

5000 459767 20

Century 21 / Newton
310 North Hallock St
De Motte, IN 46310

AFFIDAVIT

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STATE OF INDIANA)
) SS:
COUNTY OF NEWTON)

ROBERT R. WILLIAMSON
JUN 15 1 21 PM '92

STATE OF INDIANA
LAKE COUNTY
FILED WITH RECORDER

CHICAGO TITLE INSURANCE COMPANY

Thelma J. L'Huillier, being first duly sworn on oath, says that she resides in Jasper County, Indiana; that she is the surviving wife of Robert R. Williamson, who died on the 3rd day of September, 1981, a resident of Porter County, Indiana.

That the decedent died intestate and that no probate proceedings have been started on his estate and no such proceedings are anticipated.

That at the time of the death of the said Robert R. Williamson, he and this affiant were living together as husband and wife, and had so lived for more than twenty (20) years prior to his death, continuously and without interruption.

That the total value of all property of whatsoever kind or nature passing by reason of the death of the said Robert R. Williamson was less than the applicable credits available and by reason thereof his estate was not subject to federal estate tax. That his total estate, less allowable expenses, was less than \$8,500 and by reason thereof said estate was not subject to Indiana Inheritance Tax.

That Thelma J. L'Huillier, the surviving spouse, is entitled to a one-third interest in said real estate, and that Darren L. Williamson, Kimberly K. Bahnerth, Bruce D. Williamson, and Jill R. Clark, all of decedent's surviving children, are entitled to share a two-third interest in said real estate; therefore, said Thelma J. L'Huillier, Darren L. Williamson, Kimberly K. Bahnerth, Bruce D. Williamson, and Jill R. Clark, as decedent's sole heirs at law are the owners of the following described real estate in Lake County, Indiana, to-wit:

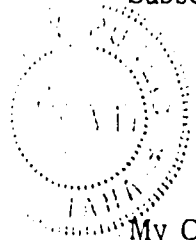
Lot Five (5) in Block Twelve (12) in the Town of Shelby, Lake County, Indiana, as per plat thereof recorded in the office of the Recorder of Lake, County, Indiana. PLAT BOOK 2, PAGE 7.
3-120-5

DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER

JUN 12 1992

Thelma J. L'Huillier
Thelma J. L'Huillier

Anna M. Anton
Subscribed and sworn to before me this 22nd day of May, 1992.



Marcella June Mason
Marcella June Mason, Notary Public

My Commission Expires: January 18, 1993.

Resident County: Porter.

00649

This Instrument Prepared By: THEODORE A. FITZGERALD, Attorney, Hebron, IN 46341

8000
C. J. Fed

LAKE COUNTY BOARD OF HEALTH
CORONER'S CERTIFICATE OF DEATH

Local No. 141

1. DECEASED NAME Robert R. Williamson	2. SEX male	3. DATE OF BIRTH 6-7-1937	4. PLACE OF BIRTH Lake
5. RACE white	6. HEIGHT 44	7. WEIGHT 145	8. HAIR brn
9. OCCUPATION Hammer Clinic	10. MARRIAGE STATUS married	11. NAME OF SPOUSE Adolf	12. ADDRESS OF SPOUSE no
13. STATE OF BIRTH Indiana	14. LOCAL RESIDENT ADDRESS 306-54-1982 Indiana	15. BUSINESS OR OCCUPATION Carpet	16. BUSINESS OR OCCUPATION CarpetLand
17. STREET AND NUMBER 100901 W 1200 N	18. CITY, TOWNSHIP AND COUNTY De Motte, Indiana	19. ZIP CODE 46310	20. PHONE NUMBER no
21. FATHER'S NAME Paul Williamson	22. MOTHER'S NAME Florence Woodruff	23. FATHER'S ADDRESS Theama Williamson 100901 W 1200 N De Motte, Indiana 46310	24. MOTHER'S ADDRESS no
25. CAUSE OF DEATH Heart failure	26. MANNER OF DEATH suicide	27. PLACE OF DEATH Home	28. TIME OF DEATH 11:40 p.
29. DATE OF DEATH 9-3-81	30. TIME OF DEATH 9-3-81	31. SIGNATURE OF PHYSICIAN Albert T. Willardo, M.D.	32. ADDRESS OF PHYSICIAN 2293 NORTH MAIN ST., CROWN POINT, IN. 46307
33. SIGNATURE OF CORONER Charles J. ...	34. ADDRESS OF CORONER no	35. SIGNATURE OF LOCAL HEALTH OFFICER no	36. ADDRESS OF LOCAL HEALTH OFFICER no
37. SIGNATURE OF WITNESS no	38. ADDRESS OF WITNESS no	39. SIGNATURE OF WITNESS no	40. ADDRESS OF WITNESS no
41. SIGNATURE OF WITNESS no	42. ADDRESS OF WITNESS no	43. SIGNATURE OF WITNESS no	44. ADDRESS OF WITNESS no
45. SIGNATURE OF WITNESS no	46. ADDRESS OF WITNESS no	47. SIGNATURE OF WITNESS no	48. ADDRESS OF WITNESS no
49. SIGNATURE OF WITNESS no	50. ADDRESS OF WITNESS no	51. SIGNATURE OF WITNESS no	52. ADDRESS OF WITNESS no
53. SIGNATURE OF WITNESS no	54. ADDRESS OF WITNESS no	55. SIGNATURE OF WITNESS no	56. ADDRESS OF WITNESS no
57. SIGNATURE OF WITNESS no	58. ADDRESS OF WITNESS no	59. SIGNATURE OF WITNESS no	60. ADDRESS OF WITNESS no
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85. SIGNATURE OF WITNESS no	86. ADDRESS OF WITNESS no	87. SIGNATURE OF WITNESS no	88. ADDRESS OF WITNESS no
89. SIGNATURE OF WITNESS no	90. ADDRESS OF WITNESS no	91. SIGNATURE OF WITNESS no	92. ADDRESS OF WITNESS no
93. SIGNATURE OF WITNESS no	94. ADDRESS OF WITNESS no	95. SIGNATURE OF WITNESS no	96. ADDRESS OF WITNESS no
97. SIGNATURE OF WITNESS no	98. ADDRESS OF WITNESS no	99. SIGNATURE OF WITNESS no	100. ADDRESS OF WITNESS no

Document is NOT OFFICIAL! This Document is the property of the Lake County Recorder!

STOP



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

Charles J. ...
LAKE COUNTY HEALTH COMMISSIONER

CHICAGO TITLE INSURANCE COMPANY INDIANA DIVISION

THIS IS A PERMANENT RECORD

David M. DeFord

JUN 12 1992

Thomas C. Hughes

FUNERAL HOME No. 141

00649

Shulby Rt 5 Dr 12 #3-120-5