

TICOR TITLE INSURANCE

933817

AFFIDAVIT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

A. Leigh Alger, being first duly sworn upon oath, deposes and says:

1. That Affiant's spouse, Dorothy A. Alger died ~~(with a will)~~ (leaving a will) on April 26 1987 at Crown Point, 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 47 in Woods Park Unit No. 2 as per plat thereof, recorded in Plat Book 32 page 87, 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.

Further affiant sayeth not.

A. Leigh Alger
A. Leigh Alger

Subscribed and sworn to before me, a Notary Public, this 7th day of August, 1987.

Paula Barrick
Paula Barrick Notary Public

LILLIAN BLASTICK
STATE L.C. RECORDER
LAKE COUNTY
FILED FOR RECORD
AUG 20 8 53 AM '87

My Commission expires:
10-2-89

County of Residence:
Lake

This Instrument prepared by A. Leigh Alger

FILED

AUG 18 1987

Anna M. Anton
AUDITOR LAKE COUNTY

669 551

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

Below for State Office Use

- A _____
- B _____
- C _____
- D _____
- E _____
- F _____
- G _____
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EMBALMER'S NAME: Anthony S. Anthony, M.D.
 FUNERAL HOME LICENSE No. 101010
 FUNERAL DIRECTOR'S LICENSE No. 781
 SIGNATURE: Anthony S. Anthony

Local No. 819-87

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. _____

670

DECEASED - NAME Dorothy A. Alger		SEX Female	DATE OF DEATH MONTH DAY YEAR Apr. 26, 1987
Cause - (See Instructions for Part I) Cau 75	AGE - (See Instructions for Part I) 66	UNDER 1 YEAR MOSES	UNDER 1 DAY DAYS
CITY, TOWN OR LOCATION OF DEATH Crown Point	HOSPITAL OR OTHER INSTITUTION St. Anthony's Nursing Home	DATE OF BIRTH MONTH DAY YEAR Jan. 12, 1922	COUNTY OF DEATH Lake
STATE OF BIRTH Indiana	CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED 10 Married	SURVIVING SPOUSE 11 Archie Alger
SOCIAL SECURITY NUMBER 304-34-3622	USUAL OCCUPATION 14a Retired Nurse	KIND OF BUSINESS OR INDUSTRY 14b	
RESIDENCE - STATE Ind.	COUNTY 15b Lake	CITY, TOWN OR LOCATION 15c Calumet Township	
STREET AND NUMBER 2070 W. 51st Ave.		IS RESIDENCE ON A FARM? 15d YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INSIDE CITY LIMITS (PART OF CITY OR MO.) 15e NO
DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN CUBAN PUERTO RICAN ETC. 16a YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
FATHER - NAME Michael Yavore		MOTHER - MAIDEN NAME Mary (Unknown)	
INFORMANT - NAME (If none or print) Archie Alger-Husband		RELATIONSHIP	
MARRIAGE ADDRESS 2070 W. 51st Ave. Gary, Indiana 46408		CITY OR TOWN STATE ZIP	
DISPOSITION Burial		CEMETERY OR CREMATORY - FUNERAL HOME 19a Calumet Park Cemetery	
DATE (MONTH DAY YEAR) April 30, 1987		LOCATION 19c Merrillville, Ind.	
FUNERAL HOME - NAME AND ADDRESS Rendina F. Home, 5100 Cleveland St. Gary, In 46408		CITY OR TOWN STATE ZIP	
DATE SIGNED 4/27/87		HOUR OF DEATH M	
SIGNATURE RAY DRASGA, M.D.		NAME OF ATTENDING PHYSICIAN (If none or Print)	
ADDRESS - PHYSICIAN 8127 MERRILLVILLE ROAD, MERRILLVILLE, INDIANA 46410		CITY OR TOWN STATE ZIP	
HEALTH OFFICER - SIGNATURE Charles Johnson		DATE RECEIVED BY LOCAL HEALTH OFFICER 4/28/87	
IMMEDIATE CAUSE Ovarian Cancer		OTHER SIGNIFICANT CONDITIONS (List only one cause per line for (a), (b), and (c))	
DUE TO OR AS A CONSEQUENCE OF		DUE TO OR AS A CONSEQUENCE OF	
DUE TO OR AS A CONSEQUENCE OF		DUE TO OR AS A CONSEQUENCE OF	
OTHER SIGNIFICANT CONDITIONS (Conditions contributing to death but not related to cause given in PART I)		AUTOPS? (Specify Yes or No)	