

3

AFFIDAVIT

FILED

93013330

FEB 25 1993

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Anna M. Antox
AUDITOR LAKE COUNTY

Thomas H. Clifford, being first duly sworn upon his oath herein deposes and says:

- 1) That he is well acquainted with Dorothy H. White who was also known as Dorothy White.
- 2) That the said Dorothy H. White was the owner of the following described real estate, to-wit:

Lot 43 and the South 3 feet of Lot 44 in Block 12 in Towle and Avery's Addition to the City of Hammond, as per plat thereof, recorded May 21, 1886, in Plat Book 1, page 104 in the Office of the Recorder of Lake County, Indiana.

Commonly known as: 4513 Pine Ave. Hammond, IN 46327

Key # 36-219-41 Unit No. 26

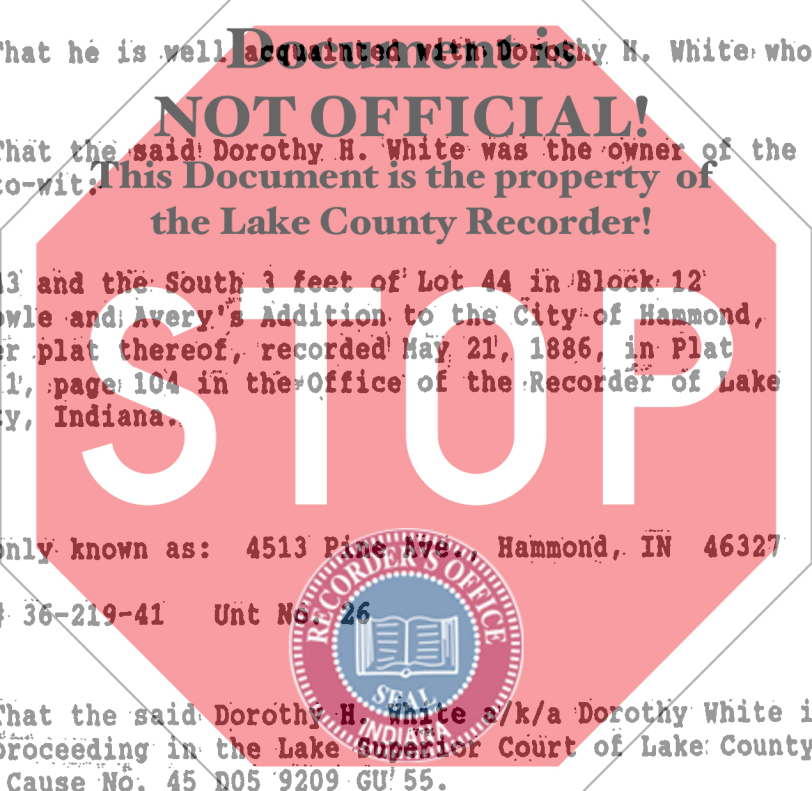
- 3) That the said Dorothy H. White a/k/a Dorothy White is presently under a Guardianship proceeding in the Lake Superior Court of Lake County, Indiana designated as Cause No. 45 D05 9209 GU 55.

- 4) That John I. White has been and is the appointed Guardian of the said Dorothy H. White a/k/a Dorothy White under said Guardianship proceeding and said Guardian executed a Guardian's Deed conveying said real estate to Juanita Trevino of Lake County, Indiana on September 23, 1992 which was approved by the Judge of said Court where said Guardianship is pending on February 3, 1993.

Further affiant saith not.

Dated this 19th day of February, 1993.

Thomas H. Clifford
Thomas H. Clifford



STATE OF INDIANA/S.S.NO.
LAKE COUNTY
FILED FOR RECORD
MAR 1 12 04 PM '93
SAMUEL ORLICH
RECORDER

01359

10.00
CM

LAKE COUNTY BOARD OF HEALTH

COMMUNITY TRAIL CO.

Local No. **93013330**

MEDICAL CERTIFICATE OF DEATH

FILE NO. **LS744**

TYPE OR PRINT
PLAINLY WITH
UNFADING INK

THIS IS A
PERMANENT
RECORD

Below for State Office Use

- A. _____
- B. _____
- C. _____
- D. _____
- E. _____
- F. _____

THIS IS THE ABOVE
COMPLETE COPY OF THE
DEATH ON FILE WITH THE
HEALTH DEPT.

36-219-41

LAKE COUNTY HEALTH COMMISSIONER

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____
- 9. _____

Disposition Permit
Issued / /
Provisional
Certificate
 Yes No

FUNERAL HOME
No. 285

FUNERAL DIRECTOR'S
LICENSE No. 680

FUNERAL DIRECTOR'S
LICENSE No. 4072

EMBALMER'S NAME: Lowell Tucker
FUNERAL DIRECTOR'S
SIGNATURE: C. J. Huber

PERMANENT INK - SEE HANDBOOK FOR INSTRUCTIONS		DECEASED - NAME			SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. Ira J. White		2. Male			3. May 1, 1977	
RACE	AGE - LAST BIRTHDAY (YEARS) Mo. Day	UNDER 1 YEAR. MOS. DAYS	UNDER 1 DAY. HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF DEATH	
4. White	5a. 64	5b.	6.	7. 12-11-1912	7a. Lake	
CITY, TOWN, OR LOCATION OF DEATH			INSIDE CITY LIMITS (SPECIFY YES OR NO)	HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)		
7b. Munster			7c. Yes	7d. Munster Med Inn		
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)		
8. Wisconsin		9. USA		10. WIDOWER <input type="checkbox"/> DIVORCED <input type="checkbox"/> 11. Dorothy Guetzlaff		
USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION; GIVE RESIDENCE BEFORE ADMISSION		SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY
12. 4513 Pine		13a. 335 05 9802		13b. Lab Technician		13c. American Oil
RESIDENCE - STATE	COUNTY	CITY, TOWN OR LOCATION	INSIDE CITY LIMITS (SPECIFY YES OR NO)	TOWNSHIP		
14a. Ind.	14b. Lake	14c. Hammond	14d. Yes	14e. North		
STREET AND NUMBER		14f. 4513 Pine		14g. WAS DECEASED BY U.S. ARMED FORCES? (YES, GIVE YEAR OR DATES OF SERVICE)		14h. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
FATHER - NAME		MIDDLE	MOTHER - MAIDEN NAME	FIRST	MIDDLE	LAST
15. Alfred White			16. Hildred Smith			
INFORMANT - NAME		RELATIONSHIP	MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
17a. Dorothy White		17b. Wife	17c. 4513 Pine, Hammond, Ind.			
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH						
18. IMMEDIATE CAUSE						
(a) Hypernephroma Left Kidney with Lung Metastasis						
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST						
(b) _____						
(c) _____						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A)						
19. _____						
DATE & TIME OF DEATH MONTH DAY YEAR						
20. May 1, 1977 8:00P						
DATE SIGNED MONTH DAY YEAR						
21. May 2, 1977						
PHYSICIAN'S NAME (TYPE OR PRINT) LAST IN ATTENDANCE		SIGNATURE OF PHYSICIAN			PHY. CODE NO.	
22a. Adela Pena, MD		22b. Adela P. Pena, MD				
MAILING ADDRESS - PHYSICIAN		STREET OR R.F.D. NO.		CITY OR TOWN	STATE	ZIP
23. 7905 Calumet Ave.		Munster		Ind.	46321	
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY, CREMATORY, FUNERAL HOME		LOCATION CITY OR TOWN STATE		
24a. Burial		24b. Lutheran		24c. Watertown Wisc.		
DATE (MONTH, DAY, YEAR)		FUNERAL HOME - NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)				
24d. May 5, 1977		24e. C. J. Huber 722-165th St., Hammond, Ind. 46324				
HEALTH OFFICER - SIGNATURE			DATE RECEIVED BY LOCAL HEALTH OFFICER			
25b. Peter Stecy, MD			26b. May 5, 1977			



STOP

This Document is the property of the Lake County Recorder's Office

013503

LOT 43 + S. 3 FT OF LOT 44 BL. 12 Towle + Aveys Add. Key# 36-219-41 600 cm