M TICOR TITLE INSURANCE

92012366

AFFIDAVIT

STATE OF INDIANA) COUNTY OF LAKE

William S. Goyette

, being first duly

sworn upon oath, deposes and says: Mother

1. That Affiant's spoule. died (without leaving a will) (Lawing a will) on Magnet 17

1991 at St. MARGARET'S HOSPITAL

George Alexander Goyette and Dorothy Goyette

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

Lot 32 and the South 1/2 of Lot 33, Block 12, in Hoffman's Third Addition to the City of Hammond, as per plat thereof, recorded inPlat Book 1 page 99, in the Office of the Recorder of Lake County, Indiana. # 34-117-35

Document is

3. That the marital relationship which existed between them and at the time they accorded to the control of the George Alexander Goyette

- 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

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Haze OD.

Subscribed and sworn to before me, a Notary Public, this 13th day of February

William S. Goyette

My Commission expires:

10-17-94

FILED

FEB 27 1992

LAKE

County of Residence:

auxe n. antox

Thes Instrument prepared by WIIIAM S. Govette

01325

INDIANA STATE BOARD OF HEALTH CERTIFICATE OF DEATH

THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.

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