

TIGOR TITLE INSURANCE

138163

AFFIDAVIT

STATE OF INDIANA)
) ISS:
COUNTY OF LAKE)

THOMAS J. DWAN, JR., being first duly sworn upon oath, deposes and says:

1. That Affiant's ~~brother~~ father THOMAS J. DWAN died (without leaving a will) ~~(XXXXXXXXXXXX)~~ on July 8, 1987 at Crown Point, Indiana

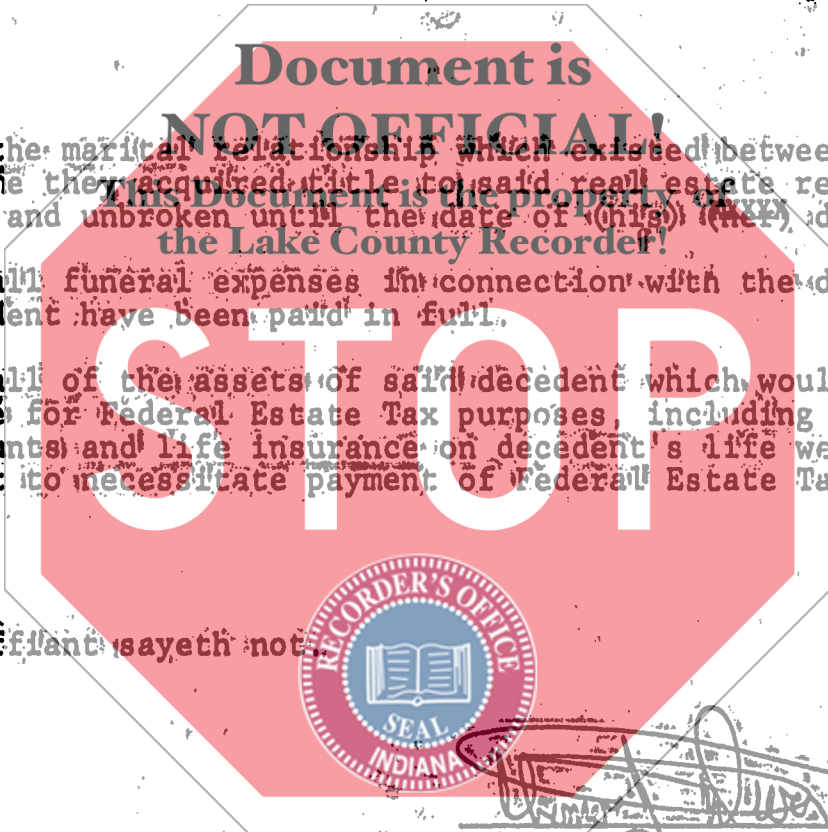
2. That ~~they~~ THOMAS J. DWAN AND ANN DWAN were duly and legally married at the time they acquired title as husband and wife to the following described real estate: Lot 29 (except the North 15 feet thereof) and the North 5 feet of Lot 28 in Block 3 in Wisteria, in the City of Hammond, as per plat thereof, recorded in Plat Book 29 page 4, in the Office of the Recorder of Lake County, Indiana.
36-481-29

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

Further affiant sayeth not.



STATE OF INDIANA/S.S. NO. _____
LAKE COUNTY
FILED FOR RECORD
DEC 11 11 40 AM '90
RECORDER

THOMAS J. DWAN, JR.

Subscribed and sworn to before me, a Notary Public, this 28th day of November, 1990.

Paula Barrick
PAULA BARRICK

Notary Public

My Commission expires:

10-2-93

County of Residence:

Lake

FILED

DEC 10 1990

Ann N. Anton
AUDITOR LAKE COUNTY

This Instrument prepared by THOMAS J. DWAN, JR.

000143

TIGOR TITLE INSURANCE
Crown Point, Indiana

8.00

FILED

DEC 10 1987

Amel No. Ontario

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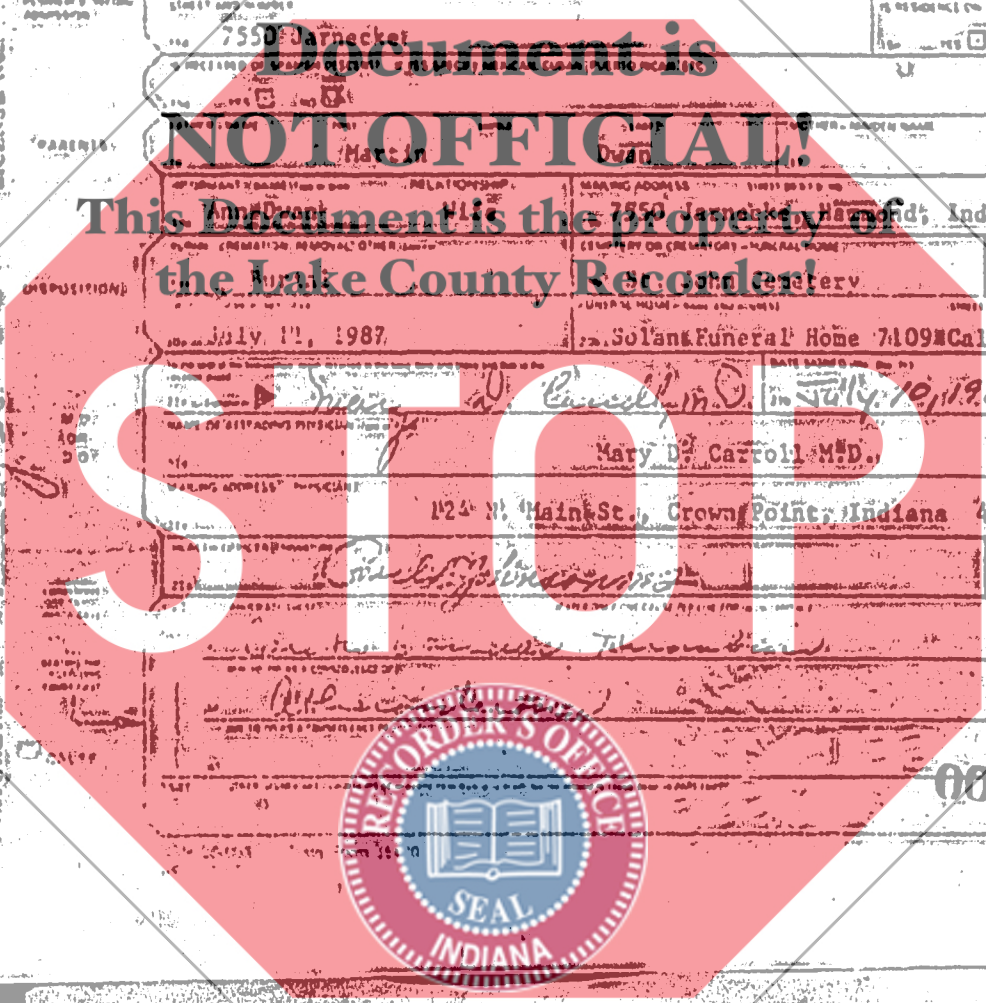
LICENSE No. 10133-3
FURNACE DIRECTOR'S LICENSE No. 101316-0
Anthony Soler

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No.

Local No. 133187

NAME OF DECEASED THOMAS J. DWAN		SEX Male	DATE OF BIRTH July 8, 1987
RACE White	AGE 81	DATE OF DEATH Aug. 7, 1987	COUNTY OF DEATH Lake
CITY/TOWN OF DEATH Crown Point	HOSPITAL AND OTHER INSTITUTION St. Anthony Medical Center		STATUS OF DECEASED Inpatient
STATE OF BIRTH Indiana	CITY OF BIRTH USA	MARRIAGE STATUS Married	NAME OF SPOUSE Ann Sichak
DECEASED'S SOCIAL SECURITY NUMBER 306-03-0108	OCCUPATION Retired Supervisor		NAME OF BUSINESS OR INDUSTRY Inland Steel Co.
CITY/TOWN OF DEATH Hammond	COUNTY Lake	CITY/TOWN OF DEATH Hammond	COUNTY Lake
DECEASED'S ADDRESS 7550 Jarnecker			
MARRIAGE ADDRESS 7550 Jarnecker, Hammond, Indiana 46324			
RELATIONSHIP Mother		NAME OF SPOUSE Margaret Maddent	
DECEASED'S ADDRESS 7550 Jarnecker, Hammond, Indiana 46324		LOCATION Hammond, Indiana	
DATE OF DEATH July 11, 1987		PLACE OF DEATH Solank Funeral Home 7109 Calumet Ave., Hammond, In 46324	
NAME OF PHYSICIAN Mary D. Carroll M.D.		DATE July 10, 1987	
ADDRESS 124 N. Main St., Crown Point, Indiana 46307		RECEIVED BY LOCAL HEALTH OFFICE 2-9-1990	
SIGNATURE <i>[Signature]</i>		SIGNATURE <i>[Signature]</i>	
TITLE Physician		TITLE Health Commissioner	
OFFICE Indiana State Board of Health		OFFICE Lake County Health Department	



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