

FILED

Sep 14 2021 VH
JOHN E. PETALAS
LAKE COUNTY AUDITOR

AFFIDAVIT of SURVIVORSHIP

TAX I.D. NO.: 45-07-10-156-004.000-023

PAUL H. MAGURANY, being first duly sworn upon oath, deposes and says:

- 1. That Affiant's spouse, **HARRIET R. MAGURANY**, died without leaving a will on January 20, 2002 at Hammond, Lake County, Indiana.
- 2. That they were duly and legally married at the time they acquired title as Husband and Wife in the following described real estate:

LOTS FORTY-ONE (41) AND FORTY-TWO (42), IN BLOCK TWENTY-TWO (22), IN MANUFACTURER'S ADDITION TO HAMMOND, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 2, PAGE 24, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Commonly known as: **6815 IDAHO AVENUE, HAMMOND, INDIANA 46323**

- 3. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of her death.
- 4. That all funeral expenses in connection with the death of said decedent have been paid in full.
- 5. That all of the assets of said decedent which would be included for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

FURTHER, your Affiant saith naught.

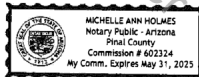
Paul H. Magurany

PAUL H. MAGURANY

STATE OF ARIZONA COUNTY OF PIVAL SS:

Before me, the undersigned, a Notary Public in and for said County and State this 8th day of SEPTEMBER 2021, personally appeared **PAUL H. MAGURANY** and acknowledged the execution of the foregoing Affidavit. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

Commission Number:
My commission expires: MAY 31, 2025 Signature Michelle Ann Holmes
Resident of PIVAL County Printed NICHELLE ANN HOLMES Notary Public

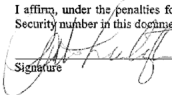


COMMUNITY TITLE COMPANY
FILED h 2021/09/14

LAKE COUNTY, INDIANA, 021-27600, 1 2
TAX: LD. NO. 45-07-10-156-004.000-023
MAGURANY/HAYDEN

This instrument prepared by: **NATHAN D. VIS, Attorney at Law, ID No. 29535-45**
VIS LAW, LLC, P.O. BOX 980, Cedar Lake, IN. 46303
No legal opinion given to Grantor. All information used in
preparation of document was supplied by title company.

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.



Signature

Patricia Ludington
Typed Name

Property of Lake County Recorder

NOT AN OFFICIAL DOCUMENT

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-11-9.3

1 DECEASED—NAME (First Middle Last) HARRIET R. MAGURANY		2 SEX Female		3a TIME OF DEATH 6:00 AM		3b DATE OF DEATH (Month Day, Yr) January 20, 2002	
4 SOCIAL SECURITY NUMBER [REDACTED]		5a AGE—Last Birthday (Years) 73		5b UNDER 1 YEAR Month: _____ Days: _____		5c UNDER 1 DAY Hours: _____ Minutes: _____	
6 DATE OF BIRTH (Mo Day, Yr) April 7, 1928		7 BIRTHPLACE (City and State or Foreign Country) Calumet City, Illinois					
8a WAS SELECTED A U.S. VETERAN? No		8b YEAR LAST SERVED IN U.S. ARMED FORCES? None		9a PLACE OF DEATH (Specify only one—See instructions) Residence			
9b FACILITY NAME (If not institution give street and number) 6815 Idaho Avenue				9c CITY/TOWN OR LOCATION OF DEATH Hammond		9d COUNTY OF DEATH Lake	
10 MARITAL STATUS (Specify) Married		11 SURVIVING SPOUSE (If wife give maiden name) Paul H. Magurany		12a DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Switchboard Operator		12b KIND OF BUSINESS/INDUSTRY Steel	
13a RESIDENCE—STATE Indiana		13b COUNTY Lake		13c CITY/TOWN OR LOCATION Hammond		13d STREET AND NUMBER 6815 Idaho Avenue	
13e ZIP CODE 46323		13f INSIDE CITY LIMITS <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		14 CITIZEN OF WHAT COUNTRY? U.S.A.		15 WAS DECEASED OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes specify Cuban Mexican Puerto Rican etc)	
16 RACE—American Indian Black White etc (Specify) White		17 DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) 12		18 FATHER'S NAME (First Middle Last) Chester Ciaszko		19 MOTHER'S NAME (First Middle Maiden Surname) Mary Wasik	
20a INFORMANT'S NAME (Type/Print) Paul H. Magurany		20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 6815 Idaho Avenue, Hammond, IN 46323		20c Relationship Husband			
21a 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) _____		21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) January 23, 2002		21c LOCATION—City or Town Hammond, Indiana			
22a EMBALMER'S NAME Larry D. Anthony		22b EMBALMER'S LICENSE NO 01001447		23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
24a SIGNATURE OF FUNERAL DIRECTOR <i>Paul H. Magurany</i>		24b LICENSE NUMBER (of Licensee) 01001447		25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Anthony & Dziadowicz F.H. #83002916 9445 Calumet Ave, Munster, IN 46321			
26 PART 1 Enter the diseases, injuries or complications that caused the death. Do not enter non-infectious terms such as cardiac or respiratory arrest, shock or heart failure, list only one cause on each line. Approximate Interval Between Cause and Death							
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a Coronary Artery disease				YEARS	
Cause(s) if any which gave rise to the immediate cause listed in the underlying cause list		b arteriosclerosis				YEARS	
		c _____					
		d _____					
		e _____					
26 PART 2 Other significant conditions, conditions contributing to death but not previously listed in Part 1							
a Diabetes Mellitus		27 WAS DECEASED PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) No		28a WAS AN AUTOPSY PERFORMED? (Yes or no) No		28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) No	
b STAGE II Breast Cancer							
29a CERTIFIER <input checked="" type="checkbox"/> Health officer only <input type="checkbox"/> Health officer <input type="checkbox"/> Coroner		29b CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) as stated 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 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					
29c SIGNATURE AND TITLE OF CERTIFIER <i>Alan Jones MD</i>		29d MEDICAL LICENSE NO 0206690		29e DATE SIGNED (Month Day, Year) January 21, 2002			
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Alan Jones, D.O., 929 Ridge Road, Munster, Indiana 46321							
31 HEALTH OFFICER'S SIGNATURE <i>Alan Jones MD</i>						32 DATE FILED (Month Day, Year) January 27, 2002	
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accidents <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		34a DATE OF INJURY (Month, Day, Year)		34b TIME OF INJURY		34c INJURY AT WORK? (Yes or no)	
		34d PLACE OF INJURY—As home farm street factory office building etc (Specify)		34e DESCRIBE HOW INJURY OCCURRED			
				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					

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER