

CDA 152791
Bowinkle

102346

AFFIDAVIT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

MARY E. RAINES, being first duly sworn upon oath, deposes and says:

1. That Affiant's spouse, WILLIAM F. RAINES, JR. died (without leaving a will) (leaving a will) on 9-19 19 85 at Clearwater, Florida

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 29 in Block 6 in Tewes Park Addition to the City of Hammond, as per plat thereof, recorded in Plat Book 20 page 22, in the Office of the Recorder of Lake County, Indiana.

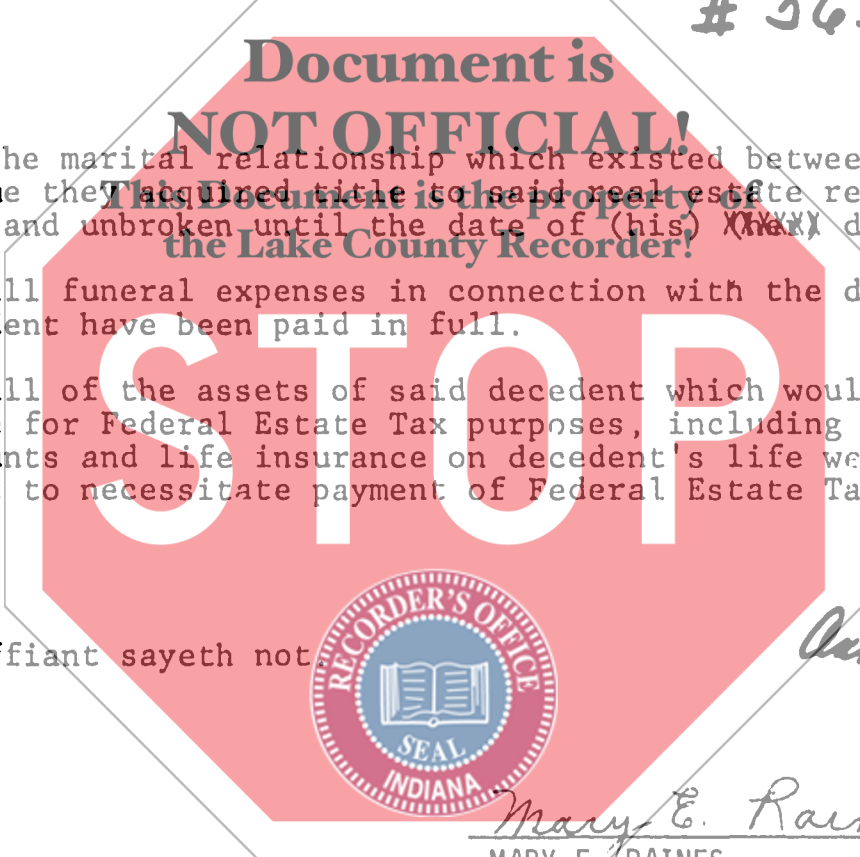
36-188-29

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 bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

Further affiant sayeth not.



FILED
MAY 23 1990

Ann N. Antone
AUDITOR LAKE COUNTY

Mary E. Rainie
MARY E. RAINES

Subscribed and sworn to before me, a Notary Public, this 13th day of May, 19 90.

Barbara J. Hall
BARBARA J. HALL Notary Public

My Commission expires:
1-21-91

County of Residence:
Porter

This Instrument prepared by MARY E.. RAINES

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**CERTIFICATE OF DEATH
FLORIDA**

LOCAL FILE NO.		DECEDENT—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (Mo., Day, Yr.)				
		1 William		E.	Raines	2 Male	3	September 19, 1985				
RACE—e.g., White, Black, Am Indian, etc. (Specify)	AGE—Last Birthday (Yrs)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (Mo., Day, Yr.)		COUNTY OF DEATH						
4 White	5a 70	MOS 5b	DAYS	HOURS 5c	MINS	6 March 23, 1915	7a Pinellas					
CITY, TOWN OR LOCATION OF DEATH			HOSPITAL OR OTHER INSTITUTION—Name (If not in either, give street and number)				IF HOSP. OR INST. (Indicate DOA, OP, Emer. Rm., Inpatient (Specify))					
7b Clearwater			7c Clearwater Community Hospital				7d Inpatient					
STATE OF BIRTH (If not in U.S.A., name country)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		SURVIVING SPOUSE (If wife, give maiden name)								
8 Indiana	9 USA	10 Married		11 Mary Penry								
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				KIND OF BUSINESS OR INDUSTRY						
12 414-14-8357		13a Security Guard				13b Steel Company						
RESIDENCE—STATE	COUNTY	CITY, TOWN OR LOCATION		STREET AND NUMBER		INSIDE CITY LIMITS (Specify Yes or No)						
14a Florida	14b Pinellas	14c Clearwater		14d 6700 150th Ave. No.-123		14e Yes						
FATHER—NAME			FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME			FIRST	MIDDLE	LAST	
15 William			E.	Raines	16 Ida	Naugheibaugh						
INFORMANT—NAME (Type or Print)			MAILING ADDRESS			STREET OR R.F.D. NO.	CITY OR TOWN	STATE	ZIP			
17a Mary Raines			17b 6700 150th Avenue North-123, Clearwater, Florida			33517						
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME		LOCATION		CITY OR TOWN	STATE					
18a Removal		18b Chapel Lawn Memorial Gardens		18c Schererville, Indiana								
FUNERAL DIRECTOR—(Signature)		FUNERAL HOME		ADDRESS								
19a <i>Larry S. Bunnester</i>		19b 2025 9th Street South, St. Petersburg, Florida		33705								
To be Completed by CERTIFYING PHYSICIAN Only	20a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.				21a 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) stated.							
	(Signature and Title) <i>Gail Stanton, MD</i>				(Signature and Title)							
	DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH					
	20b 9/21/85		20c 11:10 A M		21b		21c					
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				PRONOUNCED DEAD (Mo., Day, Yr.)		PRONOUNCED DEAD (Hour)						
20d				21d ON		21e AT						
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or print)												
22 Gail Stanton, M. D., 501 South Lincoln Avenue, Clearwater, Florida 33516												
REGISTRAR						DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)						
23a (Signature) <i>Delora L. Smith</i>						23b Sept. 26, 1985						
24. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))										Interval between onset and death		
PART I (a) CARDIORESPIRATORY ARREST												
DUE TO, OR AS A CONSEQUENCE OF: (Condition(s) which gave rise to cause (a) — List underlying cause last)										Interval between onset and death		
(b) METASTATIC OAT CELL LUNG CANCER												
DUE TO, OR AS A CONSEQUENCE OF:										Interval between onset and death		
(c)												
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)					PART III IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 3 MONTHS? Yes: No		AUTOPSY (Yes, No) 25 No		CASE REFERRED TO MEDICAL EXAMINER (Specify yes or no) 26 No			
(Probably) ACCIDENT, SLIP/IDE or HOMICIDE, or UNDETERMINED (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED						
27a		27b		27c		27d <i>Car on N. Astor</i>						
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		LOCATION		STREET OR R.F.D. NO.		CITY OR TOWN		STATE		
27e		27f		27g								

NOTICE: This Document is the property of the Lake County Recorder.

STOP

FILED

MAY 23 1986

INDIANA

A CERTIFIED COPY MUST CARRY THE EMBOSSED SEAL OF THE REGISTRAR OF VITAL STATISTICS.

I hereby certify that this is a true and correct copy of a certificate on file in the office of the Local Registrar of Vital Statistics of the Pinellas County Health Department, St. Petersburg, Florida.

Sept 26, 1985

Larry S. Bunnester, Deputy Local Registrar

1083-A

James Pk Add. Rt 29 Bl 6 H 36-188-29