6200	95245
	OF INDIANA

)SS:

AFFIDAVIT IN AID OF TITLE

COUNTY OF LAPORTE

Comes now Mary Ann Butler, and after being duly sworn upon her oath, deposes and say as follows:

- 1. That the affiant, Mary Ann Butler is over the age of 21 and a resident of LaPort County, Indiana.
- 2. That the affiant makes this Affidavit in Aid of Title for the purpose of transfering title to the following described real estate, located in Lake County, State of Indiana, commonly known as 4515 Cameron Ave., Hammond, Indiana and more particularly described as follows:

Lots 7 and 8, Block 14, Subdivision of the East part of the Northside Addition to Hammond, as shown in Platt Book 1, Page 97, in Lake County, Indiana.

- 3. That I am the daughter of John Gadish, Sr., and Helen Gadish.
- 4. That John Gadish died on August 20, 2009.

 This (See attached Exhibit A) property of
- 5. That Helen Gadish died on September 12, 2009.

 (See attached Exhibit B)
- 6. That at the time John Gadish died, he was married to Helen Gadish.
- 7. That at the time Helen Gadish died, she remained a widow since the death of John Gadish and did not remarry prior to her death.
- 8. That at the time of the death of John Gadish, Sr. and Helen Gadish their only heirs and beneficiaries are myself, Mary Ann Butler and my brother, John C. Gadish, Jr.
- 9. That at the time of the death of John Gadish, Sr. and Helen Gadish as well as to the present date Mary Ann Butler and John C. Gadish, Jr. are not yet deceased.
- 10. That at the time John Gadish died, Helen Gadish becam the sulvivirg spase.
- 11. That at the time Helen Gadish died, Mary Ann Butler and John S. Gann, Jr. were vested as Tenants In Common with all right, ownership and interest in the above referenced real estate.

 PEGGY HOLINGA KATONA

 I AKE COUNTY AUDITOR

18 PAO CT

021178

()

Further Affiant saith not.

Dated this 16th day of November, 2009.

Moy Canbutle MARY ANN BUTLER

Before me the undersigned, a Notary Public, for the County of LaPorte, State of Indiana, this 16th day of November, 2009, personally appeared Mary Ann Butler, and she being first duly sworn upon her oath, acknowledged the execution, and says that the facts alleged in the foregoing instrument are true.

EDWARD L. JANES NOTARY PUBLIC

My Commission Expires: APr 12

Document

My County of Residence:

This Document is the property of the Lake County Recorder!

This instrument prepared by: Edward L. Janes, Attorney At Law, 2342 N. US Highway 35, LaPorte, IN 46350 219-324-0556 15197-64

I affirm, under the penalties for perjury, that I have taken reasonable care to reduct each Social Security number in this document, unless required by law. Vaun Federoff

CERTIFICATE OF DEATH

Decedent's Legal Name (First, Middle, Last)	<u></u>	,						Date Of Death (Month/Day/Year)	
	.	1a, Maiden Last N	ame (If Female)			Time Of Di			_
JOHN ANDREW GADISH	DICE	6d. Under 1 Day	I/A 6e, Under 1 Hour	7 0210 0	MALE 2 (Birth (Month/Day/Year)	:16]	1 .	UGUST 20, 2009 State Or Foreign Country)	9
5. Social Security Number 6a, Age - Yrs 6b, Under 1 Ye		Hours	Minutes						
Ever in 0.5 Armed Forces? 10. If Death Occurred in A	Days	Hours	10a, If Death Occurred So	SEPT	. 30, 1918	MHT	TING, 1	INDIANA	
	ncy Department Outpatient 🔲 [Dead On Arrival	☐ Hospice Facility ☐ D			ong-Term C	are Facility 🔲 Oth	er (Specify)	
11. Facility Name (If Not Institution, Give Street And Number)							, ,		
ST. MARGARET MERCY HOSPIT	ſAL		,						
12. City Or Town, State, And Zip Code			13. County Of De	ath			arital Status At Tim		
HAMMOND, INDIANA 46320			LAK		4	□W	dowed 🔲 Never I	, But Separated ☐ Divorced Married ☐ Unknown	
15. Surviving Spouse's Name		e Maiden Last Name	1		•		. Kind Of Business	•	
HELEN GADISH	KOWAI	LSKI	·	LLMAN		C	IL COMP	ANY	
18. Residence - State	18a. County		18b. City Or Town						
INDIANA	LAKE		HAM	MOND	18d, Apl, No.		18e, Zip Code	18f. Inside City Limit	
18c. Street And Number		•					,	X Yes □ No	
4515 CAMERON AVENUE	20. Decedent Of Hispani	ic Origin	21 Dece	dent's Race	N/A	1	46327		
9 YEARS		ic Origin	21. 5000	WHIT	.				
22. Father's Name (First, Middle, Last)	NO		23. Mother's Name (First,				23a. Mother:	s Maiden Last Name	
			MARY G	ADISE	r		CADT	CII	
ANDREW HMUROVICH	24a. Relationship Fo	Decedent	24b. Mailing Address (Str		-	•)	GADI	.Sn	
HELEN GADISH	WIFE		4515 CAME	RON A'	VENUE, HAI	MONI	. INDIA	ANA 46327	
			ace Of Disposition						
	Place Of Disposition (Name Of GUST 24, 200		, Other Place) 2:	oc. Location -	- City, Town, And State			•	
Removal From State	APEL LAWN ME		ADDENC	CUED1	TOUTIE	TAIDT /	\		
	ele Address Of Funeral Facility				MERON AVE		27a.	Funeral Home License Number	
₹ Yes □ No ANTHONY	& DZIADOWIC	Z FUNERA			INDIANA		27 8	33002835	
27b. Signature Of Indiana Funeral Service Licensee:	//1		THIC		27c. License Numi				
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			e Instructions And E					& on south of the	
Bart I. Enter The <u>Chain Of Events</u> —Diseases, Injur Such As Cardiac Arrest, Respiratory Arrest, Or Ventricul	les, Or Complications—In lar Fibrillation Without Sho	wing The Etiology	Do Not Abbreviate.	nter Termini nter Only O	ne Cause On			Approximate Interval: Onset To Death	t
A Line. Add Additional Lines If Necessary.		Λ -	11.10 mm	1.			13/		~
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Immediate Cause (Final Disease Or Condition Resulting	In Death A.	HUUTE	HALLOW CO	L N C	onsequence Of):	A A	RV DISE		5,2 S
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Eahibit A

State Form 10110 (R7/8-07) ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disc

her engl

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

TRUE COPY OF RESORD OF REGISTRATION ON FILE AT LA PORTE SOLUTY HEALTH DEPARTMENT

Local No.	$\mathcal{O}_{\mathcal{O}}}}}}}}}}$!	11 - 11 - 11 - 11 - 11 - 11 - 11 - 11			State No	**************	Death (Month/Day/Year)		
HELEN *GADISH	la Marden Lasti			2 8			1 .			
5 Social Security Number 6a. Age - Yrs 6b Under 1 Year	6c Under Month	6d Under 1 Day	OWALSKI Ge Under Fileur		MALE 8 :	8 Birthplace (C	SEPT City And State Or	. 12, 2009 Foreign Country)		
2117 88 Months	Days	Hours	Minutes	SEPT.	12, 1921	HAMMOI	ND. II	NDIANA		
9 Ever In U.S. Armed Forces? 10. If Dealin Occurred in A. Hos Yes X 140 Unknown [] Inputient [] Emergency D.			10a. If Death Occurred S	omewhere Other Th	an A Hospital.					
Yes X No Unknown	epariment Outpation: LL L	Jead On Arrival	☐ Hospice Facility 🛣 [Jecedent's Home L	1 Hursing Home/Lor	ng-Term Care Facilit	/ DOTHER (Spc	cify)		
3042 W. SHOREWOOD DRIVE				***						
LAPORTE, INDIANA 46350			13. County Of D		14. Manial Status At Time Of Death Married Married, But Separated Divorced					
15. Surviving Spouse's Name 15a (If Wile/Give Maider Last Name			₩idowed □				☐ Unknown			
NONE	N/	A	SECRETARY				MANUFACTURING			
18. Residence – State 18	County		18b. City Or Town			TIMNO	PACION	ING		
INDIANA	LAKE		HAMMON	D						
4515 CAMERON AVENUE					18d Apl. No.	18e. Zip		TEI Inside City Limits? MYes □ Ib		
19. Decedent's Education	20 Decedent Of Hispanie	c Origin	. 21. Dece	dent's Race	N/A	46.	327			
12 YEARS	NO			WHITE						
22. Father's Hame (First, Moddle, Last)			23. Mother's Name (First,	Middle, Last)		23a	Mother's Maide	n Last Name		
NICKOLAS KOWALSKI	24a Relationsop To	Decedent	ANGELA	KOWAI		P	ELCZAR			
MARY ANN BUTLER	DAUGHTI	•	3042 W. SHO			LAPORTE	. TNDT	ANA 46350		
25a. Method Of Disposition 25b. Place	Of Disposition (Name Of C		ace Of Disposition	ic Location - City, 1				1111 +0550		
■ Burial □ Crematics □ Donation □ Entombment SEPT	EMBER 16,			L LOCATION - CRY,	dwir. And State					
		MORIAL	GARDENS S							
26 Was Coroner Contacted? 27. Name And Complete Ad MYY Yes ☐ No ANY CONTACT STATE OF THE ACT OF T			4404	4 CAMERO	N AVENU	E		Home License Number:		
27b. Signature Of Indiana Funeral Service Licensee		***************************************					8300)2835		
Kuth I Snitem	the .	Lake (County Re	ecorde		(Of Licensee):				
28. Part I. Enter The Chain Of Events - Diseases, Injuries, O			Instructions And E							
Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fib A Line. Add Additional Lines If Necessary.	rillation Wilhout Show	ing The Etiology.	Do Not Abbreviate. En	iter Only One Cai	use On			Approximate Interval Onset To Death		
Immediate Cause (Final Disease Or Condition Resulting In De	ath A.	tours 1	APPOPIL E	N UST 11	4-2011AT	4/		MINUTES		
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Dart II. Egila Othan C.	0.			To (Or As A Conse (uen:						
Part II Enter Other Signific and Conditions Contributing To Death But Not fi	esuling in The Underlying	j Cause Given in Pa	- COURT	Was An Autopsy Fe Were Autopsy Findi		Yes Allo	Of Death?]Yes [Žillo		
31. Did Tobacco Use Contribute To Death? 32 INFemale:			SOFT OF	·	33. Manner Of De	eath.				
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34 Date Of Injury (Month/Day/Year) 35. Time Of In	uncy.	36. Plac	e Of Injury (E.G., Deced <mark>ent's</mark>	Home, Construction	Site, Restaurant, V	Vooded Area)		iry At Work?		
38. Location Of Injury - State 38a. Cdy Or 1	ewn .	335 Str	eel & Nuraber	7		36c Apt No.	386 Zip	Yes Dilo		
		VQ.	WDIANA THE			SSC Apr NO.		****		
39 Describe How Injury Occurred					40. If Transport	lation Injury, Specify				
Λ					☐ Unver/Operator	Passenger 🛘 Pe	edestrian 🗖 Other	Specify)		
41. Signature, Of Person Certifying Suse of Dear		<u> </u>		42. Certifier	(Check Only One)			· · · · · · · · · · · · · · · · · · ·		
The state of the s	11			Certifyii	ng Physician 🔲 Co	oroner Health Of	ficer 45 Date Ce	rtified		
43 Hame, Address And Zip Code Of Person Certifying Cause Of I C.A. FOREIT DO 1573 N. CLI	icath NE AVE - CI	טיידעק R	TNDTANA	6210			SEPT.			
	17) e e 11 V A A A A A A A A A A A A A A A A A		TNDIANA 4	ロンエカ .	020	116	DEL L	14, 2009		
46 Additional Funeral Service Provider:					47 *Akas					
Additional Funeral Service Provider: Signature of Local Health Officer					İ	riled (Month/Da), 74		:		
		·			İ	nied (Manin/D3)776	· (

ExhibIT 13