1.60713 - Redding

TICOR TITLE INSURANCE

91052571

AFFIDAVIT

TICOR TITLE INSURANCE
Merrillville, Indiana

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Wayne D. Royal, being first duly sworn upon oath, deposes and says:

1. That Affiant's spouse, Lela M. Royal died (without leaving a will) (~~leaving a will~~) on October 28 19 87 at Gary 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 23 24 and 25, except the West 4.4 feet thereof, in Block 6 in Gary Heights, in the City of Gary, as per pat thereof, recorded in Plat Book 20 page 13, in the Office of the Recorder of Lake County, Indiana.

43 - 18 - 23

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 ~~XXXXX~~ (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.

Wayne D. Royal

Wayne D. Royal

Subscribed and sworn to before me, a Notary Public, this 27th day of September, 19 91.

Barbara J. Hall
Barbara J. Hall Notary Public

My Commission expires:

1-21-95

FILED
OCT 15 1991
AUDITOR LAKE COUNTY

County of Residence:

Porter

This Instrument prepared by Wayne D. Royal

00457

8cc

TICOR 160713

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

Below for State Office Use

A Bell
B 213-94-4
C 84
D 25
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1 Gary Nto
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Disposition Permit Issued / /
Provisional Certificate ☐ Yes ☐ No

EMBALMER'S NAME Patrician Owens
LICENSE No. 8700298

FUNERAL DIRECTOR'S SIGNATURE Patrician Owens
FUNERAL DIRECTOR'S LICENSE No. 8700298

FUNERAL HOME LICENSE No. 3007704

Local No. 87-696

INDIANA STATE BOARD OF HEALTH
CORONER'S CERTIFICATE OF DEATH

State No.

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

1. DECEASED—NAME: FIRST LELA; MIDDLE M.; LAST ROYAL
2. SEX: FEMALE
3. DATE OF DEATH (MONTH DAY YEAR): OCTOBER 28, 1987
4. RACE: BLACK
5a. AGE—Last Birthday (Yrs.): 43
5b. UNDER 1 YEAR: MOS / DAYS
5c. UNDER 1 DAY: HOURS / MINS
6. DATE OF BIRTH (Mo., Day, Yr.): 5-21-44
7a. COUNTY OF DEATH: LAKE
7b. CITY, TOWN OR LOCATION OF DEATH: GARY
7c. HOSPITAL OR OTHER INSTITUTION: 4022 West 15th Avenue, Gary, IN
7d. IF HOSP. OR INST. Inpatient or OP/Emer. Rm., Inpatient (Specify): residence
8. STATE OF BIRTH (If not in U.S.A. name country): Alabama
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Wayne D. Royal
12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): NO
13. SOCIAL SECURITY NUMBER: 304-48-0819
14a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
14b. KIND OF BUSINESS OR INDUSTRY:

IF DEATH OCCURRED IN INSTITUTION, SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

15a. RESIDENCE—STATE: Indiana
15b. COUNTY: Lake
15c. CITY, TOWN OR LOCATION: Gary
15d. STREET AND NUMBER: 4022 West 15th Avenue
15e. IS RESIDENCE ON A FARM? YES ☐ NO ☒
15f. INSIDE CITY LIMITS (SPECIFY YES OR NO): yes
15g. IS DECEASED OF SPANISH DESCENT? YES ☐ NO ☒ (IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC.)

PARENTS

16. FATHER—NAME: FIRST Roscoe; MIDDLE; LAST Washington
17. MOTHER—MAIDEN NAME: FIRST Lela; MIDDLE; LAST
18. INFORMANT—NAME: Wayne D. Royal; RELATIONSHIP: Husband
18b. MAILING ADDRESS: STREET OR R.F.D. NO.: 4022 West 15th Avenue; CITY OR TOWN: Gary; STATE: IN; ZIP: 46404

DISPOSITION

19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Burial
19b. CEMETERY OR CREMATORY—FUNERAL HOME: Oak Hill Cemetery
19c. LOCATION: CITY OR TOWN: Gary; STATE: IN
20a. DATE (MONTH, DAY, YEAR): 10-31-87
20b. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Guy & Allen Fun. Dir., Inc. 2959 W. 11th Ave. Gary IN

CERTIFIER

To be Completed by CORONER Only

On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated

21a. SIGNATURE: [signature]
21b. DATE SIGNED (Mo., Day, Yr.): 11/2/87
21c. HOUR OF DEATH: M
21d. PRONOUNCED DEAD (Mo., Day, Yr.) ON: 10/28/87
21e. PRONOUNCED DEAD (Hour) AT: 5:07 P.M.
NAME AND ADDRESS OF CERTIFIER (Type or Print): DANIEL D. THOMAS, M.D., 2293 NORTH MAIN ST., CROWN POINT, IN. 46307

22a. HEALTH OFFICER—SIGNATURE: [signature]
22b. DATE RECEIVED BY LOCAL HEALTH OFFICER: NOV 4 1987

CAUSE

CONDITIONS IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST

23. PART I (a) IMMEDIATE CAUSE: Acute & chronic cor pulmonale — Interval between onset and death: Undetermined
DUE TO, OR AS A CONSEQUENCE OF (b): Pulmonary emphysema & bronchiectasis — Interval between onset and death:
DUE TO OR AS A CONSEQUENCE OF (c): — Interval between onset and death:
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I(a): — 24. AUTOPSY (Specify Yes or No): Yes

25a. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify): Natural
25b. DATE OF INJURY (Mo., Day, Yr.):
25c. HOUR OF INJURY: M
25d. DESCRIBE HOW INJURY OCCURRED: N. Antoni, IN LAKE COUNTY
25e. INJURY AT WORK (Specify Yes or No):
25f. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify):
25g. LOCATION: STREET OR R.F.D. NO.: CITY OR TOWN: STATE:

SBH-06-004 REV. 10/77 State Form 10110

HEALTH COMMISSIONER
CITY OF GARY, INDIANA

DATE _____ 19[illegible]