

166932

TICOR TITLE INSURANCE  
- Crown Point, Indiana  
H.O.

92026409

AFFIDAVIT

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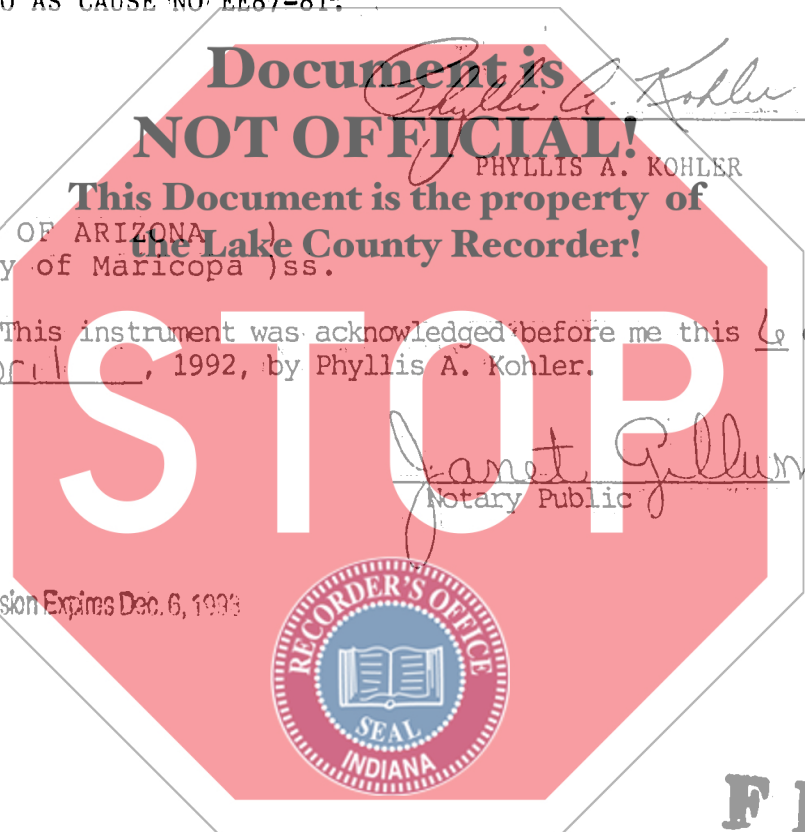
I, Phyllis A. Kohler, do solemnly swear that my father, James W. Kohler, died on February 24, 1987. I was the sole beneficiary of his will and inherited the property at 2627 Wicker Street, Highland, Indiana.

\*DIED TESTATE AND HIS WILL WAS PROBATED IN LAKE SUPERIOR COURT OF EAST CHICAGO AS CAUSE NO. EE87-81.

TICOR TITLE INSURANCE  
Crown Point, Indiana  
APR 29 8 58 AM '92

Document is  
**NOT OFFICIAL!**  
PHYLLIS A. KOHLER  
This Document is the property of  
the Lake County Recorder!  
STATE OF ARIZONA )  
County of Maricopa ) ss.

This instrument was acknowledged before me this 6 day  
of April, 1992, by Phyllis A. Kohler.



*Phyllis A. Kohler*  
PHYLLIS A. KOHLER

*Janet Gillum*  
Notary Public

My Commission Expires Dec. 6, 1993



**FILED**

DOCUMENT PREPARED BY PHYLLIS A. KOHLER

APR 27 1992

*Anna M. Anton*  
AUDITOR LAKE COUNTY

Re # 27-97-6  
Rediv. Rt 13-19 Bl 4 Orig town of Hgld.  
& 1/2 Vac. N & S. Alley also Rts 1  
to 10 & 19 to 28 Bl 8 Wicker Hglds.  
& Vac. W. 4' N & S. Alley Bl 8  
All Rt 6 & 351 Rt 5 Bl 4.

800  
K

01300

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

Flow for State Office Use

A \_\_\_\_\_  
B \_\_\_\_\_  
C \_\_\_\_\_  
D \_\_\_\_\_

THIS CERTIFICATE ABOVE IS A TRUE AND  
COMPLETE COPY OF THE CERTIFICATE OF  
DEATH ON FILE WITH THE LAKE COUNTY  
HEALTH DEPT.

Original of Record  
# 27-976  
# 6 + 235  
# 5614

EMBALMER'S NAME LAWRENCE MILLER LICENSE No. 601

FUNERAL HOME No. 303  
FUNERAL DIRECTOR'S SIGNATURE  
MAR 06 1987  
LICENSE No. 1322

CERTIFIER  
Charles Johnson  
LAKE COUNTY HEALTH COMMISSIONER

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

Local No. 431-87

INDIANA STATE BOARD OF HEALTH  
CORONER'S CERTIFICATE OF DEATH

State No. \_\_\_\_\_

|  |   |   |   |
|--|---|---|---|
| DECEASED—NAME<br>1. JAMES WARREN KOHLER  |   | SEX<br>2. MALE  | DATE OF DEATH (MONTH, DAY, YEAR)<br>3. FEB. 24, 1987      |
| RACE<br>4. WHITE   | AGE—Last Birthday (Mo., Yr.)<br>5a. 86  | UNDER 1 YEAR<br>5b. _____   | UNDER 1 DAY<br>5c. _____                                  |
| CITY, TOWN OR LOCATION OF DEATH<br>7a. HIGHLAND  |   | HOSPITAL OR OTHER INSTITUTION—Name (if not in phone, give street and number)<br>7b. 2433 CLOUGH ST.   | COUNTY OF DEATH<br>7c. LAKE                               |
| STATE OF BIRTH (If not in U.S.A. name country)<br>8. INDIANA   | CITIZEN OF WHAT COUNTRY<br>9. USA   | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br>10. WIDOWED  | SURVIVING SPOUSE (If with, give maiden name)<br>11. _____ |
| SOCIAL SECURITY NUMBER<br>12. 706-12-2952  |   | USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>13a. STATION AGENT                                | KIND OF BUSINESS OR INDUSTRY<br>13b. FRIE RAILROAD        |
| RESIDENCE—STATE<br>14a. INDIANA  | CITY, TOWN OR LOCATION<br>14b. LAKE   | CITY, TOWN OR LOCATION<br>14c. HIGHLAND   | STREET AND NUMBER<br>14d. 2627 WICKER ST.                 |
| 15. DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC.<br>15a. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |   | 16. RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  | 17. RESIDE CITY (LIMIT SPECIFY THE DISTRICT)<br>17a. YES  |
| FATHER—NAME<br>18. WARREN A. KOHLER  |   | MOTHER—MAIDEN NAME<br>18. MYRTLE MYERS  |   |
| INFORMANT—NAME<br>19a. PHYLLIS KOHLER  | RELATIONSHIP<br>19b. DAUGHTER   | MAILING ADDRESS<br>19c. 4246 E. MULBERRY DR.  | CITY OR TOWN<br>19d. PHOENIX, ARIZONA                     |
| BURIAL, CREMATION, REMOVAL, OTHER (Specify)<br>20a. BURIAL   |   | CEMETERY OR CREMATORY—FUNERAL HOME<br>20b. LEESBURG CEMETERY  | LOCATION<br>20c. LEESBURG, INDIANA                        |
| DATE (MONTH, DAY, YEAR)<br>21a. MARCH 2, 1987  |   | FUNERAL HOME—NAME AND ADDRESS (If street or R.F.B. no., city or town, state, zip)<br>21b. FAGEN-MILLER FUNERAL GARDENS, INC. HIGHLAND, IND. |   |
| 21c. Signature<br>21d. DANIEL D. THOMAS, M.D., 2293 N. MAIN STREET, CROWN POINT, IN. 46307   |   | DATE SIGNED (Mo., Day, Yr.)<br>21e. 3-3-87  | HOUR OF DEATH<br>21f. 8:27 A.M.                           |
| 22a. HEALTH OFFICER'S SIGNATURE<br>Charles Johnson   |   | DATE RECEIVED BY LOCAL HEALTH OFFICER<br>22b. 3-6-87  |   |
| 22. IMMEDIATE CAUSE<br>22a. CONGESTIVE HEART FAILURE WITH ARTERIOSCLEROTIC HEART   |   | 22b. UNDETERMINED   |   |
| 22c. AND VASCULAR DISEASE AND CALCIFIED ARTERIES   |   | 22d. FILED  |   |
| PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not referred to above given in PART I (a) (b) (c) (d)                                |   | APR 27 1992   |   |
| ACC., SUICIDE, HOMIC., UNDET., OR PENDING INVEST. (Specify)<br>23a. NATURAL  | DATE OF INJURY (Mo., Day, Yr.)<br>23b. _____  | HOUR OF INJURY<br>23c. _____  | 23d. YES  |
| INJURY AT WORK (Specify Yes or No)<br>23e. _____   | PLACE OF INJURY—As home, farm, school, factory, office building, etc. (Specify)<br>23f. _____ | 23g. _____  | 23h. _____  |

TICOR Title H.O. 166937