



PIONEER NATIONAL TITLE INSURANCE

780202

Return To: Chesterton State Bk

5200 Central Ave, Portage

Reference No. _____

2

WILLIAM BODNER JR
RECORDER
NOV 15 8 55 AM '84
FILED FOR RECORD
LAKE COUNTY
INDIANA

TICOR TITLE INSURANCE
Crown Point, Indiana

Affidavit

STATE OF INDIANA)
) ss
COUNTY OF PORTER)

George N. Moore, being first duly sworn upon oath deposes and says:

1. That her husband his wife, Magdalene J. Moore died without leaving a will on March 23, 1980, at Porter Memorial Hospital, Valparaiso, In. 46383

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

The North 130.85 feet of the South 658.85 feet of the East 330 feet of the South 1/2 of the Southeast 1/4 of the Southeast 1/4 of Section 16, Township 36 North, Range 7 West of the 2nd Principal Meridian, in the City of Lake Station, Lake County, Indiana.

19-8-41

FILED

NOV 13 1984

Lucie O. Priddy
AUDITOR LAKE COUNTY

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 Magdalene J. Moore, including interest in joint property and the proceeds of life insurance was not subject to Federal Estate Tax.

Further affiant sayeth not.

+ George M. Moore
George N. Moore

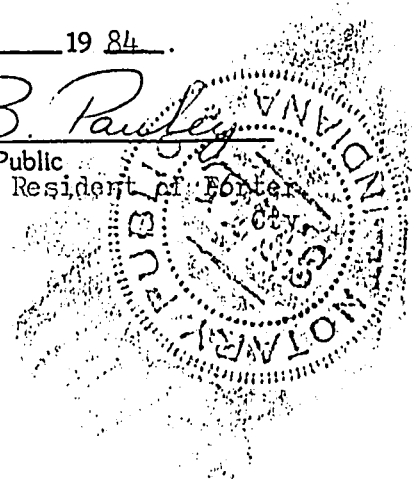
Subscribed and sworn to before me this 3rd day of November 19 84.

Ava B. Pauley
Notary Public
Ava B. Pauley, Resident of Porter

My Commislon expires:

Sept. 6, 1988

This instrument prepared by George M. Bodner



496
Li
550

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

Below for State Office Use

A _____
B _____
C _____
D _____
E _____
F _____
G _____
H _____
I _____
J _____

THIS DOCUMENT NOT VALID
UNLESS STAMPED ON REVERSE SIDE

1 _____
2 _____
3 _____
4 _____
5 _____
6 _____
7 _____
8 _____

Disposition Permit
Issued / /
Provisional
Certificate
 Yes No

LICENSE No. 419

EMBALMER'S NAME Jas. W. Gholston

FUNERAL HOME No. 561
FUNERAL DIRECTOR'S LICENSE No. 794
FUNERAL DIRECTOR'S SIGNATURE *Jas. W. Gholston*

Local No. _____

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.

CONTINUING
IF ANY
WILL BE
LEFT TO
INTERVIEW
THE
FAMILY
BEFORE
SIGNING
THIS
CERTIFICATE

CAUSE

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

TICOR TITLE INSURANCE
Crown Point, Indiana

State
No. _____

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DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. Magdalene J. Moore					Female	3/23/80	
RACE—(to g. White, Black, American Indian, etc.) (Specify)	AGE—Last Birthday (Yr.)	UNDER 1 YEAR		UNDER 1 DAY	DATE OF BIRTH (Mo., Day, Yr.)		COUNTY OF DEATH
4. White	6a. 63	MOS	DATE	HOURS	MIN.	6/4/29/1916	
CITY, TOWN OR LOCATION OF DEATH				HOSPITAL OR OTHER INSTITUTION—(Name if not in Indiana)		IF HOSP OR INST. Indicate DOA OP/Emar. Rm., Institution (Specify)	
7b. Valparaiso				7c. Porter Memorial Hospital		7d. Inp.	
STATE OF BIRTH (If not in U.S.A. name country)	CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	SURVIVING SPOUSE (If wife give maiden name)		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)	
8. Illinois	9. USA		10. Married	11. George N.		12. No	
SOCIAL SECURITY NUMBER			USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		KIND OF BUSINESS OR INDUSTRY		
13. 313-36-9996			14a. Homemaker		14b. Home		
RESIDENCE—STATE		COUNTY	CITY, TOWN OR LOCATION		IS RESIDENCE ON A FARM?		
15a. Indiana		15b. Lake	15c. Lake Station		15e. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
STREET AND NUMBER					IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC.		
16. 2800 County Line Road					15d. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME		
16. William				Young	17. Not Available		
INFORMANT—NAME (Type or print)				MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP			
18a. Geo. N. Moore				18b. 2800 Co. Line Rd. Lake Station, Indiana 46405.			
BURIAL, CREMATION, REMOVAL, OTHER (Specify)				CEMETERY OR CREMATORY—FUNERAL HOME		LOCATION CITY OR TOWN STATE	
19a. Burial				19b. Calumet Park Cemetery		19c. Merrillville, Indiana	
DATE (MONTH, DAY, YEAR)				FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
20a. 3/27/80				20b. Olson Funeral Home, Portage, Indiana			
To the best of my knowledge and belief, signed at the time, date and place and during the calendar stated				DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH	
21a. <i>[Signature]</i>				21b. 3-25-1980		21c. 3-23-80 9:30 P.M.	
NAME OF ATTENDING PHYSICIAN (Type or Print)							
21d. Dr. R. Lee							
MAILING ADDRESS—PHYSICIAN							
21e. 808 Lincolnway, Valparaiso, Indiana 46383.							
HEALTH OFFICER—SIGNATURE				DATE RECEIVED BY LOCAL HEALTH OFFICER			
22a. <i>[Signature]</i>				22b. 3-25-80			
23. (ENTER ONLY ONE CAUSE PER LINE FOR PART I AND II)				Interval between onset and death			
PART I (a) Carcinoma of Rt. lung				3 weeks			
(b) Arteriosclerotic heart disease				Interval between onset and death			
(c) _____				Interval between onset and death			
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)				AUTOPSY (Specify Yes or No)			
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FILED
NOV 13 1984
Auditor Lake County
T 36 R 7 pt 5 E SE Key 19-8-41