

RECORDED

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Jurek

Highland Office

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590104

AFFIDAVIT

STATE OF INDIANA )  
                          ) SS:  
COUNTY OF LAKE )

Loretta M. Meissner being first duly sworn upon oath, deposes and says:

1. That Affiant's spouse, Lawrence E. Meissner died (~~without leaving a will~~) (leaving a will) on June 21 19 73 at HAMMOND IN

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

Lot 7, except the North 5 feet thereof and the North 20 feet of Lot 8 in Block 2 in Wilcox First Addition to Whiting, in the City of Hammond, as per plat thereof, recorded in Plat Book 2 page 51, in the Office of the Recorder of Lake County, Indiana.

36-346-7

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) ~~1973~~ 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 includable 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 affiant sayeth not.

Loretta M. Meissner  
Loretta M. Meissner

Subscribed and sworn to before me, a Notary Public, this 27th day of June, 19 80.

Janis R. Scott  
Janis R. Scott Notary Public

My Commission expires:  
February 6, 1984

County of Residence:  
Lake

This Instrument prepared by Loretta M. Meissner

FILED

JUL 7 1980

Janis R. Scott  
NOTARY LAKE COUNTY

PIONEER NAT'L TITLE INS. CO.

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR REC'D

JUN 9 9 12 AM '80  
WILLIAM BIELSKI JR  
RECORDER

590104

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

THIS CERTIFIES THE ABOVE IS A TRUE AND  
COMPLETE COPY OF THE CERTIFICATE OF DEATH  
ON FILE WITH THE HAMMOND HEALTH DEPT.  
JUN 27 1980  
Date Issued

*Thomas J. Owens*  
HAMMOND HEALTH COMMISSIONER

EMBALMER'S NAME THOMAS OWENS LICENSE No. 104  
FUNERAL DIRECTOR'S SIGNATURE *Thomas J. Owens* LICENSE No. 965  
FUNERAL HOME LICENSE No. 1047-1980  
F. I. L. E. D.

Local No. 486  
S. 20th St. Whiting, Ind.  
U. 20th St. Whiting, Ind.  
36-346-7 A. B. Wilcox Int. Burial & Crematory

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

State No. \_\_\_\_\_

75

DECEASED - NAME <b>LAWRENCE MEISSNER</b>		SEX <b>MALE</b>	DATE OF DEATH <b>JUNE 21, 1978</b>
RACE <b>Cauc</b>	AGE <b>73</b>	DATE OF BIRTH <b>7-17-04</b>	COUNTY OF DEATH <b>Lake</b>
CITY, TOWN OR LOCATION OF DEATH <b>HAMMOND</b>		HOSPITAL OR OTHER INSTITUTION <b>ST. MARGARET HOSPITAL</b>	
STATE OF BIRTH <b>INDIANA</b>	CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	MARRIED, NEVER MARRIED, DIVORCED <b>MARRIED</b>	WAS ACCIDENT EVER IN U.S. (Check box) <b>NO</b>
SOCIAL SECURITY NUMBER <b>309-09-2523</b>		USUAL OCCUPATION <b>YARD FOREMAN</b>	INDUSTRY <b>WTG LUMBER &amp; COAL</b>
RESIDENCE - STATE <b>INDIANA</b>	COUNTY <b>LAKE</b>	CITY, TOWN OR LOCATION <b>WHITING</b>	IS RESIDENCE ON A FARM? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
STREET AND NUMBER <b>2718 BIRCH</b>	IS DECEASED OF SPANISH ORIGIN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IS DECEASED OF OTHER ORIGIN? (Specify Mexican, Cuban, Puerto Rican, etc.)
FATHER - NAME <b>EDWARD MEISSNER</b>	MOTHER - MARRIED NAME <b>ANNA SCHOLZ</b>	MARRIAGE ADDRESS <b>2718 BIRCH WHITING IND</b>	
DECEASED - NAME <b>LORETTA</b>	BURIAL, CREMATION, REINTERMENT, OTHER <b>BURIAL</b>		DATE <b>6-23-78</b>
CEMETERY OR CREMATORY - FUNERAL HOME <b>CALUMET PARK</b>		LOCATION <b>MERRILLVILLE IND</b>	
FUNERAL HOME - NAME AND ADDRESS <b>OWENS FUNERAL HOME</b>		ADDRESS <b>816-119th St. WHITING, IND.</b>	
NAME OF ATTENDING PHYSICIAN <b>GARVIN, DR. W. V.</b>		DATE SIGNED <b>6-24-78</b>	HOUR OF DEATH <b>6-21-78 2:30 PM</b>
ADDRESS - PHYSICIAN <b>1021 E. SIOLEY DOLTON, IL. 60419</b>		DATE RECEIVED BY LOCAL HEALTH OFFICER <b>JUN 26 1978</b>	
HEALTH OFFICER'S SIGNATURE <i>J. J. Remick</i>		SIGNATURE <i>min</i>	
CAUSE <b>Heart Failure</b>		SIGNATURE <i>dys</i>	
CAUSE <b>Coronary Artery Disease</b>		SIGNATURE <i>Whe</i>	
CAUSE <b>Myocardial Infarction</b>		SIGNATURE	