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AFFIDAVIT

STATE OF INDIANA )  
                          ) SS:  
COUNTY OF LAKE )

RECEIVED

JUN 30 11 30 AM '92

Richard G. Cavage, being first duly sworn on oath, says that he resides in Lake County, Indiana; that he is the sole heir and surviving joint tenant with right of survivorship of Helen M. Cavage, who died on the 18th day of June, 1990, a resident of Lake County, Indiana.

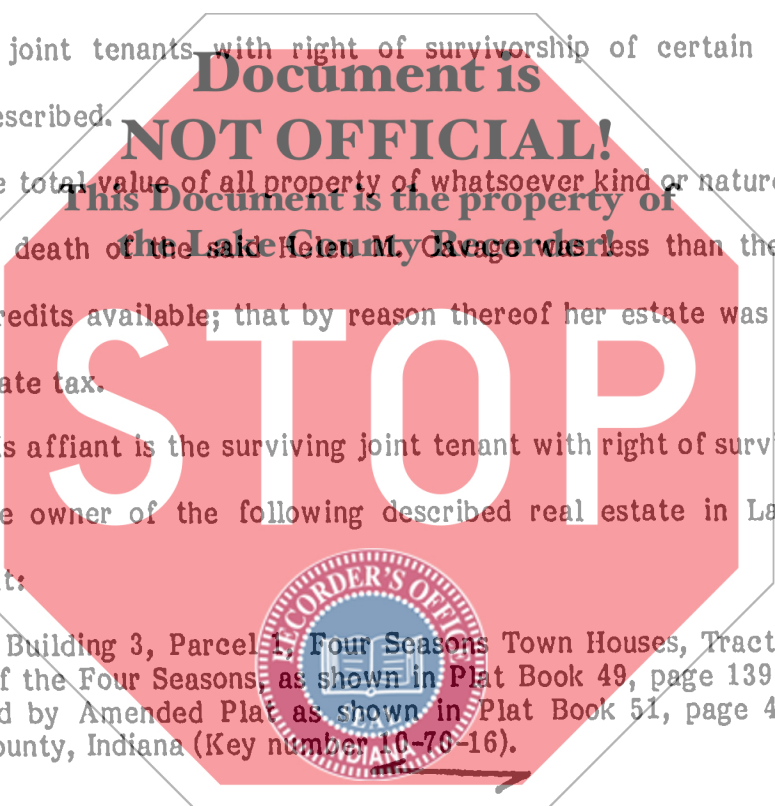
That the decedent died intestate and that no probate proceedings have been started on her estate and no such proceedings are anticipated.

That at the time of the death of the said Helen M. Cavage, she and this affiant were joint tenants with right of survivorship of certain real estate hereinafter described.

That the total value of all property of whatsoever kind or nature passing by reason of the death of the said Helen M. Cavage was less than the applicable federal tax credits available; that by reason thereof her estate was not subject to federal estate tax.

That this affiant is the surviving joint tenant with right of survivorship and as such is the owner of the following described real estate in Lake County, Indiana, to-wit:

Lot 16, Building 3, Parcel 1, Four Seasons Town Houses, Tract 106, Lakes of the Four Seasons, as shown in Plat Book 49, page 139, and amended by Amended Plat as shown in Plat Book 51, page 44, in Lake County, Indiana (Key number 10-70-16).



Richard G. Cavage  
Richard G. Cavage

**FILED**

JUN 30 1992

Alex N. Anton  
AUDITOR LAKE COUNTY

Subscribed and sworn to before me this 22nd day of April, 1992.

Marcella June Mason  
Marcella June Mason, Notary Public

My Commission Expires: January 18, 1993.

Resident County: Porter.

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

10771 Main  
B24 98

01524 JPO  
M  
E

12cc

INDIANA STATE BOARD OF HEALTH

Local No. 1314-90

CERTIFICATE OF DEATH

State No. ....

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

1 DECEASED--NAME (If first middle last) **HELEN M. CAVAGE** 2 SEX **Female** 3a TIME OF DEATH **1:45 P M** 3b DATE OF DEATH (Month Day Year) **June 18, 1990**

4 SOCIAL SECURITY NUMBER **326-16-4005** 5a AGE (Month Day Year) **80** 5b AGE (Month Day Year) **80** 6 DATE OF BIRTH (Month Day Year) **May 21, 1910** 7 BIRTHPLACE (City and State or Foreign Country) **Chicago, Illinois**

8a WAS DECEASENT A US VETERAN? **No** 8b YEAR LAST SERVED IN US ARMED FORCES? **none** 9a PLACE OF DEATH (Check only one See instructions)  HOSPITAL  NURSING HOME  OTHER (Specify)  Residence  ER Outpatient  DUA  Other (Specify)

9b FACILITY NAME (if not institution give street and number) **St. Anthony's Medical Center** 9c CITY TOWN OR LOCATION OF DEATH **Crown Point** 9d COUNTY OF DEATH **Lake**

10 MARITAL STATUS (Specify) **Widowed** 11 SURVIVING SPOUSE (If wife give maiden name) **none** 12a DECEASENT'S USUAL OCCUPATION (Give kind of work done during most of working life Do not use retired) **Homemaker** 12b KIND OF BUSINESS/INDUSTRY **Own Home**

13a RESIDENCE--STATE **Indiana** 13b COUNTY **Lake** 13c CITY TOWN OR LOCATION **Crown Point** 13d STREET AND NUMBER **2607 Knollwood**

13e ZIP CODE **46307** 13f INSIDE CITY LIMITS  No  Yes 13g ON A FARM?  No  Yes 14 CITIZEN OF WHAT COUNTRY? **USA** 15 WAS DECEASENT OF HISPANIC ORIGIN?  No  Yes (If yes specify Cuban Mexican Puerto Rican etc) **White** 16 RACE - American Indian Black White etc (Specify) **7** 17 DECEASENT'S EDUCATION (Specify only highest grade completed) **Elementary/Secondary (0-12) College (13-16 or 17+)**

18 FATHER'S NAME (First Middle Last) **Unknown** 19 MOTHER'S NAME (First Middle Maiden Surname) **Unknown**

20a INFORMANT'S NAME (Type, Print) **Richard Cavage** 20b MAILING ADDRESS (Street and Number or Rural Route No, Box, City or Town, State, Zip Code) **1148 Sunnyslope, Crown Point, IN 46307** 20c Relationship **Son**

21a METHOD OF DISPOSITION  Burial  Cremation  Other (Specify)  Entombment  Removal from State  Donation 21b DATE AND PLACE OF DISPOSITION (City, County, Cemetery, crematory, or other place) **June 23, 1990 Evergreen Cemetery Evergreen Park, Illinois** 21c LOCATION--City or Town State

22a EMBALMERS NAME **Dean G. Wagner** 22b EMBALMERS LICENSE NO **08800057** 23 WAS DEATH REPORTED TO CORONER?  No  Yes

24a SIGNATURE OF FUNERAL DIRECTOR 24b LICENSE NUMBER (of Licensee) **1009893** 25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME **PRUZIN BROS. FUNERAL SERVICE #3002453 6360 Broadway, Merrillville, IN 46410**

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. **Cardiomyopathy, arrest secondary to** **COMPLETE COPY OF THE ABOVE IS FILED WITH THE LAKE COUNTY HEALTH DEPT. JUN 21 1990** **HEALTH DEPT.** **INDIANA** **FILED** **JUN 30 1992** **LAKE COUNTY HEALTH COMMISSIONER** **AUDITOR LAKE COUNTY**

26 PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I. **Charles Johnson MD** 27 WAS DECEASENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) **No** 28 WAS AN AUTOPSY PERFORMED? (Yes or no) **No** 28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)

29a CERTIFIER (Check only one)  HEALTH OFFICER  CORONER **Dan C. Galloway** 29b SIGNATURE AND TITLE OF CERTIFIER **Dan C. Galloway** 29c DATE SIGNED (Month Day Year) **6/20/90**

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 76) (Type, Print) **Dan C. Galloway, M.D., 9101 East 109th, Crown Point, IN 46307 (219) 662-9424**

31 HEALTH OFFICER'S SIGNATURE **Charles Johnson MD** 32 DATE FILED (Month Day Year) **June 21, 1990**

33 MANNER OF DEATH  Natural  Pending Investigation  Accident  Suicide  Homicide  Could not be Determined 34a DATE OF INJURY (Month Day Year) **June 18, 1990** 34b TIME OF INJURY **1:45 P M** 34c DESCRIBE HOW INJURY OCCURRED **None** 34d PLACE OF INJURY - At home farm, street, factory, office building, etc (Specify) **Home** 34e LOCATION (Street and Number or Rural Route Number, City or Town, State)

34g DATE PRONOUNCED DEAD (Month Day Year) **June 18, 1990** 34h MOTOR VEHICLE ACCIDENT? (Yes or no) if yes specify driver passenger pedestrian etc **No**



Four seasons Inn House Rt 16 Bldg 3 Cor. 1

#10-70-16

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