



COMMUNITY TITLE COMPANY

- An Indiana Corporation -
421 West 81st Avenue
Merrillville, Indiana 46410
219-736-2810

COMMUNITY TITLE CO.
421 W. 81st Avenue
Merrillville, IN 46410

NON
ROBERT
11/11/91
680

91059942

AFFIDAVIT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Virginia E. Thomas, being first duly sworn upon oath, deposes and says:

1. That Affiant's spouse, James L. Thomas died (without leaving a will) (leaving a will) on June 1st 1974 at St. Catherine Hospital

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

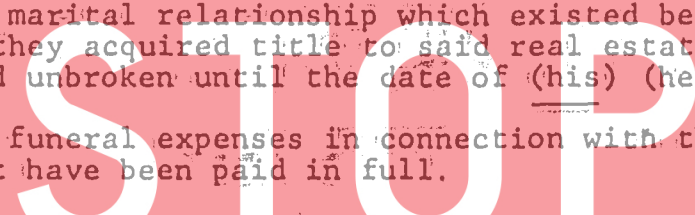
Lot 14 and the North 12 1/2 feet of Lot 15 in Block 4 in the Subdivision of the North 1320 feet of the West 131 1/2 feet of the Northeast 1/4 of Section 32, Township 37 North, Range 9 West of the 2nd P.M., as shown in Plat Book 12, page 11, Lake County, Indiana.

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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 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 bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.



FILED

NOV 21 1991

Further affiant sayeth not.



Anna M. Anton
AUDITOR LAKE COUNTY

Virginia E. Thomas
Virginia E. Thomas

Subscribed and sworn to before me, a Notary Public, this 6th day of November, 1991.

Patricia Ludington
Patricia Ludington Notary Public

My Commission expires: 4-15-94

County of Residence: Lake

This Instrument prepared by Virginia E. Thomas

800 cm

01112

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

L3682

COMMUNITY-TITLE CO
421 W. 81st Avenue
Merrillville, IN 46411

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

Local No. 381

State No.

PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS		DECEASED—NAME			SEX	DATE OF DEATH (MONTH, DAY, YEAR)
		FIRST	MIDDLE	LAST	2. Male	3. June 1, 1974
1. JAMES L. THOMAS						
RACE	AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR MOS. DAYS	UNDER 1 DAY HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF DEATH	
4. White	5a. 51	5b.	5c.	6. 12-29-1922	7a. Lake	
CITY, TOWN, OR LOCATION OF DEATH:		INSIDE CITY LIMITS (SPECIFY YES OR NO)	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
7b. East Chicago		7c. Yes	7d. St. Catherine Hospital			
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY	MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)		
8. Arkansas		9. A.A.	10. WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	11. Virginia Jimenez		
USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN: INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY		
12. 414-18-4205		13a. Tavern & Restaurant		13b. Tavern & Restaurant		
RESIDENCE—STATE		COUNTY	CITY, TOWN OR LOCATION	INSIDE CITY LIMITS (SPECIFY YES OR NO)	TOWNSHIP	
14a. Indiana		Lake	East Chicago	Yes	14b. North	
STREET AND NUMBER		14c. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)		15. RESIDENCE ON A FARM?		
14f. 5028 Olcott Avenue		Yes		14g. W.W. II		
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME	FIRST MIDDLE LAST
15.						
INFORMANT—NAME		RELATIONSHIP		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		
17a. Mrs. Virginia Thomas		17b. Wife		17c. 5028 Olcott Ave. E. Chicago, Ind.		
PART I. DEATH WAS CAUSED BY:		(ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH:
18.		IMMEDIATE CAUSE				
		(a) <i>Respiratory Failure</i>				
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDER- LYING CAUSE LAST		(b) <i>Stroke (Ischemic Cause)</i>				
CAUSE.		(c) <i>Coronary Thrombosis of L.V.</i>				
PART II. OTHER SIGNIFICANT CONDITIONS GIVEN IN PART I (A)		CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE				AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<i>Cerebral Vascular Disease</i>						19a. NOV 82
						IF YES WERE FINDINGS CON- SISTENT IN DETERMINING CAUSE OF DEATH 19b. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
DATE & TIME OF DEATH		MONTH	DAY	YEAR	HOUR	DATE SIGNED
						20. <i>June 1, 1974</i>
PHYSICIAN'S NAME (TYPE OR PRINT) LAST IN ATTENDANCE		SIGNATURE OF PHYSICIAN			PHY. CODE NO.	
22a. <i>A.P. BONAVENTURA MD</i>		22b. <i>A.P. BONAVENTURA</i>				
MAILING ADDRESS—PHYSICIAN		STREET OR R.F.D. NO		CITY OR TOWN	STATE	ZIP
23. <i>2914 Hickory, Highland, Ind.</i>						46322
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY, SEMATORY, FUNERAL HOME		LOCATION	CITY OR TOWN	STATE
24a. Burial		24b. Memorial Park Cem.		24c. Skokie, Illinois		
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)				
24d. 6/5/74		25a. FIFE FUNERAL HOME: 4201 Indpls. Blvd. East Chicago, Ind.				
HEALTH OFFICER—SIGNATURE		DATE RECEIVED BY LOCAL HEALTH OFFICER				
25b. <i>E.A. Compagnon M.D.</i>		26a. 6-5-74				

Below for State Office Use:

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EMBALMER'S NAME: Woodrow Donovan
FUNERAL HOME LICENSE No. 5313
FUNERAL DIRECTOR'S LICENSE No. 8
FUNERAL HOME No. 151
FUNERAL DIRECTOR'S SIGNATURE: *James H. Fife*

Disposition Permit Issued: *6/7*
Provisional Certificate: Yes No



FILED

David N. Anton
AUDITOR LAKE COUNTY

Sub. file S. 32 T. 37 R. 9.
RE 14. 6. 4 # 30. 151- 15410

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