

833 E. 15th Ave.

Gary, IN  
3 ↑ 46407

985864

# TICOR TITLE INSURANCE

AFFIDAVIT

**FILED**

JUL 6 1988

STATE OF INDIANA )  
                          ) SS:  
COUNTY OF LAKE )

*Anna N. Antone*  
AUDITOR LAKE COUNTY

Lizzie Wilson, being first duly sworn upon oath, deposes and says:

1. That Affiant's spouse, John Wilson died (without leaving a will) (~~leaving a will~~) on Jan. 31, 1985 at 833 East 15th Avenue

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 16 & 17, Block Ten (10) in the Gary Land Company's Ninth Subdivision being a subdivision of part of section Ten (10) in Township Thirty six (36) North, Range Eight (8) West of the Second Principal Meridian, in the County of Lake & State of Indiana. 44-268-16

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.

*Lizzie Mac Wilson*  
Lizzie Wilson

Subscribed and sworn to before me, a Notary Public, this Sixth day of July, 1988.

*Charles M. Lyons*  
Charles M. Lyons Notary Public

My Commission expires:  
January 13, 1992

County of Residence:  
Lake

This Instrument prepared by Charles M. Lyons, Notary Public

LILLIAN A. BLASTICK  
RECORDER, LAKE COUNTY  
CROWN POINT, INDIANA No. 46397  
FILED FOR RECORD  
JUL 6 11 41 AM '88

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

Below for State Office Use

- A \_\_\_\_\_
- B \_\_\_\_\_
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EMBALMER'S NAME CELESTE P. KAUFMAN LICENSE No. 3362

FUNERAL DIRECTOR'S SIGNATURE *Celeste P. Kaufman*  
FUNERAL DIRECTOR'S LICENSE No. 1351

FUNERAL HOME No. 241

60

Local No. 85-0090

Dr. Wm. Youan 7891 Broadway

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

State No. \_\_\_\_\_

DECEASED—NAME 1. <b>JOHN WILSON</b>		SEX 2. <b>Male</b>	DATE OF DEATH (MONTH DAY YEAR) 3. <b>January 31, 1985</b>
RACE—(a) White (b) Black (c) American Indian (d) Other (Specify) 4. <b>Blk. American</b>	AGE—Last Birthday (Year) 5. <b>78</b>	UNDER 1 YEAR 6a. MONTHS 6b. DAYS	UNDER 1 DAY 6c. HOURS 6d. MINS
CITY, TOWN OR LOCATION OF DEATH 7a. <b>Gary</b>		HOSPITAL OR OTHER INSTITUTION—Name if not in other (Give street and number) 7c. <b>833 East 15th Ave.</b>	IF HOSP OR INST Indicate DOA (Specify Date) (Specify Day) 7d. <b>No</b>
STATE OF BIRTH (If not in U.S. or home country) 8. <b>Mississippi</b>	CITIZEN OF WHAT COUNTRY 9. <b>U.S.A.</b>	MARRIED NEVER MARRIED WIDOWED DIVORCED (Specify) 10. <b>Married</b>	SURVIVING SPOUSE (If wife, give her name) 11. <b>Lizzie Mae Wilson</b>
SOCIAL SECURITY NUMBER 12. <b>306-09-7157</b>	USUAL OCCUPATION (Give kind of work done during most of working life. Specify dates) 13a. <b>Retired Steel Worker</b>	KIND OF BUSINESS OR INDUSTRY 14b. <b>Steel Mill</b>	
RESIDENCE—STATE 15a. <b>INDIANA</b>	COUNTY 15b. <b>LAKE</b>	CITY, TOWN OR LOCATION 15c. <b>Gary</b>	
STREET AND NUMBER 15d. <b>833 East 15th Avenue</b>		IS RESIDENCE ON A FARM? 15e. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INSIDE CITY LIMITS (Specify Yes or No) 15f. <b>Yes</b>
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 16. <b>CLAUDE WILSON</b>		MOTHER—MAIDEN NAME 17. <b>MALISSA SMITH</b>	
INFORMANT—NAME (Type or print) 18a. <b>Lizzie Wilson, Wife</b>	RELATIONSHIP 18b. <b>Wife</b>	MAILING ADDRESS (Street or R.F.D. No.) 18c. <b>833 East 15th Ave., Gary IN 46407</b>	CITY OR TOWN 18d. <b>Gary</b>
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. <b>Burial</b>		CEMETERY OR CREMATORY—FUNERAL HOME 19b. <b>Gary Oak Hill Cemetery</b>	LOCATION (City or Town State) 19c. <b>45 Harrison, Gary, IN</b>
DATE (MONTH DAY YEAR) 20a. <b>February 5, 1985</b>		FUNERAL HOME—NAME AND ADDRESS (Street or R.F.D. No. City or Town State Zip) 20b. <b>Kaufman Fun. Home, Inc., 421 W. 5th Ave., Gary, IN</b>	
To the best of my knowledge death occurred at the time, date and place and due to the causes stated 21a. (Signature) <i>William J. Youan</i>		DATE SIGNED (Mo. Day Yr.) 21b. <b>6 Feb 85</b>	HOUR OF DEATH 21c. _____
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d. _____			
MAILING ADDRESS—PHYSICIAN 21e. _____			
HEALTH OFFICER—SIGNATURE 22a. <i>William J. Youan M.D.</i>		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b. <b>FEB 7 1985</b>	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STAYING THE UNDERLYING CAUSE LAST 23. <b>Sudden</b>		INTERVAL BETWEEN ONSET AND DEATH 23b. _____	
PART I (a) DUE TO OR AS A CONSEQUENCE OF (b) _____ (c) _____		INTERVAL BETWEEN ONSET AND DEATH 23c. _____	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) 24. _____		AUTOPSY (Specify Yes or No) 24a. _____	

SBH 06-003 State Form 35430 REV. 10/77

Key # 44-268-16

Gary Land Co's 9th Sub L. 16 + 17 BL. 10

*Anna N. Antone*  
AUDITOR LAKE COUNTY

**FILED**

**JUL 6 1985**

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*[Handwritten signature]*  
HEALTH COMMISSIONER  
CITY OF GARY, IND.  
DATE FEB 7 1985