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TICOR TITLE INSURANCE

June 19/6m

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AFFIDAVIT

STATE OF INDIANA)
COUNTY OF LAKE) SS:

ROBERT BOB FREELAND
RECORDER

AUG 14 10 31 AM '91

STATE OF INDIANA/S.S.IND.
LAKE COUNTY
FILED FOR RECORD

Caroline Fleming, being first duly sworn upon oath, deposes and says:

1. That Affiant's spouse, Albert Fleming died (without leaving a will) (~~knowing & without~~) on April 3, 19 88 at Crown Point, Indiana

2. That they were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

Lots 9 and 10 in Block 1 in Cedar Point Ridge, as per plat thereof, recorded in Plat Book 21 page 41, in the Office of the Recorder of Lake County, Indiana.

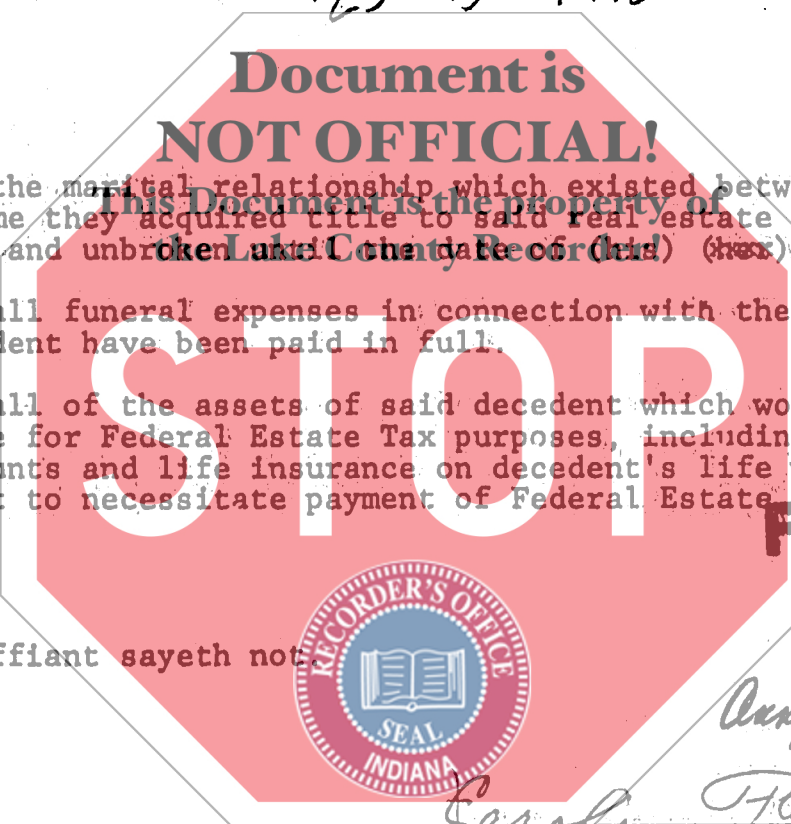
25-43-9+10

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3. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken Lake County, Indiana (~~his~~) 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.



FILED

AUG 12 1991

Further affiant sayeth not.



Anna M. Anton
AUDITOR LAKE COUNTY

Caroline Fleming
Caroline Fleming

Subscribed and sworn to before me, a Notary Public, this 6th day of August, 19 91.

Gloria Miller
Gloria Miller
Notary Public

My Commission expires:
10-24-92

County of Residence:
Lake

This Instrument prepared by Caroline Fleming

00478

800
to

INDIANA STATE BOARD OF HEALTH

CERTIFICATE OF DEATH

Local No. 732-88

State No.

TYPE/PRINT IN PERMANENT BLACK INK

1 DECEASED—NAME FIRST Albert MIDDLE Fleming LAST Fleming	2 SEX Male	3 DATE OF DEATH (Month Day Year) April 3, 1988
4 SOCIAL SECURITY NUMBER 338-07-6673	5a AGE—Last Birthday (Years) 80	5b UNDER 1 YEAR Months Days Hours Minutes
6 DATE OF BIRTH (Month Day Year) July 4, 1907	7 BIRTHPLACE (City and State or Foreign Country) England	
8 YEAR LAST SERVED IN U.S. ARMED FORCES? No	9a PLACE OF DEATH (Check only one See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)	
9b FACILITY NAME (If not institution give street and number) Lake County Convalescent Home	9c CITY, TOWN OR LOCATION OF DEATH Crown Point	9d COUNTY OF DEATH Lake
10 MARITAL STATUS—Married Never Married Widowed Divorced (Specify) Married	11 SURVIVING SPOUSE (If wife give maiden name) Caroline Paul	12a DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life Do not use retired) Construction
12b KIND OF BUSINESS/INDUSTRY	13a RESIDENCE—STATE Indiana	
13b COUNTY Lake	13c CITY, TOWN OR LOCATION Cedar Lake	13d STREET AND NUMBER 7106 W. 135th. Street
13e INSIDE CITY LIMITS? (Yes or no) Yes	13f FARM No	13g ZIP CODE 46303
14 WAS DECEASED OF HISPANIC ORIGIN? (Specify No or Yes - If yes specify Cuban Mexican Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Specify	15 RACE—American Indian Black White, etc. (Specify) White	16 DECEASED'S EDUCATION (Specify only highest grade completed) 8 Elementary/Secondary (0-12) College (1-4 or 5+)
17 FATHER'S NAME (First Middle Last) Andrew Fleming	18 MOTHER'S NAME (First Middle Maiden Surname) Jean M. Inaly	
19a INFORMANT'S NAME (Type/Print) Caroline Fleming	19b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 7106 W. 135th. Street, Cedar Lake, In. 46303	19c Relationship Wife
20a METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)	20b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Chapel Lawn April 5, 1988	20c LOCATION—City or Town, State Scherverville, Indiana
21a SIGNATURE OF FUNERAL DIRECTOR <i>Fred</i>	21b LICENSE NUMBER FDE1016076	21c NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Eller Brady FDM3000825 Cedar Lake, Indiana
22a. To the best of my knowledge, death occurred at the time, date, and place stated. Signature and Title <	23a. LICENSE NUMBER	23c. DATE SIGNED (Month, Day, Year)
24 TIME OF DEATH 4:50 A. M.	25. DATE PRONOUNCED DEAD (Month Day, Year) April 3, 1988	26. WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? (Yes or no) No
27. PART I Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) <i>Myocardial Infarction</i> DUE TO (OR AS A CONSEQUENCE OF) a. <i>Coronary Occlusion</i> DUE TO (OR AS A CONSEQUENCE OF) b. <i>Hypertensive Heart Disease</i> DUE TO (OR AS A CONSEQUENCE OF) c. <i>Hypertension</i> PART II: Other significant conditions contributing to death but not resulting in the underlying cause given in Part I <i>Chronic brain syndrome</i>	28a. WAS AN AUTOPSY PERFORMED? (Yes or no) No	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) No
29a. SIGNATURE AND TITLE OF CERTIFIER <i>Carly Johnson M.D.</i>	29b. LICENSE NUMBER 01025723	29c. DATE SIGNED (Month Day, Year) April 4, 1988
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH ITEM 27 (Type/Print) Herbert Murillo M.D., 2900 W. 93rd. Avenue, Crown Point, Indiana 46307	31. HEALTH OFFICER'S SIGNATURE <i>Carly Johnson M.D.</i>	
32. DATE FILED (Month Day, Year) 4/5/88	33 MANNER OF DEATH <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	
34a DATE OF INJURY (Month Day, Year)	34b TIME OF INJURY	34c INJURY AT WORK? (Yes or no)
34d PLACE OF INJURY—At home farm, street, factory, office, building, etc. (Specify)	34e DESCRIBE HOW INJURY OCCURRED	

DECEDENT

PARENTS

INFORMANT

DISPOSITION

PRONOUNCING PHYSICIAN ONLY

ITEMS 24-26 MUST BE COMPLETED BY PERSON WHO PRONOUNCES DEATH

SEE INSTRUCTIONS

CAUSE OF DEATH

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT.

CERTIFIER APR 5 1988

HEALTH OFFICER

CORONER OR MEDICAL EXAMINER USE ONLY

