

**TICOR TITLE INSURANCE**

973156

AFFIDAVIT

**TICOR TITLE INSURANCE**  
Lakeland Office

STATE OF INDIANA )  
                          ) SS:  
COUNTY OF LAKE )

Else Bush, being first duly sworn upon oath, deposes and says:

1. That Affiant's spouse, Jackie S. Bush died (~~without leaving a will~~) (leaving a will) on Dec. 25 1985 at St. Anthony's Crown Point 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: 7-12-73

The West 210 feet of the Southeast 1/4 of the Southwest 1/4 of the Southwest 1/4 of Section 16, Township 34 North, Range 8 West of the 2nd Principal Meridian, in Lake County, Indiana, except the South 360 feet thereof.

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, S.S. NO. 1  
LAKE COUNTY, INDIANA  
FILED FOR RECORD  
APR 19 8 44 AM '88  
HILLIAN A. BLASICK  
RECORDER, LAKE COUNTY  
CROWN POINT, INDIANA 46307

**FILED**

APR 15 1988

Further affiant sayeth not.

Anna M. Antos  
AUDITOR LAKE COUNTY

Else Bush  
Else Bush

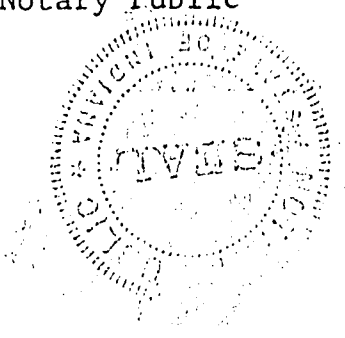
Subscribed and sworn to before me, a Notary Public, this 1st day of March, 1988.

Hazel J. Gardin  
Hazel J. Gardin Notary Public

My Commission expires:  
5-12-89

County of Residence:  
Lake

This Instrument prepared by Else Bush



com 139412

550  
576

com 139 412

TYPE OR PRINT  
PLAINLY WITH  
UNFADING INK

THIS IS A  
PERMANENT  
RECORD

Below for State Office Use

- A
- B
- C
- D
- E
- F
- G
- H
- I
- J
- K
- L
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12

**TODOR TITLE INSURANCE**  
 Crown Point, Indiana

EMBALMER'S NAME Barry B. Little LICENSE No. 2232

FUNERAL HOME No. 126  
 FUNERAL DIRECTOR'S 2232  
 SIGNATURE Barry B. Little

Local No. 24611-85 INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH State No. \_\_\_\_\_

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK.

DECEASED

DISPOSITION

DECEASED - NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH - MONTH DAY YEAR
1 Jackie D. Bush					2 Male	3 December 25, 1985
RACE	AGE - Year Months Days	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH	COUNTY OF DEATH	
4 White	5a 54	MO	DA	MO	DA	6 Lake
CITY, TOWN OR LOCATION OF DEATH			HOSPITAL OR OTHER INSTITUTION		IF HOSP OR INST. Under 1000 (Specify)	
7b Crown Point			7c St. Anthony's Medical Center		8 inpatient	
STATE OF BIRTH	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED	SURVIVING SPOUSE		WAS DELEGATE EVER IN U.S. ARMED FORCES?	
9 Indiana	10 USA	11 married	12 Else Dellnitz		13 Yes	
SOCIAL SECURITY NUMBER			USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY	
13 311-26-4757			14a Manager		14b Indiana Bell	
RESIDENCE - STATE		COUNTY	CITY, TOWN OR LOCATION		IS RESIDENCE ON A FARM?	
15a Indiana		15b Lake	15c Crown Point		15d YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
STREET AND NUMBER			IS RESIDENCE ON A FARM?		INSIDE CITY LIMITS	
15d 1314 W. 124th. Pl.			15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		15f YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
16 IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC.						
17 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						
FATHER - NAME		FIRST	MIDDLE	LAST	MOTHER - MAIDEN NAME	
16 Alfred Bush					17 Martha Beckett	
INFORMANT - NAME		RELATIONSHIP	MAILING ADDRESS		CITY OR TOWN STATE ZIP	
18a Else Bush/ wife			18b 1314 W. 124th. Pl. Crown Point, IN 46307			
BURIAL, CREMATION, REMOVAL, OTHER			CEMETERY OR CREMATORY - FUNERAL HOME		LOCATION	
19a Burial			19b Calumet Park Cemetery		19c Merrillville, IN	
DATE			FUNERAL HOME - NAME AND ADDRESS		CITY OR TOWN STATE ZIP	
20a December 28, 1985			20b Little Funeral Home		20c 811 E. Franciscan Dr. Crown Point, IN 46307	
21a NAME OF ATTENDING PHYSICIAN				DATE SIGNED	HOUR OF DEATH	
21a P. J. Tara, M. D.				21b 12/26/85	21c 3:15 PM	
21d MAILING ADDRESS - PHYSICIAN				21e DATE RECEIVED BY LOCAL HEALTH OFFICER		
21d 8127 Merrillville Road, Merrillville, Indiana 46410				21e 12-26-85		
22a HEALTH OFFICER - SIGNATURE				DATE RECEIVED BY LOCAL HEALTH OFFICER		
22a <u>Paul Johnson</u>				21e 12-26-85		
23 IMMEDIATE CAUSE				INTERVAL BETWEEN ONSET AND DEATH		
23 Metastatic gastric cancer				INTERVAL BETWEEN ONSET AND DEATH		
PART I (a) DUE TO OR AS A CONSEQUENCE OF				INTERVAL BETWEEN ONSET AND DEATH		
(b) DUE TO OR AS A CONSEQUENCE OF				INTERVAL BETWEEN ONSET AND DEATH		
(c) DUE TO OR AS A CONSEQUENCE OF				INTERVAL BETWEEN ONSET AND DEATH		
PART II OTHER SIGNIFICANT CONDITIONS				AUTOPSY		
PART II				24 No		

**FILED**

APR 15 1988

Anna N. Antos  
AUDITOR LAKE COUNTY

SBH 06-003 State Form 35430 REV. 10/77 Key # 7-12-73 W 210 ft SE SW SW S. 16 T. 34 R. 8 E 4. S 360 ft