

157763

TICOP TITLE INSURANCE
Grown Point, Indiana
777.0.

91016275

AFFIDAVIT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Janet R. Conroy, being first duly sworn upon oath, deposes and says:

1. That Affiant's spouse, Harry F. Conroy died (~~without leaving a will~~) (leaving a will) on February 19, 1983 at 4132 E. 11th Place, Gary, IN (Home)

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 41, Block 5, Aetna Manor 2nd Sub.
Plat Book 28 page 39

FILED

APR 4 1991

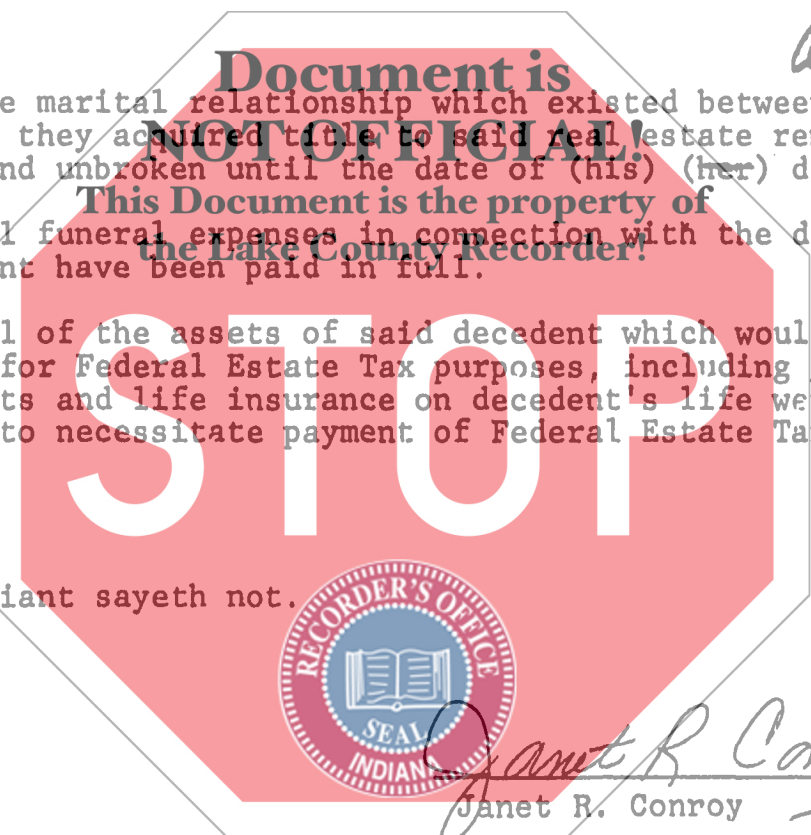
Anna N. Antone
AUDITOR LAKE COUNTY

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
APR 8 8 58 AM '91
ROBERT BOEYER FREELAND
RECORDER

Janet R. Conroy
Janet R. Conroy

Subscribed and sworn to before me, a Notary Public, this 8th day of FEB, 1991.

Bruce E. Ayers, Jr.
Notary Public

Bruce E. Ayers, Jr.

My Commission expires:
8/3/94

County of Residence:
LAKE

This Instrument prepared by Janet R. Conroy

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00335

10 + vert # 157763

83-0138

INDIANA STATE BOARD OF HEALTH CORONER'S CERTIFICATE OF DEATH

State No.

Local No.

TYPE OR PRINT
PLAINLY WITH
UNFADING INK
THIS IS A
PERMANENT
RECORD

TYPE
OR PRINT
IN
PERMANENT
INK
FOR
INSTRUCTIONS
SEE
HANDBOOK

FUNERAL HOME
No. 24A

FUNERAL DIRECTOR'S
LICENSE No. 1374

LICENSE No. 946

EMBALMER'S NAME
JAMES F. BURNS

FUNERAL DIRECTOR'S
SIGNATURE
James F. Burns

DECEASED

IF DEATH
OCCURRED IN
INSTITUTION
SEE HANDBOOK
REGARDING
COMPLETION OF
RECORDING ITEMS

PARENTS

DISPOSITION

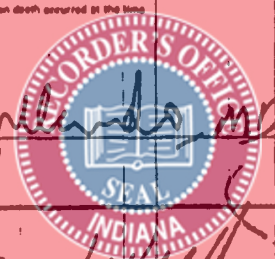
CERTIFIER

CONDITIONS
IF ANY
WHICH OBLIGE
USE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LAST

CAUSE

DECEASED--NAME FIRST MIDDLE LAST HARRY F CONROY		SEX MALE	DATE OF DEATH (MONTH DAY YEAR) February 19, 1983	
RACE WHITE	AGE--at Birth (Yrs) 55	UNDER 1 YEAR Mths Days	UNDER 1 DAY Hours Mins	DATE OF BIRTH (Mo. Day Yr) NOV. 8, 1927
CITY, TOWN OR LOCATION OF DEATH GARY		HOSPITAL OR OTHER INSTITUTION--Name if not at other give street and number 4132 E. 11th PLACE		IF HOSP OR INST Indicate DOA OP 1 mo. Am. Import. Record# 76
STATE OF BIRTH (if not in U.S.A. name country) IND.	CITIZEN OF WHAT COUNTRY USA	MARRIED NEVER MARRIED, WIDOWED MARRIED	SURVIVING SPOUSE (if only give maiden name) JANET EDLEBECK	WAS DECIDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) YES
SOCIAL SECURITY NUMBER 309 22 8607	USUAL OCCUPATION (if no work done during week of working life, give 2 previous) 14a BROKER AND APPRAISER		KIND OF BUSINESS OR INDUSTRY 14b BARRICK REALTY	
RESIDENCE--STATE IND.	COUNTY LAKE	CITY, TOWN OR LOCATION GARY	IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
STREET AND NUMBER 4132 E. 11th PLACE		INSIDE CITY LIMITS (Specify Yes or No) YES		
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN CUBAN PUERTO RICAN ETC NO				
FATHER--NAME FIRST MIDDLE LAST FRANK J CONROY		MOTHER--MAIDEN NAME FIRST MIDDLE LAST ANN MALLO		
INFORMANT--NAME (Specify relationship) JANET R CONROY WIFE		MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP 4132 E. 11th PLACE GARY IND. 46403		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) BURIAL		CEMETERY OR CREMATORY--FUNERAL HOME CALUMET PARK CEMETERY		LOCATION CITY OR TOWN STATE MERRILLVILLE IND.
DATE (MONTH DAY YEAR) FEBRUARY 22, 1983		FUNERAL HOME--NAME AND ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP BURNS FUNERAL HOME, 4286 BROADWAY, GARY, IND. 46408		
On the basis of examination and/or investigation, in my opinion death occurred at the time and place and due to the cause stated		DATE SIGNED (Mo., Day, Yr) 2-23-83	HOUR OF DEATH M	
21a Signature <i>Ann Malloy</i>		21d. ON 2-19-83	21e. AT 8:42 a. M	
NAME AND ADDRESS OF CERTIFIER (Type or Print)		HEALTH OFFICER--SIGNATURE <i>James F. Burns</i>		
		DATE RECEIVED BY LOCAL HEALTH OFFICER 2/25/1983		
PART I IMMEDIATE CAUSE Metastatic carcinoma of larynx		FILED		Interval between onset and death Undetermined
(a) DUE TO OR AS A CONSEQUENCE OF				Interval between onset and death
(b) DUE TO OR AS A CONSEQUENCE OF		APR 4 1991		Interval between onset and death
(c) DUE TO OR AS A CONSEQUENCE OF				Interval between onset and death
PART II OTHER SIGNIFICANT CONDITIONS--Conditions contributing to death but not reported as cause given in PART I (a)				AUTOPSY (Specify Yes or No) NO
ACC. SUICIDE, HOM, UNDET., OR PENDING INVEST. (Specify) NATURAL	DATE OF INJURY (Mo., Day, Yr) 28b	HOUR OF INJURY 28c	DESCRIBE HOW INADVERTENT LAKE COUNTY	
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

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Vertical handwritten text: Ticker Title - M.O.

Disposition Permit Issued
Provisional Certificate
 Yes No

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STOP



James T. [Signature]
CERTIFIED COPY
DATE 2/25/89