

164704



TICOR TITLE INSURANCE

92012984

TICOR TITLE INSURANCE

Cross-Filed, Indiana
M.O.

AFFIDAVIT

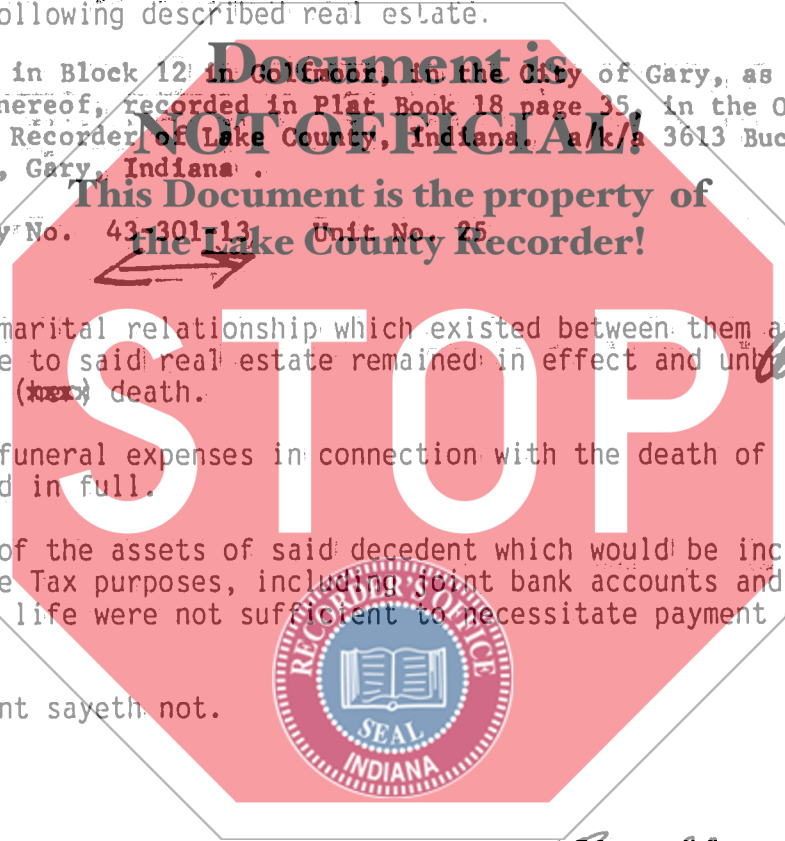
STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Ruth Earl, being first duly sworn upon oath, deposes and says:

1. That Kenneth Earl died on October 1, 1987 at Gary, Indiana
2. That Kenneth Earl and Ruth Earl were duly and legally married at the time they acquired title as husband and wife to the following described real estate.

Lot 13 in Block 12 in Goldmoor, in the City of Gary, as per plat thereof, recorded in Plat Book 18 page 35, in the Office of the Recorder of Lake County, Indiana. a/k/a 3613 Buchanan Street, Gary, Indiana.

Tax Key No. 43-30113 Unit No. 25



FILED

FEB 28 1992

3. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and 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.

Ruth Earl
(Ruth Earl)

Subscribed and sworn to before me, a Notary Public, this 26th day of February, 1992.

Mike Chelovich
Notary Public
Mike Chelovich

My Commission expires:

7/14/95

County of Residence:

LAKE

This Instrument prepared by Ruth Earl

01532 *tu*

RECORDED
RECORDERS
OFFICE
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

Mar 3 12 58 PM '92

W. M. Benton
AUDITOR LAKE COUNTY

cc + 3 vets 164704

INDIANA STATE BOARD OF HEALTH CORONER'S CERTIFICATE OF DEATH

State No. _____

Local No. 626

PRINT OR PRINT
MAINLY WITH
FADING INK
THIS IS A
PERMANENT
RECORD

For State Office Use

9-11-85-13 = 301-13

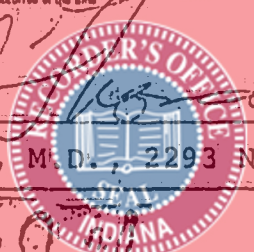
FUNERAL HOME No. 3007704
FUNERAL DIRECTORS LICENSE No. 1045736
FUNERAL DIRECTORS LICENSE No. 1045736
EMBALMERS NAME Patsy L. Allen
FUNERAL DIRECTORS SIGNATURE *Patsy L. Allen*

7/19 OR PRINT
OR PRINT
IN
PERMANENT
INK
FOR
INSTRUCTIONS
SEE
HANDBOOK

DECEASED

IF DEATH
OCCURRED IN
INDIANA
SEE INSTRUCTIONS
REGARDING
COMPLETION OF
RESIDENCE ITEMS.

1. KENNETH EARL		SEX MALE		DATE OF DEATH (MONTH DAY YEAR) OCTOBER 1, 1987	
2. RACE BLACK	3. AGE 44	4. UNDER 1 YEAR AGE	5. UNDER 1 DAY AGE	6. DATE OF BIRTH (Mo., Day, Yr.) 8-9-1943	7. COUNTY OF DEATH LAKE
8. CITY, TOWN OR LOCATION OF DEATH GARY		9. HOSPITAL OR OTHER INSTITUTION (Name if not in city or town and number) 3613 Buchanan St.			10. IF HOSP OR INST. a state DOA OP-1 (not Am. licensed) specify residence
11. STATE OF BIRTH (not in U.S.?) Illinois	12. CITIZEN OF WHAT COUNTRY U.S.A.	13. MARRIED, NEVER MARRIED, WIDOW, DIVORCED (Specify date) MARRIED	14. SURVIVING SPOUSE (Name, present name) Ruth Tillman		15. WAS INCIDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) Yes
16. SOCIAL SECURITY NUMBER 355-34-2494		17. USUAL OCCUPATION (Name and kind of work done during week of working life when deceased) Machinist		18. KIND OF BUSINESS OR INDUSTRY Indiana Steel	
19. RESIDENCE—STATE Indiana	20. COUNTY Lake	21. CITY, TOWN OR LOCATION Gary		22. IS RESIDENCE ON A FARM? NO	
23. STREET AND NUMBER 3613 Buchanan Street		24. INSIDE CITY LIMITS (Specify Yes or No) Yes			
25. IS DECEASED OF SPANISH DESCENT? NO					
26. PARENTS: FATHER—NAME Robert Earl		MOTHER—MAIDEN NAME Mary I. Williams			
27. INFORMANT—NAME Ruth Earl		RELATIONSHIP Wife		28. ADDRESS 3613 Buchanan St., Gary, IN 46404	
29. DISPOSITION Burial		30. CEMETERY OR CREMATORY—FUNERAL HOME Evergreen Cemetery		31. LOCATION Hobart, In	
32. DATE (MONTH DAY, YEAR) 10-7-87		33. FUNERAL HOME—NAME AND ADDRESS Gary & Allen Fun. Dir. Inc. 2959 W. 11th Ave. Gary, IN			
21a. SIGNATURE <i>Daniel D. Thomas</i>		21b. DATE SIGNED (Mo., Day, Yr.) 10/5/87		21c. HOUR OF DEATH 10:05 P.M.	
21d. NAME AND ADDRESS OF CERTIFIER (Type or Print) DANIEL D. THOMAS, M.D., 2293 NORTH MAIN ST., CROWN POINT, IN. 46307		21e. PRONOUNCED DEAD (Mo., Day, Yr.) 10/11/87		21f. AT	
22a. HEALTH OFFICER—SIGNATURE <i>[Signature]</i>		22b. DATE RECEIVED BY LOCAL HEALTH OFFICER OCT 7 1987			
23. IMMEDIATE CAUSE (List only ONE CAUSE PER LINE FOR (a), (b) AND (c)) Coronary insufficiency		23a. Interval between onset and death Undetermined			
23b. DUE TO OR AS A CONSEQUENCE OF: Due to arteriosclerotic heart & vascular disease		23c. Interval between onset and death			
23c. OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to those given in PART 1 (a)		23d. Interval between onset and death			
24. AUTOPSY (Specify Yes or No) Yes					
25a. ACC., SUICIDE, HOMIC., UNDET., OR PENDING INVEST. (Specify) Natural	25b. DATE OF INJURY (Mo., Day, Yr.)	25c. HOUR OF INJURY	25d. DESCRIBE HOW INJURY OCCURRED		
25e. INJURY AT WORK (Specify Yes or No)	25f. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	25g. LOCATION	25h. STREET OR R.F.D. NO.	25i. CITY OR TOWN	25j. STATE



Disposition: Permit
sued / /
Provisional
Certificate
Year: No