

999582

LILLIAN A. BLASTICK
RECORDER, LAKE COUNTY,
CROWN POINT, INDIANA 46307
FILED FOR RECORD

SEP 27 2 44 PM '88

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

AFFIDAVIT OF SURVIVORSHIP-CONTINUITY OF MARRIAGE

RAYMOND E. PFLEDDERER, of Lake County, State of Indiana, being duly sworn upon his oath, alleges and says that LOUISE J. PFLEDDERER died in Lake County, State of Indiana on the 16th day of July, 1987; that she was his wife and he lived with her as husband and wife to the day of her death; that no Federal Estate or Indiana State Inheritance Tax are due and owing, due to her death; that LOUISE J. PFLEDDERER died intestate; that her Certificate of Death, marked Exhibit "A", is attached hereto and made a part hereof.

This affidavit is given for the purpose of clearing title to the following described real estate:

7-239-7
LOT 7, HORNER'S SUBDIVISION, AS SHOWN
IN PLAT BOOK 35, PAGE 48, IN LAKE
COUNTY, INDIANA.

COMMONLY KNOWN AS:
1211 W. 29th Avenue
Crown Point, IN 46307

FURTHER, affiant sayeth not.

Raymond E Pflederer
RAYMOND E. PFLEDDERER

SUBSCRIBED AND SWORN to before me, a Notary Public in and for said County of Lake, State of Indiana, this 9th day of September, 1988.

Vivian L. Hall
NOTARY PUBLIC
VIVIAN HALL

MY COMMISSION EXPIRES: 09-01-89
A RESIDENT OF LAKE COUNTY, INDIANA.

THIS INSTRUMENT PREPARED BY: HERBERT I. SHAPS OF WALTER J. ALVAREZ, P.C., 8550 BROADWAY, SUITE 8564, MERRILLVILLE, IN (219) 769-8555

FILED

SEP 27 1988

Anna N. Antone
AUDITOR LAKE COUNTY

550

1511

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 _____
1 _____
2 _____
3 _____
4 _____
5 _____
6 _____
7 _____
8 _____

Disposition Permit
Issued / /
Provisional
Certificate
 Yes No

FDE 1004704

LICENSE No.

CITY

EMBALMER'S NAME

FUNERAL HOME

FUNERAL DIRECTOR'S

SIGNATURE

No. FDH 3005752

LICENSE No. FDE 1045883

LAKE COUNTY HEALTH COMMISSIONER

Key # 7-2397
Horner's Sub.
LIT

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

CERTIFIER

DISPOSITION

PARENTS

IF DEATH
OCCURRED IN
INSTITUTION,
SEE HANDBOOK
REGARDING
COMPLETION OF
RESIDENCE ITEMS

DECEASED

TYPE
OR PRINT
IN
PERMANENT
INK
FOR
INSTRUCTIONS
SEE
HANDBOOK

Local No. 140287

INDIANA STATE BOARD OF HEALTH
CORONER'S CERTIFICATE OF DEATH

State No. _____

DECEASED—NAME 1. LOUISE JEAN PFLEDDERER		SEX 2. FEMALE		DATE OF DEATH (MONTH DAY, YEAR) 3. JULY 16, 1987	
RACE—(1) White, Black, American Indian, etc. (Specify) 4. WHITE	AGE—Last Birthday (Yr.) 5a. 58	UNDER 1 YEAR MOB. DAYS		UNDER 1 DAY HOURS. MINS.	DATE OF BIRTH (Mo., Day, Yr.) 6. 7/11/1929
CITY, TOWN OR LOCATION OF DEATH 7b. CROWN POINT		HOSPITAL OR OTHER INSTITUTION—Name (if not a doctor, give street and number) 7c. RESIDENCE—1211 WEST 129th AVENUE		IF HOSP. OR INST. v. 5. cause DOA OP, Emer. Am. Implosion (Specify) 7d. NONE	
STATE OF BIRTH (if not in U.S.A. name country) 8. INDIANA	CITIZEN OF WHAT COUNTRY 9. USA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10. MARRIED	SURVIVING SPOUSE (if wife, give maiden name) 11. RAYMOND ELMER PFLEDDERER		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) 12. NO
SOCIAL SECURITY NUMBER 13. 316-28-0369		USUAL OCCUPATION (Give kind of work done during most of working life even if retired) 14a. RECEPTIONIST-BOOKKEEPER		KIND OF BUSINESS OR INDUSTRY 14b. OPTICAL	
RESIDENCE—STATE 15a. INDIANA	COUNTY 15b. LAKE	CITY, TOWN OR LOCATION 15c. CROWN POINT		IS RESIDENCE ON A FARM? 15d. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
STREET AND NUMBER 15d. 1211 WEST 129th AVENUE		INSIDE CITY LIMITS (Specify Yes or No) 15f. 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 16. SCOTT THOMAS GRAHAM		MOTHER—MAIDEN NAME FIRST MIDDLE LAST 17. MARY JANE MOORE			
INFORMANT—NAME RELATIONSHIP 18a. RAYMOND E. PFLEDDERER HUSB.		MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP 18b. 1211 WEST 129th AVENUE CROWN POINT INDIANA 46307			
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. BURIAL		CEMETERY OR CREMATORY—FUNERAL HOME: 19b. ROSELAND CEMETERY		LOCATION CITY OR TOWN STATE 19c. FRANCESVILLE INDIANA	
DATE (MONTH, DAY, YEAR) 20a. JULY 20, 1987		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 20b. JACKSON FUNERAL CHAPEL, P.O. BOX 70, RENSSELAER, IN 47978			
On 1 a basis of examination and/or investigation, in my opinion death occurred at the time, date and place specified in the crucial items. 21a. Signature 21b. 7/22/87		DATE SIGNED (Mo., Day, Yr.) 21b. 7/22/87		HOUR OF DEATH 21c. 9:00 AM	
NAME AND ADDRESS OF CERTIFIER (If not a Physician) 21i. DANIEL D. THOMAS, M.D., 2293 NORTH MAIN ST., CROWN POINT, IN. 46307		PRONOUNCED DEAD (Mo., Day, Yr.) 21d. 7/16/87		PRONOUNCED DEAD (Hour) 21e. AT 10:02 A. M.	
HEALTH OFFICER—SIGNATURE 22a. [Signature]		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b. 7-22-87			
23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a) AND (b)) PART I (1) Severe coronary atherosclerosis (triple artery) DUE TO, OR AS A CONSEQUENCE OF (2) Mild cardiomegaly. DUE TO, OR AS A CONSEQUENCE OF PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		Interval between onset and death Undetermined		Interval between onset and death	
24. Yes		AUTOPSY (Specify Yes or No)			
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify) 25a. Natural	DATE OF INJURY (Mo., Day, Yr.) 25b.	HOUR OF INJURY 25c. M	DESCRIBE HOW INJURY OCCURRED 25d.		
INJURY AT WORK (Specify Yes or No) 25e.	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 25f.	LOCATION 25g.	STREET OR R.F.D. NO.	CITY OR TOWN	STATE

1520

EXHIBIT "A"