## TICOR TITLESINGURANCE

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

MICHAEL A EGOWN

AFFIDAVIT

		ALLIDAVII	new (Medical)
	STATE OF INDIANA)		
	) SS COUNTY OF LAKE )	:	
	COUNTY OF EARLY		
	CHRISTIN	E L. SKURA	, being first duly
	swarn upon oath, dep	oses and says:	
	1. That STANLEY	$\cdot$ , who had acquired title is . A. SKURA JR.	actually known as Stanley A. Skura, Sr died 50
	November 16		mmond, Indiana
	2. That CHRISTINE	L. SKURA and STAN	NLEY A. SKURA JR.
	were duly and legall wife to the followin	y married at the time they acg described real estate:	quired title as has band and
UEHN'S N LAKE	THE EAST 19 FEET OF : SECOND ADDITION TO THE COUNTY, INDIANA.	LOT ONE AND THE WEST 11 1/2 FE CITY OF HAMMOND, AS PER PLAT	THEREOF, RECORDED
	Th	is Document is the proper	rty of
		the Lake Games Record	
	3. That the marital acquired title to saidate of (his) (ber)	relationship which existed be d real estate remained in eff	etween them the time they ect and unbroker until the
	4. That all of the a Federal Estate Tax pu	ssets of said decedent which rposes, including joint bank	would be includable for accounts and life insurance ate payment of Federal Estate
	Further affiant sayet	h not.	
	Subagaibad		ustine L. Skura CHRISTINE L. SKURA
	Subscribed and sworn MAY	to before me, a Notary Public, XB	, this <u>31ST</u> day of
		FILED	W/2
		JUN - 7 2005 CORINA	Notary Public CASTEL RAMOS
	My Commission expires:	OOKIMI	CASIEL KAMUS
	MAY 116, 2009	STEPHEN R. STIGLICH AKE COUNTY AUDIT	17-
	County of Residence:	TO SHALL ADDITE	COORINA CASTEL NAMES  Lieke County  MY'C Grant is close to pinton  MOULES COUNTY
	LAKE		May 10, 2008.

This Instrument prepared by  $\underline{\text{CHRISTINE L. SKURA}}$ 

BURNET TITLE 00590

BURN

ATTENTION'S STATE: 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. 117

CERTIFICATE OF DEATH

INDIANA STATE DEPARTMENT OF HEALTH

THIS CERTIFIES THE FOLLOWING IS A TRUE A COMPLETE COPY OF DEATH ON FILE WITH HAMMOND HEALTH DEPARTMENT. Au Ali DE semula on

Local IVO,					TE OF	DEAIL	1	None !	17,2000	J. S.	( ) C / marker C.		
	THE RECORDS IN THIS			ER IC 16-37-1-10					Issued	Hammond	Health Commission		
TYPE/PRINT	1. DECEASED-NAME (Fire	t. Middle, Las	1)			2. SEX		3. TIME OF DEAT	н зь р	ATE OF DEATH			
IN	STANLEY	A:	SKURA, SR	١.		МΔ	LE	7:05 P					
'ERMANENT	4. *SOCIAL SECURITY NUMBI	SR .	5a AGE-Last Birthday	56. UNDER 1 YEA	R 5c UNDE			H (Mo, Day, Yr)		VEMBER	16, 2000		
BLACK INK	313-14-0810	1	(Years) 77	Months Day		Minutes		•	1		State or Foreign Country)		
	8. WAS DECEDENT	8b. YEA	AR LAST SERVED IN	<del> </del>		100	1. 24	, 1923	HA	MMOND,	INDIANA		
	A U.S. VETERAN?		ARMED FORCES?	HOSPITAL Inpetient				EATH (Check only one See w					
	YES	ļ	1945	☐ ER/Outpatient ☐ DOA			OTHER: Nursing Home			Other (Specify)			
DECEDENT	9b. FACILITY NAME (if not institution, give street and number)					9c. CITY, TOWN, OR LOCATION OF DEATH							
PECEDEIAL	ST. MARGARET MERCY HOSPITA		CV BUCDIAN	, <sub>T</sub>				THON OF DEATH					
	10 MARITAL STATUS		SURVIVING SPOUSE		HAMMOND		OND	<u> </u>		LAKE			
	(Specify)		rife, give maiden name)	done duri		ENT'S USUAL OCCUPATION ing most of working life. Do no		l (Give kind of work of use retired)	12b. Kir	12b. KIND OF BUSINESS/INDUSTRY			
3	13a. RESIDENCE—STATE		LISTINE PIE	T	RKI	BRICKLAYER		R		CONSTRUCTION			
	i -			13c. CITY, TOWN, OR LOCATION		13		STREET AND NU					
	INDIANA		LAKE	HAMMOND				19 GOSTL	IN ST	IN STREET			
	13e. ZIP CODE 13f INSIDE	CITY LIMITS		15 WAS DECEDENT OF HISPANIC Y?  Mono Power of Hispanic Western Power of Rican, etc.)		ORIGIN?	16 RACE-	Black, White, etc.		17. DECEDENT'S EDUCATION (Specify only highest grade completed)			
	/ ( 2 0 7 13g ON A F	ARM?				specify Cuban.	,						
	1 40327 1	☐ Yes	USA							//Secondary (0-1)	2) College (1-4 or 5 + )		
PARENTS	18 FATHER'S NAME (First Mic		J USA	1		T	WHIT		12				
	STANLEY SKURA					19 MOTHER'S NAME (Fire			urname)				
INFORMANT	20s. INFORMANT'S NAME (Ty					AN	TOINE	TTE KOT					
INFORMANT	CHRISTINE		KURA	20b MAILING ADDRESS (Street and Number or Rural Route Number. City or Town. State. Zip Code) 20c. Relebonship							C Relationship		
	21a. METHOD OF DISPOSITIO			419 G	OSTLIN S	STREET,	HAMMO	ND, INDIA	ANA 4	6327	WIFE		
	l		memdme	215 DATE AND PLA	CE OF DISPOSIT	TION (Name of	cemetery, crem			ION—City or Tov	wn. State		
			noval from State	other place) N	other place) NOVEMBER 20, 2000								
				ST. JOSEPH CEMETERY					HAMMOND, INDIANA				
DISPOSITION	22s EMBALMER'S NAME			22b EMBALMER'S LICENSE NO 23 WAS DEATH					PORTED TO CORONER?				
	KEITH D. AN		/]	01011	HA On	t ic	N .	Ŋ No ☐ Yes					
	246 SIGNATURE OF FUNERAL	DIRECTOR			LICENSE NUMB	IER	25 NAME AL	DDRESS, AND LICE	NSE NI IMBI	FR OF FUNERAL	HOVE		
	Kuth D	1 -	7/NTO		(of Licensee)		ANTHON	Y & DZIA	DOWTO	17 PH S	7005 300303E		
	Keeth & Anthony & DZIADOWICZ FH 83002835												
	28. PART I Enter the diseases, injuries, of complexions that caused the death Do not enter nonspecific terms, such as cerdiac or respiratory												
	arrest shock	. or heart fail.	ire. List only one cause on	each line.	mer nonapecine i	forms, such as o	ardiac or respo	ratory			Approximate		
	IMMEDIATE CAUSE (Final	1917 P. Jackson K. Acorderia							Interval Between				
044.07.07	disease or condition		DUE TO IC	R AS A CONSEQUEN	CE OF						Onset and Death		
CAUSE OF DEATH	resulting in death)		1	i Ve	fail	we							
	Conditions, if any, which gave		DUE TO (C	AS A CONSEQUEN	CE OF)	7					······································		
	rise to the immediate cause, stating the underlying	c		ep tice		- du	eto	Stanh	fahlylococcus				
	Cause last		DUE TO TOR AS A CONSEQUE		CE OF)					000000			
}		C							TWV	'evs			
	PART II. Other significant condition	ns - Conditio	ns contributing to death be	ut not previously stated	m Part I			T					
	Chronic	Re		infficie		7 WAS DECE PREGNANT	DENT OR 90 DAY	28a WAS AN A PERFORME	UTOPSY		AUTOPSY FINDINGS		
				, , , , , , , , , , , , , , , , , , , ,		POSTPART	UM7	(Yes or no)		COMPL	ABLE PRIOR TO LETION OF CAUSE		
						(Yes or no	7	NO			ATH? (Yes or no)		
1	29. CERTIFIER	CERTIFYING	PHYSICIAN To the be	est of my knowledge de	D.10"/D.			NU			NO		
	(Check only one)	HEALTH OF	FICER On the basis of a	whomenes and (as a se	sui occurred at th	te time, date, and	d place, and du	e to the cause(s) as	itated				
		CORONER	FICER On the basis of e	wernitation and/or inve	itigation in my op	inion, death occ	urred at the tim	ne, data, and place, ar	id due to the	r cause(s) as state	ad		
	296 SIGNATURE AND TITLE OF	CERTIFIER	On the basis of examinet	on and/or investigation	in my opinion, de	eath occurred at	the time, date,	and place, and due to	o the cause(	s) and manner as	stated		
CERTIFIER			V	11			29c ME	DICAL LICENSE NO	3 /		GNED (Month, Day, Year)		
	30 NAME AND ADDRESS OF DE		1	lan	200	0	0/0	ク434ク	4	}	PD 17 000		
	NAME AND ADDRESS OF PER	noun who				57				TIOATIT	SER 17, 2000		
1154.5.			M.D. 529	W. CHICAG	a, stree	ET, EAS	T CHIC	CAGO, INI	DIANA	66212	•		
HEALTH OFFICER	IT HEALTH OFFICER'S SIGNATI	JHE	91	11.0	1 8.			TIVI	TUNY				
	2 MANAGO		Upo	nuch	1/4/1	nu da	ι М.	D	[	A: 1	D (Month, Day, Year)		
13	(Month, Da		348 DATE OF INJURY	34b TIME OF			DESCRIPTION	ESCRIBE HOW INJURY OCCURRED					
			(Month, Day, Year)	INJURY			DESCHIRE HOW I						
	Natural Pending Investigation	,											
1	Suicide Could not b	. F	34e PLACE OF INJURY	-At home form stree	factory office	г-							
	Determined Determined	•	building etc (Specif	(y)	actory, UTICE	34	I LOCATION	(Street and Number	or Rural Ros	ute Number, City	or Town State)		
F													
34	DATE PRONOUNCED DEAD	(Month, Day,	Year) 34h MOTOR	EHICLE ACCIDENT?	(Yes or no) "								