

165604 Lewandowski

INCO #8

# TICOR TITLE INSURANCE

92012966

AFFIDAVIT

STATE OF INDIANA )  
                          ) SS:  
COUNTY OF LAKE )

William S. Goyette, being first duly sworn upon oath, deposes and says:

Mother

1. That Affiant's ~~spouse~~, Dorothy Goyette died (without leaving a will) (~~leaving a will~~) on August 17, 1991 at St. MARGARET'S HOSPITAL

George Alexander Goyette and Dorothy Goyette

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 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 in Plat Book 1 page 99, in the Office of the Recorder of Lake County, Indiana.

# 34-117-35



3. That the marital relationship which existed between ~~them~~ and George Alexander Goyette and Dorothy Goyette 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 joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax

Further affiant sayeth not



ROBERT (BOB) FREELAND  
RECORDER

MAR 3 12 54 PM '92

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

William S. Goyette  
William S. Goyette

Subscribed and sworn to before me, a Notary Public, this 13th day of February, 19 92.

Linda S. Wood  
Linda S. Wood Notary Public

My Commission expires:  
10-17-94

County of Residence:  
LAKE

This Instrument prepared by William S. Goyette

**FILED**

FEB 27 1992

Anna N. Anton  
CLERK LAKE COUNTY

01325

to 800

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

INDIANA STATE BOARD OF HEALTH  
CERTIFICATE OF DEATH

Aug 20, 1991  
Date Issued

*Granholm J. J. Remuda M.D.*  
Hammond Health Commissioner

Local No. 639

TYPE/PRINT IN PERMANENT BLACK INK  
DECEDENT  
PARENTS  
INFORMANT  
DISPOSITION  
CAUSE OF DEATH  
CERTIFIER  
HEALTH OFFICER  
CORONER USE ONLY

1 DECEASED—NAME (First, Middle, Last) <b>DOROTHY S. GOYETTE</b>		2 SEX <b>Female</b>	3a TIME OF DEATH <b>8:10 A.M.</b>	3b DATE OF DEATH (Month, Day, Year) <b>August 17, 1991</b>	
4 SOCIAL SECURITY NUMBER <b>229-24-0264</b>	5a AGE—Last Birthday (Years) <b>66</b>	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo., Day, Yr.) <b>June 20, 1925</b>	
7 BIRTHPLACE (City and State or Foreign Country) <b>Pearisburg, Virginia</b>	8a WAS DECEDENT A US VETERAN? <b>No</b>	8b YEAR LAST SERVED IN US ARMED FORCES?	9a PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence		
9b FACILITY NAME (If not institution, give street and number) <b>St. Margaret Hospital</b>		9c CITY, TOWN, OR LOCATION OF DEATH <b>Hammond</b>	9d COUNTY OF DEATH <b>Lake</b>		
10 MARITAL STATUS (Specify) <b>Married</b>	11 SURVIVING SPOUSE (If wife, give maiden name) <b>George Goyette</b>	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Meat Wrapper</b>	12b KIND OF BUSINESS/INDUSTRY <b>Food Store</b>		
13a RESIDENCE—STATE <b>Indiana</b>	13b COUNTY <b>Lake</b>	13c CITY, TOWN, OR LOCATION <b>Hammond</b>	13d STREET AND NUMBER <b>4634 Henry Avenue</b>		
13e ZIP CODE <b>46327</b>	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	15 WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes specify Cuban, Mexican, Puerto Rican, etc.)	16 RACE—American Indian, Black, White, etc. (Specify) <b>White</b>	
17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>11</b> College (1-4 or 5+) <b>11</b>		18 FATHER'S NAME (First, Middle, Last) <b>William Stump</b>			
19 MOTHER'S NAME (First, Middle, Maiden Surname) <b>Pearlina Gordon</b>			20a INFORMANT'S NAME (Type/Print) <b>George Goyette</b>		
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>4634 Henry Avenue, Hammond, Indiana 46327</b>			20c Relationship <b>Husband</b>		
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>August 20, 1991 Chapel Lawn Memorial Gardens</b>		21c LOCATION—City or Town, State <b>Schererville, Indiana</b>	
22a EMBALMER'S NAME <b>Keith D. Anthony</b>		22b EMBALMER'S LICENSE NO. <b>01011911</b>	23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a SIGNATURE OF FUNERAL DIRECTOR <i>Keith D. Anthony</i>		24b LICENSE NUMBER (of Licensee) <b>01011911</b>	25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>Anthony &amp; Dziadowicz F.H. 83002835 4404 Cameron Avenue, Hammond, IN. 46327</b>		
26 PART I Enter the disease, injuries or complications that caused the death. Do not enter nonspecific terms such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death					
IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>Metastatic adenocarcinoma to brain</b>					
DUE TO (OR AS A CONSEQUENCE OF) <b>Adenocarcinoma of lung</b>					
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last DUE TO (OR AS A CONSEQUENCE OF)					
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I					
<b>Pneumonia, septicemia</b>					
27a CERTIFIER (Check only one): <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) as stated <input type="checkbox"/> HEALTH OFFICER 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) as stated <input type="checkbox"/> CORONER 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) and manner as stated		28a WAS AN AUTOPSY PERFORMED? (Yes or no) <b>No</b>			
28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <b>-</b>		29a WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) <b>No</b>			
29b SIGNATURE AND TITLE OF CERTIFIER <i>John Colasari M.D.</i>		29c MEDICAL LICENSE NO. <b>01017753</b>	29d DATE SIGNED (Month, Day, Year) <b>August 19, 1991</b>		
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>J. C. Mason, M.D., 7905 Calumet Avenue, Munster, Indiana 46321</b>					
31 HEALTH OFFICER'S SIGNATURE <i>Granholm J. J. Remuda M.D.</i>			32 DATE FILED (Month, Day, Year) <b>August 20, 1991</b>		
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) <b>FEB 27 1992</b>	34b TIME OF INJURY (Yr, Mo, Day) <b>FILED</b>	34c INJURY AT WORK? (Yes or no)	
34d DESCRIBE HOW INJURY OCCURRED		34e PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify) <b>FEB 27 1992</b>		34f LOCATION (Street and Number or Rural Route Number, City or Town, State)	
34g DATE PRONOUNCED DEAD (Month, Day, Year)		34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc. <i>David N. Antonio</i>			

#34-117-35  
Nayman 3rd Add. Rt 37 S12 Rt 33 Bl 12

