

159148
C. H. S. B.

TICOR TITLE INSURANCE

TICOR TITLE INSURANCE
Highland, Indiana

S1023311

AFFIDAVIT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

JAMES H. CLARKE, being first duly sworn upon oath, deposes and says:

1. That Affiant's ~~spouse~~ ^{FATHER}, HENRY O. CLARKE died ~~(without leaving a will)~~ ^(leaving a will) on September 23, 1983 at 7316 Olcott Hammond, IN

2. That ~~they~~ ^{HENRY O. CLARKE AND MARY CLARKE} were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

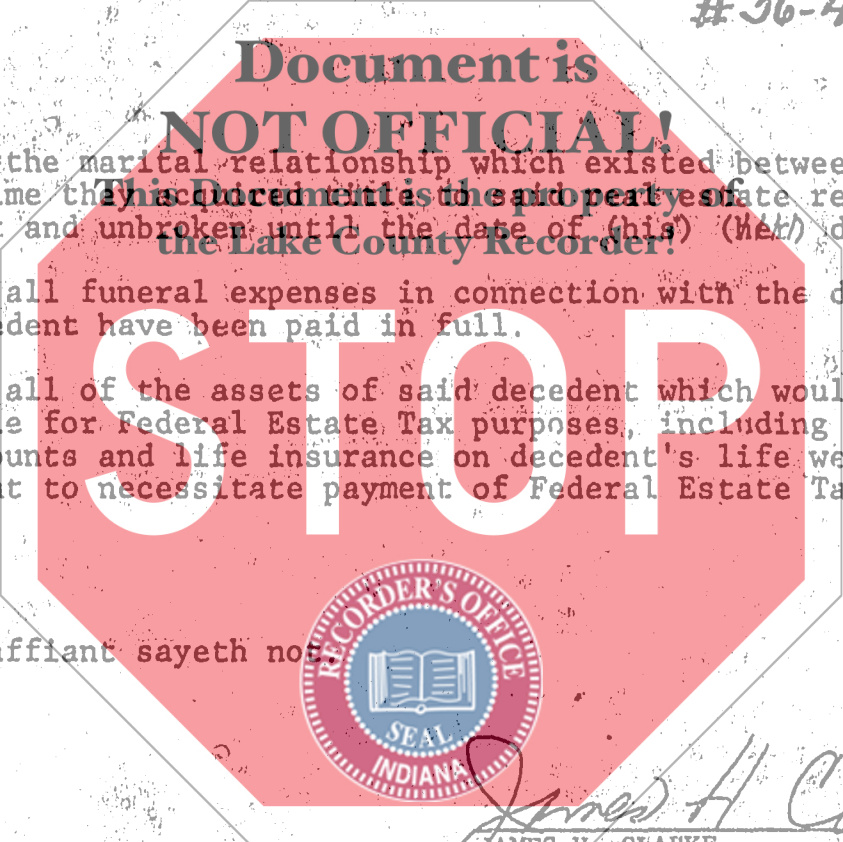
Lots 8, 9 and the North 1/2 of Lot 10 in Block 32 in Unit 9 of Woodmar, in the City of Hammond, as per plat thereof, recorded in Plat Book 17 page 23, in the Office of the Recorder of Lake County, Indiana.

#36-412-8

3. That the marital relationship which existed between them at the time ~~this document is the property of~~ ^{the Lake County Recorder!} 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

James H. Clarke
JAMES H. CLARKE

Subscribed and sworn to before me, a Notary Public, this 27th day of April, 1991.

Jean Henderson
Jean Henderson Notary Public

My Commission expires:
12-03-93

County of Residence:
LAKE

This Instrument prepared by JAMES H. CLARKE

FILED

MAY 14 1991

Carol N. Astors
IN. LAKE COUNTY

00167

STATE OF INDIANA/S.S. NO.
LAKE COUNTY
FILED FOR RECORD
MAY 16 10 06 AM '91
ROBERT BOB FREELAND
RECORDER

800
PC

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

Below for State Office Use

THIS CERTIFIES THE ABOVE IS A TRUE AND
COMPLETE COPY OF THE CERTIFICATE OF DEATH
ON FILE WITH THE HAMMOND HEALTH DEPT.
SEP 23 1983

Franklin J. Chernick, M.D.
HAMMOND HEALTH COMMISSIONER

Date Issued

Woodman # 9 124 81.9, M121066.3 R1
36-412-6

EMBALMER'S NAME JOHN ALEXANDER

LICENSE No. 1061

FUNERAL HOME
No. 286

FUNERAL DIRECTOR'S
LICENSE No. 2497

FUNERAL DIRECTOR'S
SIGNATURE

Local No. 727

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. 00060

DECEASED—NAME 1. HENRY O. CLARKE		SEX 2. MALE	DATE OF DEATH (MONTH, DAY, YEAR) 3. SEPTEMBER 23, 1983
RACE—(a) White, Black, American Indian, etc. (Specify) 4. WHITE	AGE—Last birthday (M) (D) 5. 73	UNDER 1 YEAR MOB. DAYS	UNDER 1 DAY HOURS. MINS.
CITY, TOWN OR LOCATION OF DEATH: 7. HAMMOND		HOSPITAL OR OTHER INSTITUTION—(Name if not in other, give street and number) 7c. 7316 OLCOTT	
STATE OF BIRTH (If not in U.S.A. Name Country) 8. ILLINOIS	CITIZEN OF WHAT COUNTRY 9. U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. MARRIED	SURVIVING SPOUSE (If wife, give maiden name) 11. MARY BLAZIC
SOCIAL SECURITY NUMBER 13. 350-01-9942	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 14a. APPLIANCE REPAIR	KIND OF BUSINESS OR INDUSTRY 14b. REPAIR	
USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION. 18a. INDIANA	COUNTY 18b. LAKE	CITY, TOWN, OR LOCATION 18c. HAMMOND	STREET AND NUMBER 18d. 7316 OLCOTT
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY (MEXICAN, CUBAN, PUERTO RICAN, ETC.) 19a. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		IS RESIDENCE ON A FARM? 19a. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INSIDE CITY LIMITS (SPECIFY YES OR NO) 19b. YES
FATHER—NAME FIRST MIDDLE LAST 16. HARRY CLARKE		MOTHER—MAIDEN NAME FIRST MIDDLE LAST 17. MAUDE DEAN	
INFORMANT—NAME (Type of person) 18a. MARY CLARKE	RELATIONSHIP wife	MAILING ADDRESS 18c. 7316 OLCOTT	CITY OR TOWN STATE ZIP HAMMOND, IN. 46323
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. BURIAL	CEMETERY OR CREMATORY—FUNERAL HOME 19b. ST. JOSEPH CEMETERY	LOCATION CITY OR TOWN STATE 19c. HAMMOND IN	
DATE (MONTH, DAY, YEAR) 20a. SEPTEMBER 26, 1983	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 20b. VIRGIL HUBER FUNERAL HOME HAMMOND, IN 46323		
NAME OF ATTENDING PHYSICIAN (Type of person) 21a. DANIEL T. ANKER M.D.		DATE SIGNED (M, D, Y) 21b. [Signature]	HOUR OF DEATH 21c. [Blank]
MAILING ADDRESS—PHYSICIAN 21a. 740 KENNEDY HAMD IN		HEALTH OFFICER'S SIGNATURE 22. [Signature]	
23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) PART I (a) CORONARY THROMBOSIS DUE TO OR AS A CONSEQUENCE OF (b) GENERAL ARTERIO-SCLEROSIS DUE TO OR AS A CONSEQUENCE OF PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)			