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2013 021784

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2013 MAR 25 AM 9:02

MICHAEL B. BROWN
RECORDER

Mail To: HILBRICH LAW FIRM, 2637-45th Street, Highland, Indiana 46322

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

AFFIDAVIT AS TO
TENANCY BY ENTIRETIES

MARGARET BALOGH, being first duly sworn upon oath, deposes and says:

That she is an adult and the surviving spouse of JOHN BALOGH, who died on December 18, 1991.

That she and the decedent were owners by the entireties of the following described real estate, to wit:

Lot Twelve (12), Block Two (2), 1st Addition to Original Town of Highland, in the Town of Highland, as shown in Plat Book 25, page 69, in Lake County, Indiana.

Commonly known as: *(Grantee's Address)*
2950 Garfield Avenue
Highland, Indiana 46322

Parcel Number: 45-07-21-407-009.000-026

That said parties were husband and wife when they took title to the above described real estate; and that both remained in title and lived continuously together as husband and wife until his death, intestate, on the date above given.

Affiant further states that she knows of her own knowledge that the value of the gross estate of the above decedent, at the time of his death, within the meaning of the Federal Estate laws, was less than that required for the filing of a Federal Estate Tax Return, and that the estate of said decedent was not subject to any Federal Estate taxes.

FILED
MAR 22 2013
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

001558

AMOUNT $ 15.00
CASH ____ CHARGE ____
CHECK# 43036
OVERAGE 1.00
COPY ____
NON-CONF ____
DEPUTY PP

Affiant further states that all outstanding debts and obligations of the decedent, including funeral expenses and expense of last illness were fully paid and discharged and that there is no estate proceeding pending and there are no outstanding claims or obligations against said decedent.

Margaret Balogh
MARGARET BALOGH, Affiant

STATE OF INDIANA)
) **SS:**
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public for Lake County, State of Indiana, personally appeared MARGARET BALOGH and acknowledged the execution of the foregoing Affidavit as to Tenancy by Entireties consisting of two (2) typewritten pages, this page included.

Witness my hand and Notarial Seal this 19th day of March, 2013.

My Commission Expires:
09/13/2017

Jessica A. Pavlakis
JESSICA A. PAVLAKIS
Lake County
My Commission Expires
September 13, 2017

Jessica A. Pavlakis - Notary Public
Resident of Lake County

I affirm under the penalties for perjury that I have taken reasonable care to redact each Social Security Number in this document, unless required by law.
William J. Cunningham, Attorney at Law

THIS INSTRUMENT PREPARED BY:
William J. Cunningham, Esq. (#3471-45)
HILBRICH CUNNINGHAM DOBOSZ VINOVICH & SANDOVAL, LLP
2637 – 45th Street
Highland, Indiana 46322
(219) 924-2427

I affirm under the penalties for perjury that I have taken reasonable care to redact each Social Security Number in this document, unless required by law.
-William J. Cunningham, Attorney at Law

INDIANA STATE BOARD OF HEALTH

Local No. 3193-91 — CERTIFICATE OF DEATH — State No. .....

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED—NAME (First, Middle, Last)		2. SEX	3a. TIME OF DEATH	3b. DATE OF DEATH (Month, Day, Yr.)
JOHN	BALOGH	MALE	12:50A M	DECEMBER 18, 1991

4. SOCIAL SECURITY NUMBER	5a. AGE—Last Birthday (Years)	5b. UNDER 1 YEAR (Months / Days)	5c. UNDER 1 DAY (Hours / Minutes)	6. DATE OF BIRTH (Mo. Day. Yr.)	7. BIRTHPLACE (City and State or Foreign Country)
	67			MARCH 21 ~~12~~, 1924	MEDINA, OHIO

8a. WAS DECEDENT A U.S. VETERAN?	8b. YEAR LAST SERVED IN U.S. ARMED FORCES?	9a. PLACE OF DEATH (Check only one. See instructions.)
NO		HOSPITAL: XX Inpatient ☐ ER/Outpatient ☐ DOA — OTHER: ☐ Nursing Home ☐ Other (Specify) ☐ Residence

9b. FACILITY NAME (If not institution, give street and number)	9c. CITY, TOWN, OR LOCATION OF DEATH	9d. COUNTY OF DEATH
THE COMMUNITY HOSPITAL	MUNSTER	LAKE

10. MARITAL STATUS (Specify)	11. SURVIVING SPOUSE (If wife, give maiden name)	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	12b. KIND OF BUSINESS/INDUSTRY
MARRIED	MARGARET TOTH	LAYOUT BOILERMAKER	STEEL

13a. RESIDENCE—STATE	13b. COUNTY	13c. CITY, TOWN, OR LOCATION	13d. STREET AND NUMBER
INDIANA	LAKE	HIGHLAND	2950 GARFIELD STREET

13e. ZIP CODE	13f. INSIDE CITY LIMITS	13g. ON A FARM?	14. CITIZEN OF WHAT COUNTRY?	15. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16. RACE—American Indian, Black, White, etc. (Specify)	17. DECEDENT'S EDUCATION (Specify only highest grade completed)	
						Elementary/Secondary (0-12)	College (1-4 or 5 +)
46322	☐ No ☒ Yes	XX No ☐ Yes	USA	XX No ☐ Yes	WHITE	8	

PARENTS

18. FATHER'S NAME (First, Middle, Last)	19. MOTHER'S NAME (First, Middle, Maiden Surname)
JOHN BALOGH	MARY NAGY

INFORMANT

20a. INFORMANT'S NAME (Type/Print)	20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	20c. Relationship
MARGARET BALOGH	2950 GARFIELD ST. HIGHLAND, IN 46322	WIFE

DISPOSITION

21a. METHOD OF DISPOSITION	21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	21c. LOCATION—City or Town, State
☒ Burial XX Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)	DECEMBER 21, 1991 CALUMET PARK CEMETERY	MERRILLVILLE, INDIANA

22a. EMBALMER'S NAME	22b. EMBALMER'S LICENSE NO.	23. WAS DEATH REPORTED TO CORONER?
LAWRENCE MILLER	FD01006015	☒ No ☐ Yes

24a. SIGNATURE OF FUNERAL DIRECTOR	24b. LICENSE NUMBER (of Licensee)	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME
[signature]	FD01006015	FAGEN-MILLER FUNERAL GARDENS, INC. 2828 HIGHWAY AVE. HIGHLAND, IN FH83003035

CAUSE OF DEATH

26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) a.	Metastatic Adrenocortical Carcinoma DUE TO (OR AS A CONSEQUENCE OF):	
Conditions, if any, which gave rise to the immediate cause stating the underlying cause last b.	DUE TO (OR AS A CONSEQUENCE OF):	
c.	DUE TO (OR AS A CONSEQUENCE OF):	
d.		

THIS CERTIFIES THE ABOVE IS A TRUE & COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT.

DEC 20 1991

PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.	27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no)	28a. WAS AN AUTOPSY PERFORMED? (Yes or no)	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)
	NO	NO	

CERTIFIER

29a. CERTIFIER (Check only one) ☒ CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. ☐ CORONER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated.

29b. SIGNATURE AND TITLE OF CERTIFIER: [signature] LAKE COUNTY HEALTH COMMISSIONER

29c. MEDICAL LICENSE NO.	29d. DATE SIGNED (Month, Day, Year)
27970	DECEMBER 19 1991

HEALTH OFFICER

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): SALMAN D. GAILANI, M.D. 9122 COLUMBIA AVE. MUNSTER, INDIANA 46321

31. HEALTH OFFICER'S SIGNATURE: Alexander S. Williams) M.D

32. DATE FILED (Month, Day, Year): December 20, 19[illegible]

CORONER USE ONLY

33. MANNER OF DEATH	34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)	34d. DESCRIBE HOW INJURY OCCURRED
☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide				

34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

34g. DATE PRONOUNCED DEAD (Month, Day, Year)	34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.

SBH06-004 State Form 10110 (R2/3-89) DEA CERT/PD 1