

132362-86
The First Bk of White
5191 W. Lincoln Street
C.P., Ind 46307

2 889691

TICOR TITLE INSURANCE

TICOR TITLE INSURANCE
Crown Point, Indiana

AFFIDAVIT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

WILLIAM J. HUGHES, being first duly sworn upon oath, deposes and says:

1. That Affiant's spouse, BONNIE MARIE HUGHES died (without leaving a will) (~~XXXXXXXXXX~~) on September 20, 1974 at Hammond, 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:

The West 50 feet of lot 9 in Block 4 in Forsyth Water Gardens Addition to Hammond, as per plat thereof, recorded in Plat Book 14 page 19, in the Office of the Recorder of Lake County, Indiana.

#33-141-22

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.

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
DEC 8 9 26 AM '86
RECORDED
THOMAS H. HOLLAND
CLERK

Further affiant sayeth not.

William J. Hughes
William J. Hughes

Subscribed and sworn to before me, a Notary Public, this 19th day of November, 1986.

Barbara Jerzyk
Barbara Jerzyk Notary Public

My Commission expires: 11-25-88

County of Residence: LAKE

FILED

DEC 4 1986

Jessie O. ...
AUDITOR LAKE COUNTY

This Instrument prepared by William J. Hughes

228

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

132362-86

TRICOR LIFE INSURANCE
Crown Point, Indiana

Local No. 860

INDIANA STATE BOARD OF HEALTH
CORONER'S CERTIFICATE OF DEATH

Death No. 629

PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS

1. DECEASED—NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)

1. BONNIE HUGHES F 9-20-74

2. RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) white AGE—LAST BIRTHDAY (YEARS) 59 UNDER 1 YEAR MOS. 59 UNDER 1 DAY HOURS MIN. 59 DATE OF BIRTH (MONTH, DAY, YEAR) 12-31-1914 COUNTY OF DEATH lake

3. CITY, TOWN, OR LOCATION OF DEATH Hammond INSIDE CITY LIMITS (SPECIFY YES OR NO) yes HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) St. Margaret Hospital

4. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTY) Indiana CITIZEN OF WHAT COUNTRY U.S.A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) married SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) William Hughes

5. SOCIAL SECURITY NUMBER USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Homemaker KIND OF BUSINESS OR INDUSTRY Own Home

6. USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION, RESIDENCE—STATE COUNTY CITY, TOWN OR LOCATION INSIDE CITY LIMITS (SPECIFY YES OR NO) TOWNSHIP

7. Illinois Cook Calumet City yes

8. STREET AND NUMBER 333 Memorial Dr. 14g. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no 15. RESIDENCE ON A FARM? YES NO

PARENTS

9. FATHER—NAME FIRST MIDDLE LAST MOTHER—MAIDEN NAME FIRST MIDDLE LAST

9. Paul Bramer Marie La Bounty

10. INFORMANT—NAME RELATIONSHIP MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

10. William Hughes husband 333 Memorial Dr., Calumet City, Ill.

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

11. IMMEDIATE CAUSE

11. (a) Secobarbital Intoxication

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST

(b)

(c)

PART II. OTHER SIGNIFICANT CONDITIONS GIVEN IN PART I (A) CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE AUTOPSY (YES OR NO) IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH

12. 13. 14. Yes 15. Yes

CAUSE OF DEATH

16. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) DATE OF INJURY (MONTH, DAY, YEAR) HOUR p. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)

16. Suicide 9 19 74 8:10 p. Overdose

17. INJURY AT WORK (SPECIFY YES OR NO) PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

17. No Home 333 Memorial Dr. Calumet City, Illinois

CORONER'S CERTIFICATION

R—ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE (B) STATED.

18. DEATH OCCURRED (HOUR) M. THE DECEDENT WAS PRONOUNCED DEAD (MONTH) DAY YEAR HOUR DATE SIGNED (MONTH, DAY, YEAR)

18. M. September 20 1974 3:10 p.m. M. 10 8 74

19. CERTIFIER—NAME (TYPE OR PRINT) SIGNATURE (DEGREE OR TITLE)

19. William H. Mott, M.D. William H. Mott, M.D. Coroner

20. MAILING ADDRESS—CERTIFIER STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP

20. 751 Washington Street Cony Indiana 46402

BURIAL

21. BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY, CREMATORY, FUNERAL HOME LOCATION: CITY OR TOWN STATE

21. Burial Elmwood cemetery Hammond, Indiana

22. DATE (MONTH, DAY, YEAR) FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

22. 9-23-74 Owens Funeral Home, 816-119th. St., Whiting, Ind. 46394

23. SIGNATURE OF HEALTH OFFICER DATE RECEIVED BY LOCAL HEALTH OFFICER

23.

FUNERAL HOME No. 729
FUNERAL DIRECTOR'S LICENSE No. 1067
Unit of 6 Reg 33-141-22

EMBALMER'S NAME Thos. Owens #33-141-22
FUNERAL DIRECTOR'S SIGNATURE

Disposition Permit Issued

Provisional Certificate Yes No

FILED
DEC 4 1986
Auditor Line County

Wanda S. Brame
W. S. Owens

HAMMOND HEALTH COMMISSIONER

2529