VAILABLE PRIOR TO OMPLETION OF CAUSE IF DEATH? (Yes or no)
	(Check only ane)	ERTIFYING PHYSICIAN To the base of a	examination and/or investigation	in, in my comeon, death oc	nd place, and due to the cause(s	as stated.	es stated.
ERTIFIER	296. SIGNATURE AND TITLE OF C		ast	1. D.	29c. MEDICAL LICENS		ATE SIGNED (Month. Day, Year)
	30. NAME AND ADDRESS OF PER J.P. MANGAH	/		APOLIS BL	VD., EAST	CHICAGO,	IN 46312
EALTH FFICER	31. HEALTH OFFICERS SIGNATUR	Timath	n Rin	koruc	£	*	TE FILED (Month, Day, Year) 3 -20-95
	33. MANNER OF DEATH Netural Pending	34a. DATE OF INJURY (Month, Day, Year)		34c. INJURY AT WOR (Yes or no)	RK? 34d. DESCRIBE H	OW INJURY OCCURRED	
e e e e e e e e e e e e e e e e e e e	Accident Suicide Could not be Determined	34e. PLACE OF INJUF building, etc. (Spec	RY—At home, farm, street fact cify)	ory, office	34f. LOCATION (Street and No	umber or Aural Route Numb	er, City or Town, State)
	34g. DATE PRONOUNCED DEAD (Wonth, Day, Year) 34h, MOTOR	R VEHICLE ACCIDENT? (Yes	or no) If yes, specify di	rver, passenger, pedestrian, etc.		

VOID IE ALTERED OR ERASED - NOT VALID UNI ESS CERTIFIED BY HEALTH DEPARTMENT

* ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

Local No.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

÷		ERIES ARE CONFIDENTIAL P	ER IC 16-37-1-10		
TYPE/PRINT IN	MARY ANN	SOP0		FEMALE 3a. TIME OF D	7AM OCTOBER 17, 2002
PERMANENT BLACK INK	4. *SOCIAL SECURITY NUMBER 305-20-289	5a. AGE—Last Birthday (Years) 76 8b. YEAR LAST SERVED IN	5b. UNDER 1 YEAR 5c. UNDE Months Days Hours	Minutes OCT. 5, 1926	
	A U.S. VETERAN?	U.S. ARMED FORCES?	HOSPITALX Inpatient □ ER/Outpatient □	9a. PLACE OF DEATH (Check only OTHER: Nursing Hor	
DECEDENT	9b. FACILITY NAME (If not instituted ST. CATHER)	INE HOSPITAL		96. CITY, TOWN OR LOCATION OF DEAT EAST CHICAGO	9d. COUNTY OF DEATH LAKE
	10. MARITAL STATUS (Specify) 13a. RESIDENCE—STATE	11. SURVIVING SPOUSE (If wife, give maiden name)	NONE 12a. DECEDE done dui 13c. CITY, TOWN, OR LOCATION	INT'S USUAL OCCUPATION (Give kind of wing most of working life Do not use retired) HOMEMAKER	OWN HOME
	INDIANA 13e. ZIP CODE 13f. INSIDE GT	LAKE	WHITING		SHERIDAN AVENUE
	46394 I No XG	M? II C A	15. WAS DECEDENT OF HISPANIC PORT No Pres (If yes. Mexican, Puerto Rican, etc.)	ORIGIN? 16. RACE—American Indian Black, White, etc. (Specify)	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)
PARENTS	18. FATHER'S NAME (First, Middle)	Yes	FEVETE	19. MOTHER'S NAME (First, Middle, Maide	
INFORMANT	20a. INFORMANT'S NAME (Type/	SOPO, JR.	FEKETE 20b. MAILING ADDRESS (S 1728 CHER	MARY treet and Number or Rural Route Number, City IDAN, WHITING, 1	wayo or Town. State. Zip Code) 20c. Relationship SON
	21a. METHOD OF DISPOSITION		21b. DATE AND PLACE OF DISPOSIT		21c. LOCATION—City or Town. State
DISPOSITION	Donation Other (Specification Control		22b. EMBALMER'S LICENSE NO.	HN CÉMETERY 23. WAS DEATH REPO	
	248. SIGNATURE OF FUNERAL DIR	BLAKE	24b. LICENSE NUMB		Yes ICENSE NUMBER OF FUNERAL HOME
	26. PART I. Enter the disease	M. Delle	FDE01019	9456 1235-119Th	I, INC., FDH83007267 I, WHITING, IN 46394
	arrest, shock, or IMMEDIATE CAUSE (Final	heart failure. List only one cause on	sed the death. Do not enter nonspecific teach line.		Approximate Interval Between Onset and Death
CAUSE OF DEATH	disease or condition resulting in death)	· tav	RAS A CONSEQUENCE OF	d dispase	3 year
	Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last	a 10	RAS A CONSEQUENCE OF:	Mellous ma	
	PART II. Other significant conditions SUPEVIO OF OTHER STREET, STREET	Conditions contributing to death by Vena Respond	n hot previously stated in Part I. COVO SYN-		
	one) HE	ALTH OFFICER On the basis of ex	xamination and/or investigation, in my op	e time, date, and place, and due to the cause(s)	as stated. e. and due to the cause(s) as stated.
ERTIFIER .	296. SIGNATURE AND TRUE OF CE	ATIFIER S.	Xulkech	ath occurred at the time, date and place, and di	
_		ELUGA, M.D.	P 915 W. CHICA	AGO AVE., EAST C	HICAGO, IN 46312
FFICER			Mearich		32. DATE FILED (Month, Day, Year)
ľ	MANNER OF DEATH Natural Pending Investigation	(Month, Day, Year)	· 1	URY AT WORK? 34d. DESCRIBE HO	OW INJURY OCCURRED
	Accident Suicide Could not be Determined	34e PLACE OF INJURY building, etc. (Specif	/—At home, farm, street, factory, office (y)	34f LOCATION (Street and Num	nbar or Rural Route Number, City or Town, State)
34	4g DATE PRONOUNCED DEAD (M	onth. Day, Year) 34h MOTOR V	VEHICLE ACCIDENT? (Yes or no) If y	res. specify driver, passenger, pedestrian, etc.	