

STATE OF INDIANA )  
 ) SS:  
COUNTY OF LAKE )  
**91009292**

AFFIDAVIT OF SURVIVORSHIP

Comes now JEAN M. QUARLES, being duly sworn upon her oath and states as follows:

That Jean M. Quarles, is the owner in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

Lot Nine (9) in Van Black's Addition to Hobart, in the City of Hobart, as the same appears of recorded in Plat Book 23, page 36, in the Recorder's Office of Lake County, Indiana.

Commonly known as 1021 Hickey Street, Hobart, Indiana 46342.

That the affiant and her deceased husband, Walter Gordon Quarles, were husband and wife at the time they acquired title, as tenants by the entireties, to the above described real estate by deed of conveyance recorded in the Office of the Recorder of Lake County, Indiana.

The marital relationship which existed between the affiant and Walter Gordon Quarles, her husband, continued unbroken from the time they so acquired title to said real estate until the death of Walter Gordon Quarles, her husband, on the 4th day of January, 1991, at which time affiant acquired title to the real estate as surviving tenant by the entireties.

That the gross value of the estate of the decedent, Walter Gordon Quarles, as determined for the purpose of Federal Estate Taxes, was less than the value required for the filing

DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER.

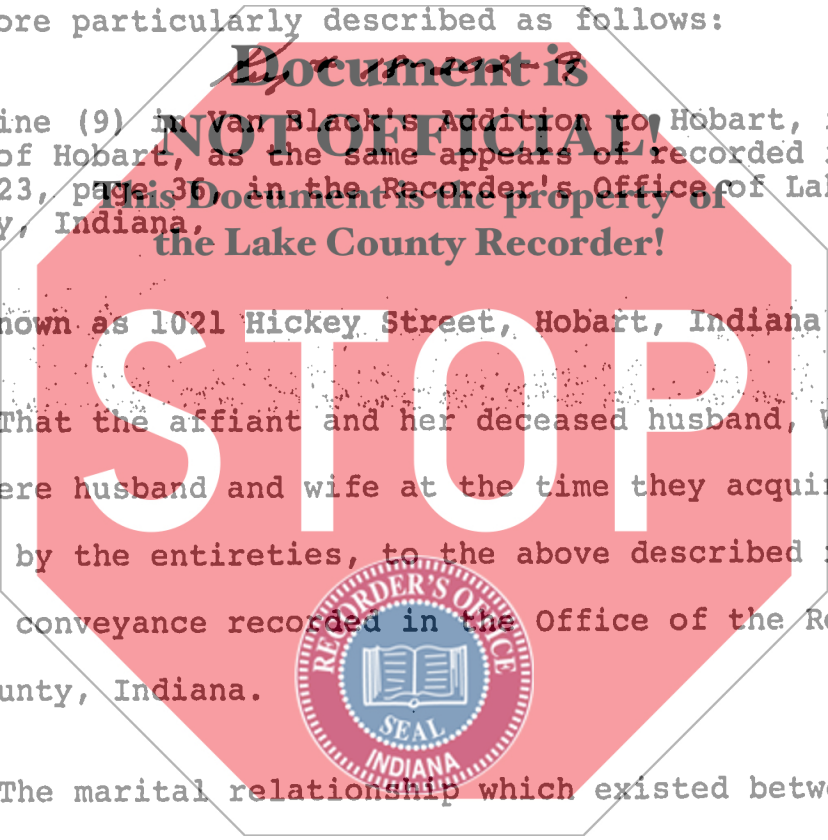
**FEB 26 1991**

01547

*Erma N. Watson*  
AUDITOR LAKE COUNTY

157600-91-53

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TICOR TITLE INSURANCE  
Crown Point, Indiana

STATE OF INDIANA/S.S. NO.  
LAKE COUNTY  
FILED FOR RECORD  
FEB 26 9 47 AM '91  
ROBERT RECORDING

0001  
M

and the decedent's estate was not subject to Federal Estate Tax.

That the decedent's estate was not subject to Indiana Inheritance Taxes.

Further this affiant saith not.

Jean M. Quarles  
Jean M. Quarles  
Sue Angell P.O.A.

STATE OF INDIANA )  
                          ) SS:  
COUNTY OF LAKE )

Sworn and subscribed by the said JEAN M. QUARLES before  
the undersigned Notary this 14th day of January, 1991.

**Document is NOT OFFICIAL!**  
**This Document is the property of the Lake County Recorder!**

Susan J. Brown  
Susan J. Brown, Notary Public

My Commission expires: 7-19-91

County of Residence: Jasper

Prepared by: Harry R. Kneifel, Sr.  
Attorney at Law



INDIANA STATE BOARD OF HEALTH

CERTIFICATE OF DEATH

State No. ....

Local No. 29-91

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

CORONER USE ONLY

|   |  |   |   |   |   |  |
|---|--|---|---|---|---|--|
| 1. DECEASED—NAME (First, Middle, Last)<br><b>WALTER GORDON QUARLES</b>  |  |   |   | 2. SEX<br><b>MALE</b>   | 3a. TIME OF DEATH<br><b>8:05 A.</b>   | 3b. DATE OF DEATH (Month, Day, Year)<br><b>JANUARY 4, 1991</b> |
| 4. SOCIAL SECURITY NUMBER<br><b>313-07-8840</b>   | 5a. AGE—Last Birthday (Years)<br><b>76</b>   | 5b. UNDER 1 YEAR<br>Months Days   | 5c. UNDER 1 DAY<br>Hours Minutes  | 6. DATE OF BIRTH (Mo., Day, Yr.)<br><b>AUG. 28, 1914</b>  | 7. BIRTHPLACE (City and State or Foreign Country)<br><b>HATCHEGHUBBEE ALABAMA</b>   |  |
| 8a. WAS DECEDENT A U.S. VETERAN?<br><b>NO</b>   | 8b. YEAR LAST SERVED IN U.S. ARMED FORCES?<br><b>N/A</b>                                       | HOSPITAL <input checked="" type="checkbox"/> Inpatient<br><input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA                           |   | 8c. PLACE OF DEATH (Check only one. See instructions)<br>OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify)<br><input type="checkbox"/> Residence |   |  |
| 9a. FACILITY NAME (If not institution, give street and number)<br><b>SAINT MARY MEDICAL CENTER</b>  |  |   | 9b. CITY, TOWN OR LOCATION OF DEATH<br><b>HOBART</b>  | 9c. COUNTY OF DEATH<br><b>LAKE</b>  |   |  |
| 10. MARITAL STATUS<br><b>MARRIED</b>  | 11. SURVIVING SPOUSE<br><b>JEAN MAE WALL</b>   | 12a. DECEDENT'S USUAL OCCUPATION (Give kind of work, if any, during 1 year prior to death. Do not use "retired")<br><b>SHEAR REGORDER</b>               |   | 12b. KIND OF BUSINESS/INDUSTRY<br><b>U.S. STEEL</b>   |   |  |
| 13a. RESIDENCE—STATE<br><b>INDIANA</b>  | 13b. COUNTY<br><b>LAKE</b>   | 13c. CITY, TOWN OR LOCATION<br><b>HOBART</b>  | 13d. STREET AND NUMBER<br><b>1021 HICKEY STREET</b>   |   |   |  |
| 13e. ZIP CODE<br><b>46342</b>   | 13f. INSIDE CITY LIMITS<br><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | 14. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>  | 15. WAS DECEDENT OF HISPANIC ORIGIN?<br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes specify Cuban, Mexican, Puerto Rican, etc.) | 16. RACE—American Indian, Black, White, etc. (Specify)<br><b>WHITE</b>  | 17. DECEDENT'S EDUCATION (Specify only highest grade completed)<br>Elementary/Secondary (10-12) <b>2</b> College (11-4 or 5+) |  |
| 18. FATHER'S NAME (First, Middle, Last)<br><b>WALTER GORDON QUARLES</b>   |  |   | 19. MOTHER'S NAME (First, Middle, Maiden Surname)<br><b>MAE SUE PURYEAR</b>   |   |   |  |
| 20a. INFORMANT'S NAME (Type/Print)<br><b>SUE ANGELL</b>   |  | 20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)<br><b>P. O. BOX 66, FREETOWN, INDIANA 47235</b>           |   |   | 20c. Relationship<br><b>DAUGHTER</b>  |  |
| 21a. METHOD OF DISPOSITION<br><input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)  |  | 21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, elementary, or other place)<br><b>JANUARY 7, 1991<br/>EVERGREEN MEMORIAL PARK HOBART, INDIANA</b> |   | 21c. LOCATION—City or Town, State   |   |  |
| 22a. EMBALMER'S NAME<br><b>JAMES J. GHOLSTON</b>  |  | 22b. EMBALMER'S LICENSE NO.<br><b>FD01004194</b>  |   | 23. WAS DEATH REPORTED TO CORONER?<br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |   |  |
| 24a. SIGNATURE OF FUNERAL DIRECTOR<br><i>James J. Gholston</i>  |  | 24b. LICENSE NUMBER (of Licensee)<br><b>FD01006463</b>  |   | 25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME<br><b>REES FUNERAL HOME INC. FH83003066<br/>600 W. RIDGE ROAD, HOBART, IN 46342</b>   |   |  |
| 26. PART I: Enter the description of the immediate cause of death (the cause) and the underlying cause of death. Do not enter nonspecific terms such as cardiac or respiratory arrest, shock, or hemorrhage.<br><b>HEART DISEASE<br/>DUE TO CORONARY ARTERY DISEASE<br/>DUE TO (OR AS A CONSEQUENCE OF)<br/>DUE TO (OR AS A CONSEQUENCE OF)</b> |  | 27. WAS DEATH REPORTED TO CORONER?<br><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |   | 28a. WAS AN AUTOPSY PERFORMED? (Yes or no)<br><b>NO</b>   |   |  |
| 28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)<br><b>N/A</b>   |  | 29a. SIGNATURE AND TITLE OF CERTIFIER<br><i>G. Madel MD</i>   |   | 29b. MEDICAL LICENSE NO.<br><b>16576</b>  |   |  |
| 29c. STATE SIGNATURE (As with Title)<br><b>1-7-91</b>   |  | 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Type/Print)<br><b>ARMAND FADUL MD, 8695 CONNECTICUT, MERRILLVILLE, IN 46410</b>            |   | 31. HEALTH OFFICER'S SIGNATURE<br><i>Robert Guthrie DO</i>  |   |  |
| 32. MANNER OF DEATH<br><input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide  |  | 33a. DATE OF INJURY (Month, Day, Year)  | 33b. TIME OF INJURY   | 33c. INJURY AT WORK? (Yes or no)  | 33d. DESCRIBE HOW INJURY OCCURRED   |  |
| 34a. PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)   |  | 34b. LOCATION (Street and Number or Rural Route Number, City or Town, State)  |   |   |   |  |
| 35. DATE PRONOUNCED DEAD (Month, Day, Year)   |  | 36. MOTOR VEHICLE ACCIDENT? (Yes or no). If yes, specify driver, passenger, pedestrian, etc.<br><b>01548</b>  |   |   |   |  |

