

151743 Shaffer

AFFIDAVIT

1100R TITLE INSURANCE  
Highland, Indiana

STATE OF INDIANA )  
                          ) SS:  
COUNTY OF LAKE )

101864

MARIJANE LAUERMAN, being first duly sworn upon oath, deposes and says:

1. That Affiant's spouse, CLIFFORD E. LAUERMAN died (without leaving a will) (leaving a will) on July 7 19 88 at Hammond, IN

2. That they were duly and legally married at the time they acquired title as husband and wife to the following described real estate: Lots 11, 12, 49 and 50 in Block 7 in Plat "HHH", The Shades, Cedar Lake, Indiana, as per plat thereof, recorded in Plat Book 11 page 28, in the Office of the Recorder of Lake County, Indiana.

25-253-12 + 47

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 this (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



*Marijane Lauerman*  
MARIJANE LAUERMAN

Subscribed and sworn to before me, a Notary Public, this 9th day of May, 1990.

*Linda J. McBride*  
Linda J. McBride  
Notary Public

My Commission expires:  
1-26-91

County of Residence: Lake

This Instrument prepared by Marijan Lauerman

*Don R. Austin*  
DON R. AUSTIN  
ALBERTA LAKE COUNTY



FILED

MAY 17 1990

000723

5.50  
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INDIANA STATE BOARD OF HEALTH

CERTIFICATE OF DEATH

THIS CERTIFICATE IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.

JUL 08 1988

Date Issued Hammond Health Commission

Local No. 586

TYPE/PRINT IN PERMANENT BLACK INK

1 DECEASED—NAME FIRST MIDDLE LAST Clifford E. Lauerman			2 SEX Male	3 DATE OF DEATH (Mo. Day, Yr) July 7, 1988	
4 SOCIAL SECURITY NUMBER 317-50-4217	5a AGE—Last birthday (Years) 35	5b UNDER 1 YEAR Months Days Hours Minutes	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo. Day, Year) Oct 12, 1952	
8 YEAR LAST SERVED IN US ARMED FORCES? none		9a PLACE OF DEATH (Check one, or See instructions) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER Outpatient <input type="checkbox"/> DOA OTHER: <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)			
9b FACILITY NAME (if not institution, give street and number) 7122 Oakdale Ave., Hammond, Indiana		9c CITY/TOWN OR LOCATION OF DEATH Hammond	9d COUNTY OF DEATH Lake		
10 MARITAL STATUS—Married (Never Married Widowed Divorced (Specify)) Married	11 SURVIVING SPOUSE (If wife, give maiden name) Marijane (Lloyd)	12a DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Production Mech.	12b KIND OF BUSINESS/INDUSTRY American Can Co.		
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY/TOWN OR LOCATION Hammond	13d STREET AND NUMBER 7122 Oakdale Avenue		
13e IN-SIDE CITY LIMITS? (Yes or no) yes	13f FARM no	13g ZIP CODE 46324	14 WAS DECEASED OF HISPANIC ORIGIN? (Specify No or Yes - If yes specify Cuban Mexican Puerto Rican etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Specify	15 RACE—American Indian Black White etc (Specify) White	
17 FATHER'S NAME (First Middle Last) Clifford W. Lauerman			18 MOTHER'S NAME (First Middle Maiden Surname) Kathleen Boyer		
19a INFORMANT'S NAME (Type Print) Marijane Lauerman			19b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 7122 Oakdale Avenue	19c Relationship Wife	
20a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify)		20b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place) July 11, 1988, Chapel Lawn Cemetery		20c LOCATION—City or Town, State Schererville, Ind.	
21a SIGNATURE OF FUNERAL DIRECTOR <i>Anthony Solan</i>		21b LICENSE NUMBER 1051840	21c HOME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Solan Funeral Home #3002893 7109 Calumet Ave., Hammond, Ind. 46324		
23a To the best of my knowledge, death occurred at the time, date and place stated. Signature and Title <		23b LICENSE NUMBER	23c DATE SIGNED (Month, Day, Year)		
24 TIME OF DEATH 9:43 P.M.		25 DATE PRONOUNCED DEAD (Month, Day, Year) July 7, 1988		26 WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? (Yes or no) Yes	
27 PART I Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Extensive laceration of brain & skull fractures. DUE TO (OR AS A CONSEQUENCE OF) a Through and through gunshot wound DUE TO (OR AS A CONSEQUENCE OF) c d				Approximate Interval Between Onset and Death Unknown	
27 PART II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I				28a WAS AN AUTOPSY PERFORMED? (Yes or no) Yes	
28b AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)				28c DATE SIGNED (Month, Day, Year) July 8, 1988	
29a CERTIFIER (Check only one) <input type="checkbox"/> CERTIFYING PHYSICIAN (Physician certifying cause of death when another physician has pronounced death and completed item 23). To the best of my knowledge, death occurred due to the cause(s) and manner as stated. <input type="checkbox"/> PRONOUNCING AND CERTIFYING PHYSICIAN (Physician both pronouncing death and certifying cause of death). To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. <input type="checkbox"/> MEDICAL EXAMINER <input checked="" type="checkbox"/> CORONER <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.		29b SIGNATURE AND TITLE OF CERTIFIER <i>Daniel D. Thomas</i>		29c LICENSE NUMBER 16120	
29d DATE SIGNED (Month, Day, Year) July 8, 1988		30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) DANIEL D. THOMAS, M.D., CORONER, 2293 N. MAIN ST., CROWN POINT, IN. 46307			
31 HEALTH OFFICER'S SIGNATURE <i>Franklin D. Jernuda, M.D.</i>			32 DATE FILED (Month, Day, Year) JUL 08 1988		
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Homicide		34a DATE OF INJURY (Month, Day, Year) July 7, 1988	34b TIME OF INJURY No	34c INJURY AT WORK? (Yes or no) No	34d DESCRIBE HOW INJURY OCCURRED Gunshot wound
34e PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify) Home			34f LOCATION (Street and Number or Rural Route Number, City or Town, State) 7122 Oakdale, Hammond, Ind. 46324		

DECEDENT

PARENTS

INFORMANT

DISPOSITION

PRONOUNCING PHYSICIAN ONLY

ITEMS 24-26 MUST BE COMPLETED BY PERSON WHO PRONOUNCES DEATH

SEE INSTRUCTION

CAUSE OF DEATH

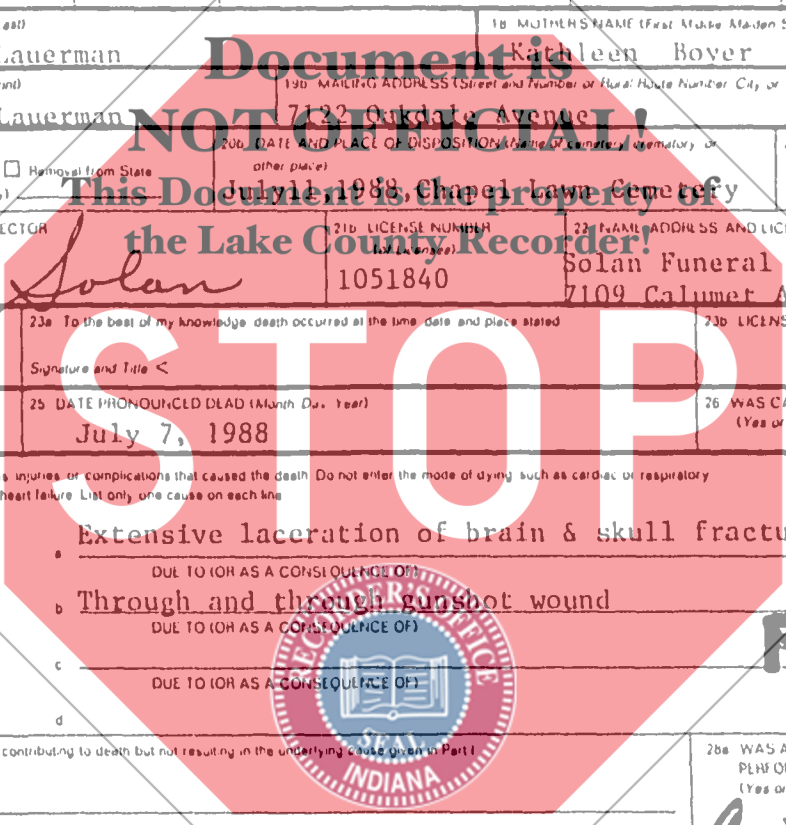
SEE INSTRUCTION

CERTIFIER

HEALTH OFFICER

CORONER OR MEDICAL EXAMINER USE ONLY

Shades Add Cedar Lake Pict H-H Unit 31 Key 25-253-1247 Lots 11, 12, 49 + 50 Block 7



FILED

MAY 17 1990

Signature of Coroner: *Franklin D. Jernuda*

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