174774
GARCIA

SURVIVORSHIP AFFIDAVIT

TICOR TITLE INSURANCE
Merrillville, Indiana

STATE OF
COUNTY OF } S. S.

93016062

On this February 18, 1993 (Insert date) before me personally appeared ANTHONY J. CEFALI

to me personally known, who being duly sworn on oath did say that:

1. Affiant resides at the address given below affiant's signature;

2. Affiant is Executor of owner's estate (Lynn E. Thomas) (state interest of affiant in the above premises as "owner," "son of owner," etc.);

3. Said premises located at 900 49th Ave Gary, Indiana (legal description attached) were formerly owned as joint tenants or as tenants by the entireties by LYNN E. THOMAS and WANDA MAY THOMAS

4. Said WANDA MAY THOMAS (fill in name of co-tenant) died on January 18, 1988 leaving an unprobated will; (Insert "a" or "no"; if will left, attach a copy)

5. The total value of the taxable estate of said deceased including joint tenancies, tenancies by the entireties, individual ownerships of both real and personal property, and insurance does not exceed the sum of $ 65,000.00 and to the best of affiant's knowledge there is no estate or inheritance tax liability by reason of the death of said decedent;

6. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced? NO

(If answer is "Yes," identify the divorce proceedings:);

7. Affiant's relationship to the deceased was friend and named executor in will

STATE OF INDIANA/S.S.NO.
LAKE COUNTY
FILED FOR RECORD
MAR 12 11 06 AM '93
SAMUEL ORLICH
RECORDER

K# 1-39-30-21

Signature: Anthony J. Cefali
Anthony J. Cefali
Address: 17 Main St., Hobart, IN 46342

Subscribed and sworn to before me by the affiant this February 18, 1993 (Insert date)

Notary Public Jeffrey V. Cefali

My Commission Expires January 25, 1997
Resident of Porter County

FILED
MAR 10 1993
Anna M. Anton
AUDITOR LAKE COUNTY

00410

10.00

This instrument prepared by Jeffrey V. Cefali, Attorney at Law

3-8-93

TICOR TITLE INSURANCE

ATTACHMENT TO SURVIVORSHIP AFFIDAVIT OF ANTHONY J. CEFALI, DATED FEBRUARY 18, 1993 REGARDING DEATH OF WANDA MAY THOMAS ON JANUARY 18, 1988.

Schedule A - (continued)

Commitment No. COH 174774

LEGAL DESCRIPTION

Part of the South 1/2 of the South 1/2 of the Southeast 1/4 of the Northwest 1/4 of Section 33, Township 36 North, Range 8 West, more particularly described as: Commencing at the City survey monument at the center of said Section 33; thence West on the center line of said Section 33 a distance of 170 feet to the point of beginning; thence North 180 feet to a point which is 170 feet West of the center line of said Section 33; thence West 161.34 feet to a point; thence South 180 feet to a point on the center line of said Section; thence East on said center line 161.32 feet to the point of beginning, also known as 900 49th Ave, Gary, Indiana.

END OF SCHEDULE A

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STOP

Local No. 128-88

INDIANA STATE BOARD OF HEALTH
CERTIFICATE OF DEATH

State No. ....

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1 DECEASED—NAME: FIRST Wanda MIDDLE Mae LAST Thomas
2 SEX: Female
3 DATE OF DEATH (Mo. Day Yr.): January 18, 1988
4 SOCIAL SECURITY NUMBER: 314-01-5862
5a AGE—Last Birthday (Years): 84
5b UNDER 1 YEAR: Months / Days
5c UNDER 1 DAY: Hours / Minutes
6 DATE OF BIRTH (Month Day Year): Apr. 1, 1903
7 BIRTHPLACE (City and State or Foreign Country): Terre Haute, Indiana
8 YEAR LAST SERVED IN US ARMED FORCES?: No
9a PLACE OF DEATH (Check only one. See instructions): HOSPITAL ☒ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☐ Residence ☐ Other (Specify)
9b FACILITY NAME (If not institution, give street and number): St. Mary Medical Center
9c CITY, TOWN OR LOCATION OF DEATH: Hobart
9d COUNTY OF DEATH: Lake
10 MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify): Married
11 SURVIVING SPOUSE (If wife give maiden name): Lynn Thomas
12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Housewife
12b KIND OF BUSINESS/INDUSTRY: At Home
13a RESIDENCE—STATE: Indiana
13b COUNTY: Lake
13c CITY, TOWN OR LOCATION: Gary
13d STREET AND NUMBER: 900 W. 49th Avenue
13e INSIDE CITY LIMITS? (Yes or no): Yes
13f FARM: No
13g ZIP CODE: 46408
14 WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes specify Cuban, Mexican, Puerto Rican, etc.): ☒ No ☐ Yes Specify
15 RACE—American Indian, Black, White, etc. (Specify): White
16 DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 8; College (1-4 or 5+):

PARENTS

17 FATHER'S NAME (First, Middle, Last): F. M. Rogerson
18 MOTHER'S NAME (First, Middle, Maiden Surname): N. A.

INFORMANT

19a INFORMANT'S NAME (Type/Print): Lynn Thomas
19b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 900 W. 49th Avenue, Gary, Indiana 46408
19c Relationship: Husband

DISPOSITION

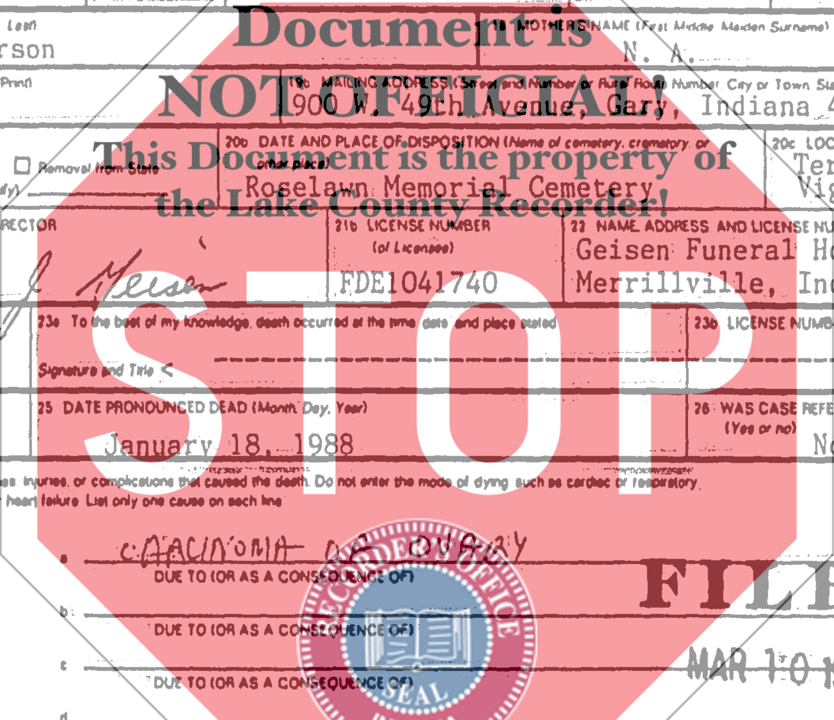
20a METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Roselawn Memorial Cemetery
20c LOCATION—City or Town, State: Terra Haute, Vigo County, Indiana
21a SIGNATURE OF FUNERAL DIRECTOR: [signature]
21b LICENSE NUMBER (of Licensee): FDE1041740
22 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME: Geisen Funeral Home, Inc. FDH3007762, Merrillville, Indiana 46410

PRONOUNCING PHYSICIAN ONLY

Complete items 23a-c only when certifying physician is not available at time of death to certify cause of death
23a To the best of my knowledge, death occurred at the time, date and place stated. Signature and Title
23b LICENSE NUMBER
23c DATE SIGNED (Month Day Year)

ITEMS 24-26 MUST BE COMPLETED BY PERSON WHO PRONOUNCES DEATH

24 TIME OF DEATH: 8:45 P.M.
25 DATE PRONOUNCED DEAD (Month Day Year): January 18, 1988
26 WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? (Yes or no): No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RECORDER'S OFFICE SEAL INDIANA

SEE INSTRUCTIONS

27 PART I Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

IMMEDIATE CAUSE (Final disease or condition resulting in death)
a. CARCINOMA OF OVARY
DUE TO (OR AS A CONSEQUENCE OF)
b.
DUE TO (OR AS A CONSEQUENCE OF)
c.
DUE TO (OR AS A CONSEQUENCE OF)
d.

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

Approximate Interval Between Onset and Death

FILED
MAR 10 1993
[signature]
AUDITOR LAKE COUNTY

CAUSE OF DEATH

PART II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I: Deep Vein Thrombosis
28a WAS AN AUTOPSY PERFORMED? (Yes or no): No
28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no): No

SEE INSTRUCTIONS — CERTIFIER

29a CERTIFIER (Check only one)
☐ CERTIFYING PHYSICIAN (Physician certifying cause of death when another physician has pronounced death and completed item 23) To the best of my knowledge, death occurred due to the cause(s) and manner as stated
☒ PRONOUNCING AND CERTIFYING PHYSICIAN (Physician both pronouncing death and certifying cause of death) To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated
☐ MEDICAL EXAMINER ☐ CORONER ☐ HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated
29b SIGNATURE AND TITLE OF CERTIFIER: [signature]
29c LICENSE NUMBER: 30107
29d DATE SIGNED (Month Day Year): 1-19-88
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type/Print): Bharat H. Barai, M.D., 521 E. 86th Avenue, Merrillville, Indiana 46410

HEALTH OFFICER

31 HEALTH OFFICER'S SIGNATURE: [signature]
32 DATE FILED (Month Day Year): JAN 21 88

CORONER OR MEDICAL EXAMINER USE ONLY

33 MANNER OF DEATH: ☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide
34a DATE OF INJURY (Month Day Year)
34b TIME OF INJURY
34c INJURY AT WORK? (Yes or no)
34d DESCRIBE HOW INJURY OCCURRED
00411
34e PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)
34f LOCATION (Street and Number or Rural Route Number, City or Town, State)

TICOR TITLE INSURANCE Crown Point, Indiana

174774 #1-39-30-21

SBH06 004 State Form 10110 (R/10-87) DEATH A/PD1