

17/86.9
Mena file Trust # 5343

TICOR TITLE INSURANCE
Highland, Indiana

92073601

TICOR TITLE INSURANCE

AFFIDAVIT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Ora Dee Crutcher, being first duly sworn upon oath, deposes and says:

1. That Calvin S. Crutcher died on February 28, 1985 at Hammond, Indiana.

2. That Calvin S. Crutcher and Ora Dee Crutcher were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

Lots 12, 13 and 14 in Block 1 in Morris Addition to the City of Hammond, as per plat thereof, recorded in Plat Book 6, page 21, in the Office of the Recorder of Lake County, Indiana, excluding any part of the vacated alley lying North of and adjacent to said lots.

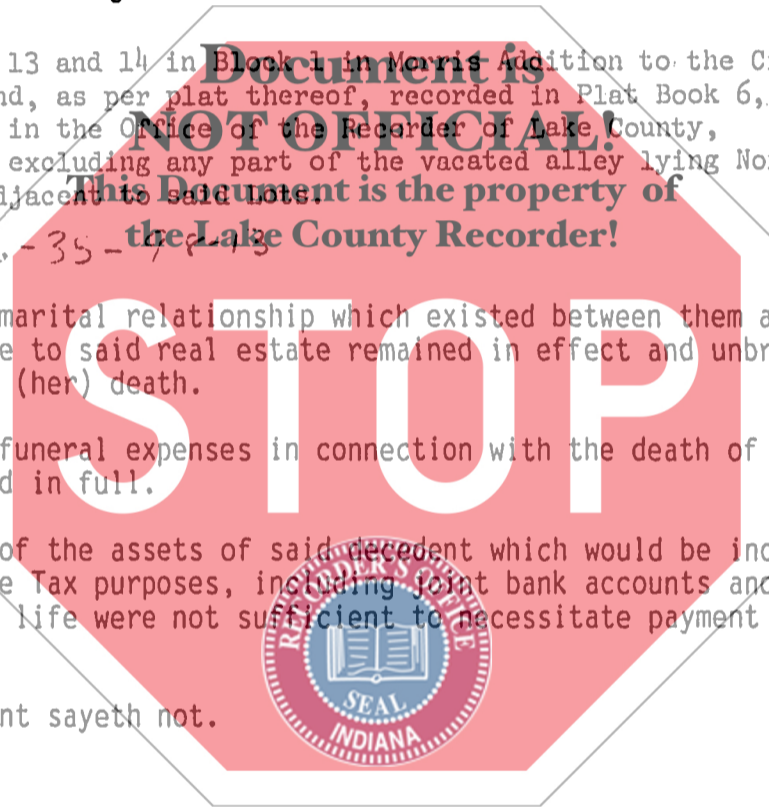
PH 26-35-72-13

3. That the marital relationship which existed between them 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.



STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
NOV 19 9 06 AM '92
ROBERT
ENG

Ora Dee Crutcher
Ora Dee Crutcher

Subscribed and sworn to before me, a Notary Public, this 29th day of September, 1992.

Jean Henderson
Jean Henderson Notary Public

My Commission expires:
12-3-93

OCT 30 1992

County of Residence:
Lake

Anna M. Untox
AUDITOR LAKE COUNTY

This Instrument prepared by Ora Dee Crutcher

00558

800
to

10-8-92

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPT.
 MAR - 4 1985
 Date Issued
 Sherman G. Banks III
 HAMMOND HEALTH COMMISSIONER

TYPE OR PRINT PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD
 Below for State Office Use
 A _____
 B _____
 C _____

EMBALMER'S NAME: Sherman G. Banks III
 FUNERAL DIRECTOR'S SIGNATURE: *Sherman G. Banks III*
 LICENSE No. 1625
 FUNERAL DIRECTOR'S LICENSE No. 1625
 FUNERAL HOME No. 248
 171869

Local No. 171869
 200

INDIANA STATE BOARD OF HEALTH
 MEDICAL CERTIFICATE OF DEATH

State No. _____

DECEASED—NAME 1. Calvin S. Crutcher		SEX 2. Male	DATE OF DEATH (MONTH DAY YEAR) 3. 2-28-85
RACE—(If White, Black, American Indian, or Hispanic) 4. Amer. Blk.	AGE—(Last Birthday) 5. 57	2. UNDER 1 YEAR MO. DATE	DATE OF BIRTH (MO. DAY YEAR) 6. 5 Aug. 1927
CITY, TOWN OR LOCATION OF DEATH 7a. Hammond		HOSPITAL OR OTHER INSTITUTION—(Name if not on other page street and number) 7c. St. Margaret Hospital	
STATE OF BIRTH (If not in U.S.A. name country) 8. Illinois	CITIZEN OF WHAT COUNTRY 9. U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10. Married	SURVIVING SPOUSE (If wife give maiden name) 11. Ora D. Brown
SOCIAL SECURITY NUMBER 12. 310-22-2764	USUAL OCCUPATION (Give kind of work done during most of working life, even if seasonal) 13. Retired Welder	KIND OF BUSINESS OR INDUSTRY 14b. Abex Corporation	
RESIDENCE—STATE 15a. Indiana	COUNTY 15b. Lake	CITY, TOWN OR LOCATION 15c. Hammond	IS RESIDENCE ON A FARM? 16a. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
STREET AND NUMBER 16b. 1133 Fields Street	IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 18a. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INSIDE CITY LIMITS (Specify Yes or No) 15f. Yes
FATHER—NAME FIRST MIDDLE LAST 18. Henry Crutcher		MOTHER—MAIDEN NAME FIRST MIDDLE 19. Ruby May MAYSHACK Shack	
INFORMANT—NAME (Type or print) 18a. Ora Crutcher (Wife)	RELATIONSHIP 18b. (Wife)	MAILING ADDRESS (STREET OR R.F.D. NO. CITY OR TOWN STATE) 18c. 1133 Fields Street Hammond Indiana 46320	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Burial	CEMETERY OR CREMATORY—FUNERAL HOME 19b. Oakhill Cemetery	LOCATION CITY OR TOWN STATE 19c. Gary Indiana	
DATE (MONTH DAY YEAR) 20a. March 7, 1985	FUNERAL HOME—NAME AND ADDRESS 20b. Smith Bizzell & Varner, Inc., 2295 Wash. St., Gary, Ind. 46407	DATE SIGNED (MO. DAY YEAR) 21b. 3-1-85	HOUR OF DEATH 21c. 6:47 p.m.
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d. R. L. Good, M. D.	MAILING ADDRESS—PHYSICIAN 21e. 7905 Calumet Avenue, Munster, Indiana 46321	HEALTH OFFICER—SIGNATURE 22a. <i>Sherman G. Banks III</i>	
HEALTH OFFICER—SIGNATURE 22a. <i>Sherman G. Banks III</i>		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b. MAR - 4 1985	
PART I (a) IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR IN. AND III) (a) Cardiopulmonary Arrest Cardiac Arrhythmias		Interval between onset and death	
(b) Severe Obstructive Pulmonary Disease with Restrictive Disease		Interval between onset and death	
(c) Diabetes mellitus Insulin Dependent		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS—(Conditions contributing to death but not related to cause given in PART I (a)) 24. MORBID OBESITY [Greater than 400 lbs]		AUTOPSY (Specify Yes or No) 24	



SBH 06-003 State Form 35430 REV. 10/77

LOTS 12 TO 14 BL 1 MORRIS ADD.

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