



valuation thereof the value of all of her gifts in contemplation of death, including all gifts made by her in the three years next preceding her death, and the value of all of her investments and joint properties and estates by the entirety, including the real estate above described, plus the proceeds of the life insurance on her life, did not equal or exceed the sum of One Hundred Sixty-One Thousand Dollars (\$161,000.00), as a consequence of which her estate was not subject to Federal Estate Tax. Further, that all costs and claims of creditors existing by reason of the fact of the death of the said Pauline Potts, deceased, including expense of last illness and cost of burial, have been paid in full by this Affiant. That the said Pauline Potts, deceased, was survived by the affiant, a daughter, and William Potts, a son, as her sole and only issue and heirs at law.

That this Affidavit is made for the purpose of establishing the above facts, for the purpose of completing the chain of title to the hereinabove described parcel of real estate and for the purpose of inducing Ticor Title Insurance Company, Crown Point, Indiana, to rely hereon and in reliance hereon to issue a policy and/or policies of owner's-mortgagee's title insurance pursuant to its Policy # 166672 free of any objection based upon the fact of death of the said Pauline Potts, deceased.

Further this Affiant sayeth not.

IN WITNESS WHEREOF, the said Betty J. Thorgren has hereunto

set her hand and seal this 2nd day of March, 1983.

Betty J. Thorgren  
Betty J. Thorgren

STATE OF INDIANA )  
                          ) SS:  
COUNTY OF LAKE )

Sworn and subscribed to before me, a Notary Public in and for said County and State this 2nd day of March, 1983, by the above named Betty J. Thorgren who swore to the truth of the matters and things therein alleged.

Susan J. Brown  
Susan J. Brown, Notary Public

My Commission expires: 7-18-83

County of Residence: Jasper

Prepared by:

Harry R. Kneifel, Sr.  
KNEIFEL AND BEHNKE  
ATTORNEYS AT LAW, INC.  
651 East Third Street  
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Hobart, Indiana 46342  
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KONIGEL & BEHNKE  
ATTORNEYS AT LAW, INC.  
391 EAST THIRD  
MOSHAR, INDIANA 46347  
State No. 1

# INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

Local No. 65-81

TYPE OR PRINT  
PLAINLY WITH  
UNFADING INK

**FILED**  
THIS IS  
PERMANENT  
RECORD  
MAY 31 1983

Below for State Office Use

- A \_\_\_\_\_
- B \_\_\_\_\_
- C \_\_\_\_\_
- D \_\_\_\_\_
- E \_\_\_\_\_
- F \_\_\_\_\_
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450  
 ADULTOR LAKE COUNTY  
 FUNERAL HOME 242  
 No. 419  
 LICENSE No. 968  
 FUNERAL DIRECTOR'S  
 LICENSE No. 968  
 EMBALMER'S NAME James Cholston  
 FUNERAL DIRECTOR'S SIGNATURE Robert W. [Signature]

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION GIVE RESIDENCE BEFORE ADMISSION

PARENTS

DISPOSITION

M.D.  
OR  
D.O.

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE

DECEASED—NAME				FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH DAY YEAR)
PAULINE				POTTS			FEMALE	JANUARY 14, 1981
RACE—(e.g. White, Black, American Indian or Alaskan)	AGE—(Last Birthday)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (Mo. Day, Yr.)	COUNTY OF DEATH			
White	69			March 11, 1911	Lake			
CITY, TOWN OR LOCATION OF DEATH				HOSPITAL OR OTHER INSTITUTION (Name of institution, give street and number)			IF HOSP. OR INST. (Indicate DOA, OR, Emer. Rm., Intensive Care, etc.)	
Hobart				St. Mary Mercy Med-Center			Inpatient	
STATE OF BIRTH (If not in U.S.A. name country)	CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED (Indicate)	SURVIVING SPOUSE (If wife give maiden name)		WAS DECIDENT EVER IN U.S. ARMED FORCES? (Specify Year, etc.)			
Jugoslavia	USA	Widowed			no			
SOCIAL SECURITY NUMBER			USUAL OCCUPATION (Give kind of work done during most of working life)			KIND OF BUSINESS OR INDUSTRY		
314 24 3518			Housewife			Self		
RESIDENCE—STATE	COUNTY	CITY, TOWN OR LOCATION		IS RESIDENCE ON A FARM?		INSIDE CITY LIMITS (Specify Yes or No)		
Indiana	Lake	Hobart		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		no		
STREET AND NUMBER				IS RESIDENCE ON A FARM?		INSIDE CITY LIMITS (Specify Yes or No)		
26 North Cavender Street				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		no		
13 DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC.								
13a YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>								
FATHER—NAME			FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME		
Rudolph			DiGuisto			Sophie Milicevic		
INFORMANT—NAME (Type or Print)		RELATIONSHIP	MAILING ADDRESS		STREET OR R.F.D. NO.	CITY OR TOWN	STATE	ZIP
Betty Thorgren		Daughter	201 North Linda St.			Hobart	Indiana	
BURIAL, CREMATION, REMOVAL OTHER (Specify)			CEMETERY OR CREMATORY—FUNERAL HOME			LOCATION		
Burial			Calumet Park Cem.			Merrillville, Ind.		
DATE (MONTH DAY YEAR)			FUNERAL HOME—NAME AND ADDRESS			STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP		
January 17, 1981			Stilnovich, Palmer & Wiatrolik			4213 Bdwy. Gary,		
To the best of my knowledge, death occurred at the time, date, and place and due to the cause stated.				DATE SIGNED (Mo. Day, Yr.)		INITIALS		
21a Signature: W. J. [Signature]				21b 1-15-81		21c 5 P.M.		
NAME OF ATTENDING PHYSICIAN (Type or Print)								
21d Dr. H. Lebioda								
MAILING ADDRESS—PHYSICIAN								
21e 5190 Broadway				Merrillville, Indiana 46409				
HEALTH OFFICER (Signature)				DATE RECEIVED BY LOCAL HEALTH OFFICER				
22a [Signature]				22b 1-16-81				
PART I (a) Intractable heart failure				Interval between onset and death				
(b) Atrial fibrillation				5 yrs				
(c) Acute duct cell carcinoma of W. breast & metastasis				Interval between onset and death				
PART II (OTHER SIGNIFICANT CONDITIONS—List those contributing to death but not recorded in cause given in PART I)				AUTOPSY (Specify Yes or No)				
24								