

162145

M.O. TICOR

STATE OF INDIANA)
COUNTY OF LAKE) SS:

91051875

A F F I D A V I T

Anna Beckham, after first being duly sworn upon her oath alleges and says:

1. That she is the wife of James Beckham, now deceased.
2. That James Beckham died on the 15 day of April, 1985, intestate, leaving an estate that was not subject to either Indiana nor Federal Estate taxes.
3. That this affiant lived as husband and wife with the said James Beckham until the time of his death.
4. That this affidavit is given to induce the Auditor of Lake County, Indiana to remove the name of James Beckham from that parcel of real estate located in Lake County, Indiana and legally described as follows:

Lot 24 in Brookwood, in the Town of Merrillville, as per plat thereof, recorded in Plat Book 27 page 42, in the Office of the Recorder of Lake County, Indiana.

FILED

OCT 09 1991

Anna N. Anton
AUDITOR LAKE COUNTY

Anna Beckham
ANNA BECKHAM

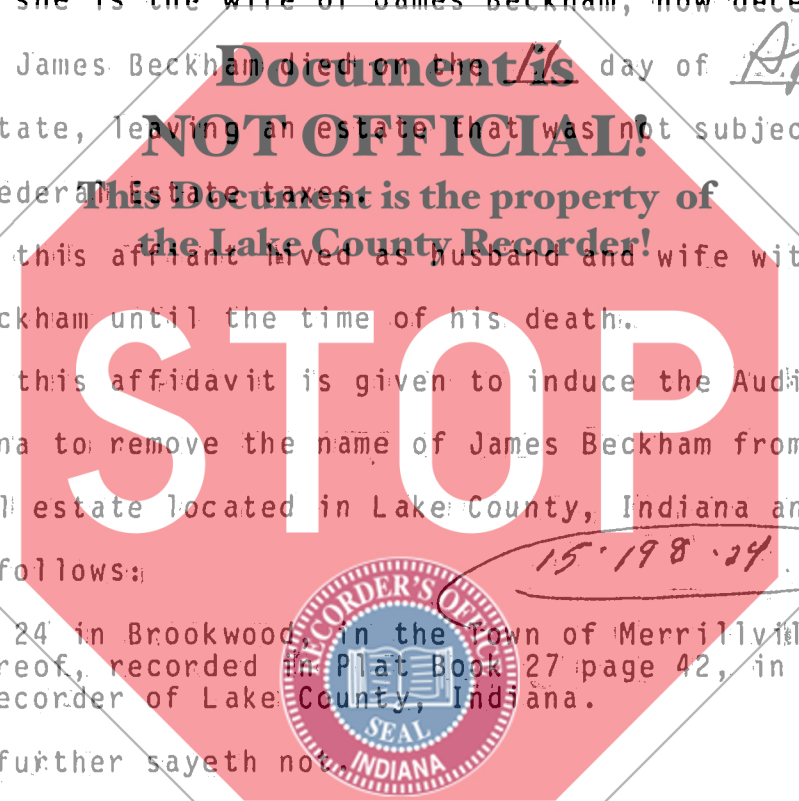
SUBSCRIBED AND SWORN TO BEFORE ME, a Notary Public this 13th day of September, 1991.

Paula Barrick
Notary Public
PAULA BARRICK

My Commission Expires: 10-2-93

My County of Residence: Lake

This Instrument prepared by: OLD REEY, Attorney at Law,
Broadway, Merrillville, Indiana



15-198-24

STATE OF INDIANA
FILED
OCT 13 5 03 AM '91

to see 243-A

15-19824

167145 FICOR M.O.

233-B

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

Below for State Office Use

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

APR 16 1985

946

JAMES E. BURNS

EMBALMER'S NAME

FUNERAL DIRECTOR'S SIGNATURE

FUNERAL DIRECTOR'S SIGNATURE

FUNERAL HOME No. 238

Local No. 73085

INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

State No.

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK
DECEASED
USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION GIVE RESIDENCE BEFORE ADMISSION

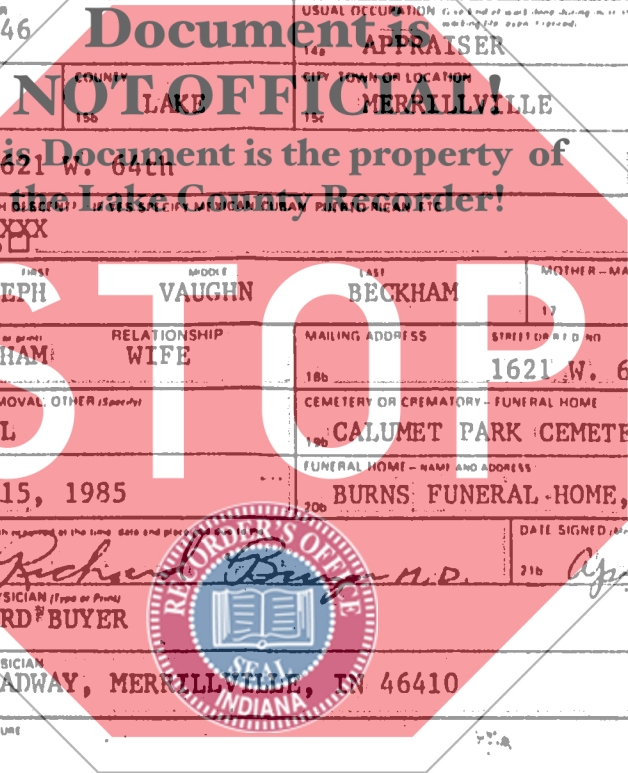
Form with fields for DECEASED NAME (JAMES ERNEST BECKHAM), RACE (WHITE), AGE (62), DATE OF BIRTH (JULY 20, 1922), COUNTY OF DEATH (LAKE), MARRIED (MARRIED), SURVIVING SPOUSE (ANNE MULESA), SOCIAL SECURITY NUMBER (316 09 2446), USUAL OCCUPATION (APPRAISER), RESIDENCE - STATE (IND.), COUNTY (LAKE), CITY (MERRILLVILLE), FATHER (JOSEPH VAUGHN), MOTHER (MARGARET GILE), INFORMANT (ANNE BECKHAM), RELATIONSHIP (WIFE), Mailing Address (1621 W. 64th PLACE, MERRILLVILLE IN 46410), BURIAL (BURIAL), CALUMET PARK CEMETERY, DATE (APRIL 15, 1985), BURNS FUNERAL HOME, NAME OF ATTENDING PHYSICIAN (DR. RICHARD BUYER), 8895 BROADWAY, MERRILLVILLE, IN 46410, IMMEDIATE CAUSE (Myocardial Infarction), DUE TO OR AS A CONSEQUENCE OF (Hypertensive Cardiovascular Disease)

PARENTS
DISPOSITION

M.O.
D.O.

CONDITIONS WHEN GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE (LAST)

CAUSE



FILED

OCT 9 1991

Handwritten signature and name: Anna M. [unclear]