

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

AFFIDAVIT

I, Luba A. Petryna-Balacky, being duly sworn, state as follows:

1. I am over the age of eighteen (18) and suffer from no disability which would render my testimony incompetent.

2. Gregor Petryna and Luba Petryna, husband and wife, were the owners in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

PARCEL I:

THE WESTERLY 100 FEET OF THE FOLLOWING DESCRIBED TRACT: PART OF THE SOUTH HALF OF THE NORTHEAST QUARTER OF THE SOUTHWEST QUARTER OF SECTION 7, TOWNSHIP 36 NORTH, RANGE 9 WEST OF THE 2ND P.M. DESCRIBED AS FOLLOWS: BEGINNING AT A POINT 40 FEET WEST AND 230 FEET SOUTH OF THE NORTHEAST CORNER THEREOF; THENCE WEST PARALLEL TO THE NORTH LINE THEREOF 300 FEET; THENCE SOUTH 100 FEET; THENCE EAST 300 FEET; THENCE NORTH 100 FEET TO THE PLACE OF BEGINNING, IN LAKE COUNTY, INDIANA.

PARCEL II:

THE WEST HALF OF LOT SEVENTEEN (17), IN BIRDVIEW ADDITION TO THE CITY OF HAMMOND AS SHOWN IN PLAT BOOK 20, PAGE 26, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Tax Key Nos.: 45-07-07-330-041.000-023 and 45-07-07-330-043.000-023

Commonly known as 1127 170th Place, Hammond, IN 46324

Affiant's Address: 1921 Redwood Lane, Munster, IN 46321

FILED

MAR 19 2021

JOHN E. PETALAS
LAKE COUNTY AUDITOR

3. Gregor Petryna and Luba Petryna acquired title to said real estate as husband and wife as tenants by the entireties by deed of conveyance on the 10th day of February, 1965, and recorded in the Office of the Lake County Recorder on the 9th day of June, 1965 as Document No. 619569.

4. Gregor Petryna and Luba Petryna jointly held title to said real estate until the death of Luba Petryna on the 2nd day of June, 1988, at which time Gregor Petryna acquired title to the real estate as the surviving joint tenant pursuant to property law. See attached Death Certificate for Luba Petryna.

IN 611061

Greater Indiana Title Company

JF
WASCT
D

INDIAN STATE BOARD OF HEALTH

CERTIFICATE OF DEATH

Local No. 499

DO NOT COMPLETE THIS SECTION UNLESS YOU ARE A HEALTH OFFICER.
 JUN 06 1988
 Date Issued Hammond Health Commissioner

TYPE/PRINT IN PERMANENT BLACK INK	1. DECEASED—NAME FIRST MIDDLE LAST LUBA PETRYNA		2. SEX female	3. DATE OF DEATH (Month, Day, Year) June 2, 1988
DECEDENT	4. SOCIAL SECURITY NUMBER [REDACTED]	5a. AGE—Last Birthday (Years) 48	5b. UNDER 1 YEAR Months Days Hours Minutes	6. DATE OF BIRTH (Month, Day, Year) MARCH 24, 1940
	7. BIRTHPLACE (City and State or Foreign Country) Ukraine	8. YEAR LAST SERVED IN U.S. ARMED FORCES? none		
PARENTS INFORMANT	9a. FACILITY NAME (If not institution, give street and number) 1127-170th. Place		9b. CITY, TOWN OR LOCATION OF DEATH Hammond	9c. COUNTY OF DEATH Lake
	10. MARITAL STATUS—Married Never Married, Widowed, Divorced (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Gregor Petryna	12. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) housewife
DISPOSITION	13a. RESIDENCE—STATE Indiana		13b. COUNTY Lake	13c. CITY, TOWN OR LOCATION Hammond
	13d. STREET AND NUMBER 1127-170th. Place		14. PLACE—American Indian, Black, White, etc. (Specify) white	
PRONOUNCING PHYSICIAN ONLY	15a. INSIDE CITY LIMITS (Yes or no) yes	15b. FARM no	15c. ZIP CODE 46324	16. DECEDENT'S EDUCATION (Specify only highest grade completed) 12 yrs.
	17. FATHER'S NAME (First, Middle, Last) Iwan Starobransky		18. MOTHER'S NAME (First, Middle, Maiden Surname) Matrona Wolanska	
DISPOSITION	19a. INFORMANT'S NAME (Type/Print) Gregor Petryna		19b. MARITAL ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1127-170th. Pl., Hammond, Indiana 46324	19c. Relationship husband
	20a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) June 6, 1988 St. Nicholas Cemetery	
PRONOUNCING PHYSICIAN ONLY	21a. SIGNATURE OF FUNERAL DIRECTOR <i>Mary Salas</i>		21b. LICENSE NUMBER (of Licentiate) 1004097	21c. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME SOLAN FUNERAL HOME PH# 3002893 7109 Calumet Ave., Hammond, Ind. 46324
	22a. To the best of my knowledge, death occurred at the time, date, and place stated.		22b. LICENSE NUMBER	22c. DATE SIGNED (Month, Day, Year)
SEE INSTRUCTIONS	23a. DATE OF DEATH 10:30 P.M. June 2, 1988		23b. WAS CASE REFERRED TO MEDICAL EXAMINER/CORONERT (Yes or no) no	
	27. PART I Enter the disease, injury, or complication that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, stroke, or heart failure. List only one cause on each line. (METASTATIC CARCINOMA OF COLON) <i>Metastatic carcinoma of colon 1 year</i>			
SEE INSTRUCTIONS	24. TIME OF DEATH 10:30 P.M. June 2, 1988		25. DATE PRONOUNCED DEAD (Month, Day, Year)	
	28a. WAS AN AUTOPSY PERFORMED? (Yes or no) no			
SEE INSTRUCTIONS	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)		28c. DATE SIGNED (Month, Day, Year)	
	29a. CERTIFIER (Check only one) <input type="checkbox"/> CERTIFYING PHYSICIAN (Physician certifying cause of death when another physician has pronounced death and completed Item 22) To the best of my knowledge, death occurred due to the cause(s) and manner as stated. <input checked="" type="checkbox"/> PRONOUNCING AND CERTIFYING PHYSICIAN (Physician both pronouncing death and certifying cause of death) To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. <input type="checkbox"/> MEDICAL EXAMINER <input type="checkbox"/> CORONER <input type="checkbox"/> HEALTH OFFICER 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) and manner as stated.			
HEALTH OFFICER	29b. SIGNATURE AND TITLE OF CERTIFIER <i>Fred Adler</i>		29c. LICENSE NUMBER 01019251	29d. DATE SIGNED (Month, Day, Year) June 6, 1988
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH ITEM 27 (Type/Print) Fred Adler M.D. 800 Mac Arthur Blvd. Munster, Indiana 46321			
CORONER OR MEDICAL EXAMINER USE ONLY	31. HEALTH OFFICER'S SIGNATURE <i>Franklin D. Remuda M.D.</i>		32. DATE FILED (Month, Day, Year) JUN 06 1988	
	33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY
34d. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		34e. LOCATION (Street and Number or Rural Route Number, City or Town, State)		