

780397

AFFIDAVIT

STATE OF INDIANA)
COUNTY OF LAKE) SS:

Lorraine M. McMahon, being first duly sworn upon oath, deposes and says:

1. That Affiant's spouse, Robert J. McMahon died (without leaving a will) (~~leaving a will~~) on August 12, 1984 at East Chicago, 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:

Lot 15, Block 8, Tewes Park Addition to the City of Hammond, Lake County, Indiana, Plat Book 20, Page 22, Lake County, Indiana, ^{Key # 36-190-15} more commonly known as 1554 Shell, Hammond, IN

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) (~~her~~) death.

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

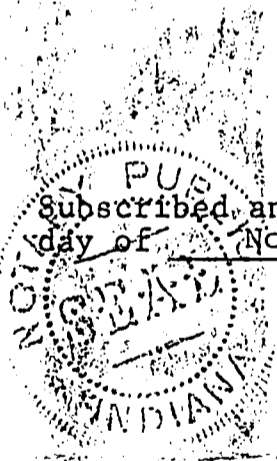
5. That all of the assets of said decedent which would be includable for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were sufficient to necessitate payment of Federal Estate Tax.

STATE OF INDIANA/S.S. NO. LAKE COUNTY FILED FOR RECORD NOV 15 2 24 PM '84 WILLIAM J. LEWANDOWSKI JR RECORDER

Further affiant sayeth not.

Lorraine M. McMahon
Lorraine M. McMahon

Subscribed and sworn to before me, a Notary Public, this 8th day of November, 1984.



Florence R. Lewandowski
Florence R. Lewandowski Notary Public
Resident of Lake County

My Commission expires: February 22, 1987

This Instrument prepared by:
M. JEAN RAWSON
Attorney at Law
905 Ridge Road
Munster, IN 46321
(219) 836-1413

FILED
NOV 14 1984
Paul O. ...
AUDITOR LAKE COUNTY

600
550

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

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. _____

Local No. 334

TYPE OR PRINT
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.

CAUSE

FUNERAL HOME
No. 153

FUNERAL DIRECTOR'S
LICENSE No. 2037

FUNERAL DIRECTOR'S
SIGNATURE *E. Eugene Johnson*

LICENSE No. 4496

EMBALMER'S NAME E. Eugene Johnson

*Key# 36-190-15
Lewes Park Sect. S. 15-181.8*

1. DECEASED—NAME FIRST MIDDLE LAST Robert J. McMahon		2. SEX Male	3. DATE OF DEATH (MONTH DAY YEAR) August 12, 1984
4. RACE—(a) White, Black, American Indian, etc. (Specify)	5a. AGE—Last Birthday (Yrs.) 65	5b. UNDER 1 YEAR MOS. DAYS	5c. UNDER 1 DAY HOURS MINS
White	65		6. DATE OF BIRTH (Mo. Day Yr.) 7-12-1919
7a. CITY, TOWN OR LOCATION OF DEATH East Chicago		7b. HOSPITAL OR OTHER INSTITUTION—(Name if not in entry give street and number) St. Catherine's Hospital	
8. STATE OF BIRTH (If not in U.S. name country) Illinois		9. CITIZEN OF WHAT COUNTRY U.S.A.	
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		11. SURVIVING SPOUSE (If wife give maiden name) Lorraine Walters	
12. SOCIAL SECURITY NUMBER 342-05-4485		14. USUAL OCCUPATION (Give kind of work done during most of working life. Name of retired) Retired	
15a. RESIDENCE—STATE Indiana		15b. COUNTY Lake	
15c. CITY, TOWN OR LOCATION Hammond		14d. KIND OF BUSINESS OR INDUSTRY Goldblatts Dept. Store	
15d. STREET AND NUMBER 1554 Shell St.		15e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
15f. INSIDE CITY LIMITS (Specify YES OR NO) Yes		15g. IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
16. FATHER—NAME FIRST MIDDLE LAST James McMahon		17. MOTHER—MAIDEN NAME FIRST MIDDLE LAST Anne (Unkn.)	
18. INFORMANT—NAME (If type of informant) Lorraine McMahon-Wife		18b. MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP 1554 Shell St., Hammond, Indiana 46322	
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY—FUNERAL HOME LOCATION CITY OR TOWN STATE Oakland Memory Lane Dolton, Illinois	
20a. DATE (MONTH DAY YEAR) August 14, 1984		20b. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN STATE ZIP) Huber's Funeral home, East Chicago, Indiana 46312	
21a. NAME OF ATTENDING PHYSICIAN (Type or Print) <i>Y.M. Kim M.D.</i>		21b. DATE SIGNED (Mo. Day Yr.) August 13, 1984	
21c. HOUR OF DEATH 10:55^a AM		21d. MAILING ADDRESS—PHYSICIAN 622 W. Chicago Ave. E.C. Ind. 46312	
22a. HEALTH OFFICER—SIGNATURE <i>E.A. Cosmopagnia M.D.</i>		22b. DATE RECEIVED BY LOCAL HEALTH OFFICER 8-13-84	
23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a) AND (c)) PART I (a) Cardiorespiratory arrest		PART II (b) Malignant glioma of brain with cerebral edema	
PART I (c) Tumor of rectum with rectal bleeding extending to sigmoid		PART II (c) Tumor of rectum with rectal bleeding extending to sigmoid	
23. OTHER SIGNIFICANT CONDITIONS—(Specify) contributing to death but not related to cause given in PART I (a)		23. INTERVAL BETWEEN ONSET AND DEATH NOV 14 1984	
23. INTERVAL BETWEEN ONSET AND DEATH		23. INTERVAL BETWEEN ONSET AND DEATH	

FILED

NOV 14 1984

AUDITOR *Jan 5-1984*