

570615

PIONEER NATIONAL TITLE INSURANCE

Return To: Hoopner, Wagner, Evans  
319 E. Commercial Ave Lowell, In

Reference No. \_\_\_\_\_

570615

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Affidavit

STATE OF INDIANA, S. NO  
LAKE COUNTY  
FILED FOR RECORD  
JAN 24 1 47 PM '80  
WILLIAM BIELSKI JR  
RECORDER

STATE OF INDIANA )  
                  Lake ) ss  
COUNTY OF ~~BOONE~~ )

Thelma Hilzley, being first duly sworn upon oath deposes and says:

1. That her husband ~~Maxwell~~ Harry A. Hilzley died without leaving a will on March 18, 1977 at Lowell, Lake County, Indiana

2. That they were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

A strip of land 5 rods wide off the North end of Lot Eight (8), H. J. Nichols' Addition to the Town of Lowell, as shown in Plat Book 1, page 28, in Lake County, Indiana.

# 4-40-10

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 his death.

4. That all funeral expenses in connection with the death of said decedent have been paid in full.

5. That the total estate of Harry A. Hilzley, including interest in joint property and the proceeds of life insurance was not subject to Federal Estate Tax.

Further affiant sayeth not.

Thelma Hilzley  
Thelma Hilzley

Subscribed and sworn to before me this 17th day of January, 19 80.

Kathleen M. Spencer  
Notary Public

My Commission expires

Kathleen M. Spencer  
Commission Expires: May 29, 1982  
County of Residence: Lake

FILED

JAN 23 1980

Lucia O. [Signature]  
AUDITOR LAKE COUNTY

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570615

TYPE OR PRINT  
PLAINLY WITH  
UNFADING INK  
THIS IS A  
PERMANENT  
RECORD

Below for State Office Use

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Disposition Permit  
Issued / /  
Provisional  
Certificate  
 Yes  No

EMBALMER'S NAME: John A. Eskridge  
FUNERAL DIRECTOR'S SIGNATURE: John A. Eskridge  
FUNERAL HOME: No. 426  
LICENSE No. 3563  
FURNITURE LICENSE No. 2021

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

Local No. 315-77 State No. \_\_\_\_\_

PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS

DECEASED—NAME: HARRY A HILZLEY SEX: Male DATE OF DEATH: March 18 1977

RACE: White AGE—LAST BIRTHDAY (YEARS): 79 UNDER 1 YEAR NOS. DAYS: UNDER 1 DAY HOURS MIN.: DATE OF BIRTH (MONTH, DAY, YEAR): 6834 COUNTY OF DEATH: Lake

CITY, TOWN, OR LOCATION OF DEATH: Lowell INSIDE CITY LIMITS (SPECIFY YES OR NO): YES HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): 124 N Liberty

7b. State of Birth (if not in U.S.): Indiana 7c. Citizen of what country: U.S.A. 7d. Married  NEVER MARRIED  SURVIVING SPOUSE (if wife, give maiden name): Thelma V Clark

8. Social Security Number: 306-01-8095 9. Usual Occupation (give kind of work done during most of working life, even if retired): Machinist 10. Widowed  DIVORCED  11. Thelma V Clark

12. Residence before admission: 13a. Residence—State: Indiana 13b. County: Lake 13c. City, town or location: Lowell 13d. Inside city limits (specify yes or no): YES 13e. Township: Cedar Creek

14a. Street and number: 124 N Liberty 14b. Was deceased ever in U.S. Armed Forces? (Yes, no, or unknown. If yes, give war or dates of service): NO 14c. Is residence on a farm? YES  NO

PARENTS: 15. FATHER—NAME: Leonard S Hilzley 16. MOTHER—MAIDEN NAME: Emma Livingston

INFORMANT—NAME: Mrs Thelma Hilzley RELATIONSHIP: Wife MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 124 N Liberty Lowell Ind 46356

PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)] APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

18. IMMEDIATE CAUSE: (a) METASTATIC CARCINOMA

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE: AUTOPSY: YES  NO  IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH: YES  NO

DATE & TIME OF DEATH: March 18 77 6:15 PM DATE SIGNED: \_\_\_\_\_

PHYSICIAN'S NAME (TYPE OR PRINT): John Mirro M.D. SIGNATURE OF PHYSICIAN: [Signature] PHY. CODE NO. \_\_\_\_\_

MAILING ADDRESS—PHYSICIAN: 124 N MAIN ST, Crown Point IND 46307

BURIAL, CREMATION, REMOVAL (SPECIFY): 24a. Burial 24b. Lowell 24c. Lowell Indiana

DISPOSITION: 24d. March 21-77 25a. Eskridge Funeral Home 707 E Comm Ave Lowell Ind. 46356

HEALTH OFFICER—SIGNATURE: [Signature] M.D. DATE RECEIVED BY LOCAL HEALTH OFFICER: 3-21-77

This Document is the property of  
The Lake County Recorder!



N. J. Nichole Add. 7. Rods St. 8  
# 4-40-10

FILED  
JAN 23 1980  
L. J. [Signature]  
AMSTER LAKE COUNTY

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