

933534

AFFIDAVIT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Margaret L. Marr, being first duly sworn upon oath, deposes and says:

1. That Affiant's spouse, James R. Marr died (~~without leaving a will~~) (leaving a will) on March 10, 19 87 at Munster, Indiana 46321

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

9319 Walnut Drive, Munster IN 46321

28-251-4

Lot 4 in Fairmeadow Ninth Addition, Block One, to the Town of Munster, as per plat thereof, recorded in Plat Book 37, page 50, in the Office 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 were not sufficient to necessitate payment of Federal Estate Tax.

AUG 19 8 45 AM '87

LILLIAN BLASTIK
L.C. RECORDER
STATE OF INDIANA, S.S. NO
LAKE COUNTY
FILED FOR RECORD

FILED

Further affiant sayeth not.

AUG 17 1987

Anna N. Anton
Notary Public
Margaret L. Marr

Subscribed and sworn to before me, a Notary Public, this 29th day of July, 19 87.

Kathryn G. Cruz
Kathryn G. Cruz Notary Public

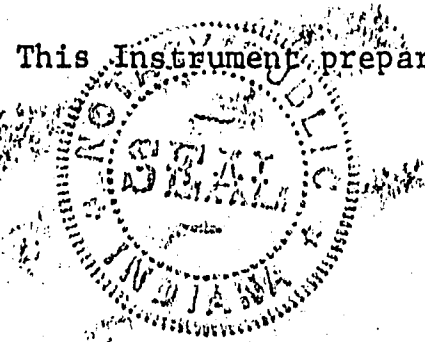
My Commission expires:

7-22-88

County of Residence:

Lake

This Instrument prepared by Kathryn G. Cruz



278

137116-87-A

TICOR TITLE INSURANCE
Crown Point, Indiana

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

Below for State Office Use

1
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THIS CERTIFICATE IS A TRUE AND
COMPLETE COPY OF THE ORIGINAL
DEATH OF FILE WITH THE LAKE COUNTY
HEALTH DEPT. MAR 30 1987

28-2524
1074 Fairmeadows
9th Add Back
Town of Munster

EMBALMER'S NAME
FRANK J. KISH

FUNERAL DIRECTOR'S
SIGNATURE
Frank J. Kish

FUNERAL DIRECTOR'S
LICENSE NO. 2381

FUNERAL HOME
NO. 496

Local No. 500-87

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.

CONDITIONS
IF ANY
WHICH GAVE
RISE TO
IMMEDIATE
CAUSE
STAYING THE
UNDERLYING
CAUSE LAST

CAUSE

INSURANCE
Indiana

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State
No.

479

DECEASED—NAME FIRST MIDDLE LAST JAMES R. MARR			SEX MALE	DATE OF DEATH (MONTH DAY YEAR) MARCH 10, 1987	
RACE—(See What Best American Indian or Alaskan) WHITE	AGE—(Last Birthday) 59	UNDER 1 YEAR MO. DAYS	UNDER 1 DAY HOURS MINS	DATE OF BIRTH—(Mo. Day Yr.) 8/4/1927	COUNTY OF DEATH LAKE
CITY, TOWN OR LOCATION OF DEATH MUNSTER		HOSPITAL OR OTHER INSTITUTION (Name if not in other give street and number) COMMUNITY HOSPITAL		IF HOSP OR INST (Indicate DOA or Inst. See Department 1200) INPATIENT	
STATE OF BIRTH (If not in U.S.A. name country) PA.	CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED MARRIED	SURVIVING SPOUSE (If wife give maiden name) MARGARET WHELAN		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) YES
SOCIAL SECURITY NUMBER 191-20-2721		USUAL OCCUPATION (Give kind of work done during most of working life, name of central) ENGINEER		KIND OF BUSINESS OR INDUSTRY L.T.V. STEEL	
RESIDENCE—STATE INDIANA	COUNTY LAKE	CITY, TOWN OR LOCATION MUNSTER		IS RESIDENCE ON A FARM? 15b YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
STREET AND NUMBER 9319 WALNUT DRIVE			IS RESIDENCE ON A FARM? 15b YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INSIDE CITY LIMITS (Specify Yes or No) 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 JAMES ANDERSON		MOTHER—MAIDEN NAME FIRST MIDDLE LAST THELMA E. HORNER			
INFORMANT—NAME (Type or print) MARGARET MARR/Wife		RELATIONSHIP Wife			
MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP 9319 WALNUT DRIVE MUNSTER, INDIANA 46321					
BURIAL, CREMATION, REMOVAL, OTHER (Specify) BURIAL		CEMETERY OR CREMATORY—FUNERAL HOME SYLVANIA HILLS CEM.		LOCATION CITY OR TOWN STATE ROCHESTER, PA.	
DATE (MONTH DAY YEAR) MARCH 14, 1987		FUNERAL HOME—NAME AND ADDRESS (Street or R.F.D. No., City or Town, State, ZIP) BURNS-KISH FUNERAL HOMES, INC. MUNSTER, INDIANA			
To the best of my knowledge, death occurred at the time and place and due to the usual cause 21a (Signature) <i>[Signature]</i>			DATE SIGNED (Mo. Day Yr.) 3/16/1987		HOUR OF DEATH M
NAME OF ATTENDING PHYSICIAN (Type or print) M.A. RAHMANY 3801 RIDGE RD. HIGHLAND, INDIANA 46322					
MAILING ADDRESS—PHYSICIAN					
HEALTH OFFICER—SIGNATURE <i>Charles Johnson</i>					
DATE SIGNED BY LOCAL HEALTH OFFICER FILED-17-87					
PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE FOR (a) AND (b))		Interval between onset and death			
(a) Congestive heart failure		AUG 17 1987			
(b) Cirrhosis		Interval between onset and death			
(c) line failure		Interval between onset and death			
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		AUDITOR LAKE COUNTY <i>Charles N. Anton</i>			
		AUTOPSY (Specify Yes or No) NO			