

Ticor - Highland

126368-85

# TICOR TITLE INSURANCE

836290

## AFFIDAVIT

STATE OF INDIANA )  
                          ) SS:  
COUNTY OF LAKE )

Arthur E. Collings, being first duly sworn upon oath, deposes and says:

1. That Affiant's spouse, Alice Collings died (without leaving a will) (~~leaving a will~~) on MAY 23 1984 at 8607 W. 132<sup>nd</sup> AVE. CEDAR LAKE, 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: lots 54 & 55 in MEYER MANOR, AS AMUEL C. BARTBETT SUBDIVISION to CEDAR LAKE, AS PER PLAT thereof, RECORDED IN PINK BOOK 15, PAGE 22, in the office of the RECORDER of LAKE CO., IN.

Key # 24-55-54 & 55

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 not sufficient to necessitate payment of Federal Estate Tax.

Further affiant sayeth not.

Arthur E. Collings  
ARTHUR E. COLLINGS

Subscribed and sworn to before me, a Notary Public, this day of Jan, 1986.

Gloria Anderson  
Notary Public  
Gloria Anderson

My Commission expires:

10-24-88

County of Residence:

Lake

This Instrument prepared by

Arthur E. Collings

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
JAN 10 8 51 AM '86  
RUDOLPH CLAY  
RECORDER

FILED

JAN 8 1986

Lucia O. ...  
AUDITOR LAKE COUNTY

550  
5 to  
206

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

Below for State Office Use

- A \_\_\_\_\_
- B \_\_\_\_\_
- C \_\_\_\_\_
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FUNERAL HOME No. 82  
 LICENSE No. 1607  
 FUNERAL DIRECTOR'S SIGNATURE  
 Fred Orarka  
 LICENSE No. 1607  
 FUNERAL DIRECTOR'S SIGNATURE  
 Fred Orarka

Local No. 292-84

## INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

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

DECEASED - NAME FIRST MIDDLE LAST Alice Gollings		SEX Female	DATE OF DEATH (MONTH DAY YEAR) May 23, 1984
RACE (e.g. White, Black, American Indian, etc.) White	AGE - Last Birthday 75	UNDER 1 YEAR MOS. DAYS HOURS MINS 5b	UNDER 1 DAY HOURS MINS 5c
CITY, TOWN OR LOCATION OF DEATH Cedar Lake		COUNTY OF DEATH Lake	
CITY, TOWN OR LOCATION OF DEATH Cedar Lake		HOSPITAL OR OTHER INSTITUTION (Name if not in other gross street and number) 8607 West 132nd Ave.	
STATE OF BIRTH (If not in U.S. name country) Illinois	CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED 10 Married	SURVIVING SPOUSE (If wife give maiden name) 11 Art Gollings
SOCIAL SECURITY NUMBER 13 321-26-1824	USUAL OCCUPATION (Use kind of work done during most of working life, even if retired) 14a Housewife	KIND OF BUSINESS OR INDUSTRY 14b Own Home	
RESIDENCE - STATE 15a Indiana	COUNTY 15b Lake	CITY, TOWN OR LOCATION 15c Cedar Lake	
STREET AND NUMBER 15d 8607 West 132nd Ave.		IS RESIDENCE ON A FARM? 15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INSIDE CITY LIMITS (Specify Yes or No) 15f Yes
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN CUBAN PUERTO RICAN ETC. 15g YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
FATHER - NAME FIRST MIDDLE LAST 16 Walter Rayburn		MOTHER - MAIDEN NAME FIRST MIDDLE LAST 17 Clara Baening	
INFORMANT - NAME (If you or print) 18a Art Gollings (Husb)	RELATIONSHIP 18b (Husb)	MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP 18c 8607 W. 132nd Ave., Cedar Lake, Ind. 46303	
BURIAL, CREMATION, REMOVAL OTHER (Specify) 19a Cremation	CEMETERY OR CREMATORY FUNERAL HOME 19b Oakland Memory Lane	LOCATION CITY OR TOWN STATE ZIP 19c Dolton, Illinois 46303	
DATE (MONTH DAY YEAR) 20a May 25, 1984	FUNERAL HOME - NAME AND ADDRESS (STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP) 20b Eller Brady 8510 Lakeshore Dr., Cedar Lake, Ind.		
21a Signature <i>D. Streets</i>	DATE SIGNED (Mo. Day Yr.) 21b 5-25-84	HOUR OF DEATH 21c M	
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d Dr. Dennis G. Streets			
MAILING ADDRESS - PHYSICIAN 21e 1212 N Broad St. Griffith Indiana 46319			
HEALTH OFFICER - SIGNATURE 22a <i>Paul H. Johnson M.D.</i>		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b 5-29-84	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST			
PART I		IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c))	
(a)	Cardiorespiratory arrest		Interval between onset and death sec.
(b)	Pleural Effusion - Malignant		Interval between onset and death days
(c)	Metastatic Breast Carcinoma		Interval between onset and death weeks
PART II OTHER SIGNIFICANT CONDITIONS (Conditions contributing to death but not related to cause given in PART I)			
24			