

902393

AFFIDAVIT

Gary Reid Estate  
5847 Broadway  
Metzville

STATE OF INDIANA )  
COUNTY OF LAKE ) SS:

Daniel Cobb, being first duly sworn upon oath, deposes and says:

1. That ~~(XXXXXXXXXX)~~ (his wife), Mary Ellen B. Cobb died (without leaving a will) (~~leaving a will~~) on December 5 19 86 at St. Mary Medical Center, Hobart, Ind.

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 27 and 28 in Block 2 in  
GREATER RIVERVIEW PARK ADDITION  
TO EAST GARY, in the City of LAKE STATION,  
AS per PLAT OF RECORD IN PLAT 15,  
PAGE 7, in the files of the RECORDER of LAKE County,  
Indiana

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, did not equal or exceed \$60,000.00.

Further affiant sayeth not.

X Daniel Cobb

DANIEL COBB

Subscribed and sworn to before me, a Notary Public, this 14th day of February, 19 87.

Robert M. Kostelnik  
Notary Public

ROBERT M. KOSTELNIK

My Commission expires:

11/10/89

Key # 20-37-27  
Greater Riverview Park add  
Lot 27 & 28 Blk 2

FILED

FEB 18 1987

Anna N. Antos  
AUDITOR LAKE COUNTY

50

RICHARD J. BLASTICK  
RECORDER, LAKE-GOLISPORT  
GROWN POINT INDIANA  
STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
FEB 18 8 57 AM '87  
NOTARY PUBLIC  
LAKE COUNTY INDIANA

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

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

State

Local No. 3171-86

INDIANA  
LAKE COUNTY  
FILED  
DATE OF DEATH (MONTH, DAY, YEAR)  
FEB 18 1986  
8 58 AM '87  
DECEMBER 5, 1986

081

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.

1 DECEASED—NAME FIRST MARY MIDDLE ELLEN LAST COBB		2 SEX FEMALE	3 DATE OF DEATH (MONTH, DAY, YEAR) DECEMBER 5, 1986
4 RACE—(e.g. White, Black, American Indian, etc.) (Specify)	5a AGE—Last Birthday (Yrs)	5b UNDER 1 YEAR MONTHS DAYS	5c UNDER 1 DAY HOURS MINS
4 WHITE	5a 70	5b	5c
6 CITY, TOWN OR LOCATION OF DEATH HOBART		7c HOSPITAL OR OTHER INSTITUTION (Name (if not in other, give street and number)) ST. MARY MEDICAL CENTER	7d IF HOSP OR INST. Indicate DOB OP, Emer, Am, Improbem (Specify)
8 STATE OF BIRTH (If not in U.S. & name country)	9 CITIZEN OF WHAT COUNTRY	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	11 SURVIVING SPOUSE (If wife, give maiden name)
8 KENTUCKY	9 U.S.A.	10 MARRIED	11 DANIEL COBB
12 SOCIAL SECURITY NUMBER 406-12-1480		13a USUAL OCCUPATION (Give kind of work done during most of working life, specify if retired)	13b KIND OF BUSINESS OR INDUSTRY
13 RESIDENCE—STATE INDIANA		13a SCHOOL TEACHER	13b SCHOOLS
14 COUNTY LAKE		15 CITY, TOWN OR LOCATION LAKE STATION	
16a STREET AND NUMBER 2572 PARKE ST.		15b IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	15c INSIDE CITY LIMITS (Specify YES or NO) YES
17 IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 17g YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
18 FATHER—NAME FIRST HENRY C. MIDDLE BLACK LAST		19 MOTHER—MAIDEN NAME FIRST DELLA MIDDLE MAE LAST WILSON	
20 INFORMANT—NAME (Type or print) DANIEL B. COBB—HUSBAND		21 RELATIONSHIP HUSBAND	
22 MAILING ADDRESS 2572 PARKE ST. LAKE STATION, IN 46405		23 STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP	
24 BURIAL, CREMATION, REMOVAL, OTHER (Specify)		25 CEMETERY OR CREMATORY— FUNERAL HOME	
24 REMOVAL/BURIAL		25 BLACK CEMETERY	
26 DATE (MONTH, DAY, YEAR) DECEMBER 9, 1986		27 FUNERAL HOME—NAME AND ADDRESS (Street or R.F.D. No., City or Town, State, Zip) BRADY FUNERAL HOME, 3781 CENTRAL AVE, LAKE STATION, IN 46405	
28 To the best of my knowledge, death occurred at the time, date and place and due to the causes stated 28a (Signature) C. F. F.aults		28b DATE SIGNED (Mo., Day, Yr.) 12/9/86	28c HOUR OF DEATH 11:20 AM
29 NAME OF ATTENDING PHYSICIAN (Type or Print) 29d			
30 MAILING ADDRESS—PHYSICIAN 29e			
31 HEALTH OFFICER—SIGNATURE Paul Johnson		32 DATE RECEIVED BY LOCAL HEALTH OFFICER 12-9-86	
33 IMMEDIATE CAUSE (PART I) (a) cardiac arrest		34 INTERVAL BETWEEN ONSET AND DEATH	
33 (b) septic shock		34	
33 (c) chronic lymphocytic leukemia		34	
35 OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) status post laparotomy for small bowel obstruction		36 AUTOPSY (Specify Yes or No) NO	

Below for State Office Use

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

DEC 9 1986

EMBALMER'S NAME  
GLORIA BRADY

FUNERAL HOME  
BRADY FUNERAL HOME

FUNERAL DIRECTOR'S SIGNATURE  
Gloria Brady

LICENSE No. 1659

LICENSE No. 1659