



COMMUNITY TITLE COMPANY

- An Indiana Corporation -
421 West 81st Avenue
Merrillville, Indiana 46410
219-736-2810

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93018344

AFFIDAVIT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

MAR 24 12 15 PM '93
SARAH...
RECORDER

STATE OF INDIANA, S.M.C.
LAKE COUNTY
FILED FOR...

PER B.O.
Mildred A. Denny AKA MILDRED A. DENNEY, being first duly
sworn upon oath, deposes and says:

1. That Affiant's spouse, Sam E. Denny
died (without leaving a will) (leaving a will) on JUNE 10
1988 at MUNSTER COMMUNITY

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

FILED

Document is
SEE ATTACHED
NOT OFFICIAL!

MAR 22 1993

39-342-1

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the Lake County Recorder!

Clara N. Anton
AUDITOR LAKE COUNTY

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.

Mildred A. Denny
Mildred A. Denny

Subscribed and sworn to before me, a Notary Public, this 12th
day of March, 1993.

Patricia Ludington
Patricia Ludington Notary Public

My Commission expires:

4/15/94

County of Residence:

Lake

This Instrument prepared by Mildred A. Denny

01047

10:50 am

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NOT OFFICIAL!**

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the Lake County Recorder!**

STOP

29-342-1

PART OF LOTS 1, 2 AND 3 IN BLOCK 12, IN THE TOWN OF ROSS, AS SHOWN IN MISCELLANEOUS RECORD "A", PAGE 421, LAKE COUNTY, INDIANA, DESCRIBED AS FOLLOWS: BEGINNING AT THE SOUTHEAST CORNER OF THE WEST 1/2 OF THE NORTHEAST 1/4 OF SECTION 31, TOWNSHIP 36 NORTH, RANGE 8 WEST OF THE SECOND PRINCIPAL MERIDIAN, THENCE NORTH ALONG THE EAST LINE THEREOF 492 FEET; THENCE NORTH 89 DEGREES 19 MINUTES WEST PARALLEL TO THE SOUTH LINE OF SAID WEST 1/2 OF THE NORTHEAST 1/4, A DISTANCE OF 408.25 FEET; THENCE NORTH 33 FEET; THENCE NORTH 89 DEGREES 19 MINUTES WEST 9.5 FEET TO THE POINT OF BEGINNING OF THE TRACT HEREIN DESCRIBED; THENCE NORTH 1 DEGREE 26 MINUTES WEST 100 FEET; THENCE NORTH 0 DEGREES 52 MINUTES EAST TO A POINT ON THE NORTH LINE OF THE SOUTH 6.75 FEET OF SAID LOT 3; THENCE WEST ALONG SAID NORTH LINE TO THE WEST LINE OF SAID LOT 3; THENCE SOUTH TO THE SOUTHWEST CORNER OF SAID LOT 1; THENCE EAST TO THE POINT OF BEGINNING.

01018

INDIANA STATE BOARD OF HEALTH

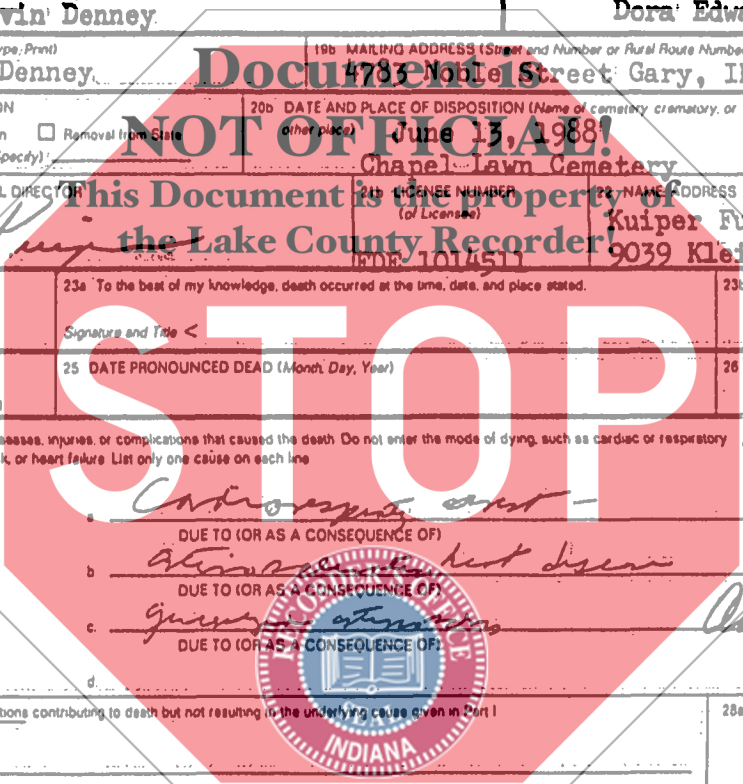
CERTIFICATE OF DEATH

Local No. 1244-88

State No.

TYPE/PRINT IN PERMANENT BLACK INK

1 DECEASED—NAME FIRST MIDDLE LAST Sam E. Danney			2 SEX male	3 DATE OF DEATH (Mo Day Yr) June 10, 1988	
4 SOCIAL SECURITY NUMBER 400-12-7397	5a AGE—Last Birthday (Years) 63	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Month Day Year) Sept. 5, 1924	7 BIRTHPLACE (City and State or Foreign Country) Hidalgo, Kentucky
8 YEAR LAST SERVED IN U.S. ARMED FORCES? 1946	9a PLACE OF DEATH (Check only one See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)				
9b FACILITY NAME (If not institution, give street and number) Munster Community Hospital			9c CITY, TOWN OR LOCATION OF DEATH Munster	9d COUNTY OF DEATH Lake	
10 MARITAL STATUS—Married Never Married, Widowed, Divorced (Specify) married	11 SURVIVING SPOUSE (If wife, give maiden name) Mildred Payton	12a DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life Do not use retired) Mechanic		12b KIND OF BUSINESS/INDUSTRY Auto Dealership	
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY, TOWN OR LOCATION Gary	13d STREET AND NUMBER 4783 Noble Street		
13e INSIDE CITY LIMITS? (Yes or no) No	13f FARM No	13g ZIP CODE 46408	14 WAS DECEASED OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input type="checkbox"/> Yes Specify	15 RACE—American Indian, Black, White, etc (Specify) White	16 DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 8 College (1-4 or 5+)
17 FATHER'S NAME (First, Middle, Last) Alvin Danney			18 MOTHER'S NAME (First, Middle, Maiden Surname) Dora Edwards		
19a INFORMANT'S NAME (Type, Print) Mildred Danney		19b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 4783 Noble Street, Gary, IN		19c Relationship Wife	
20a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) June 13, 1988 Chapel Lawn Cemetery		20c LOCATION—City or Town, State Schererville, Indiana	
21a SIGNATURE OF FUNERAL DIRECTOR <i>C.A. Kuiper</i>		21b LICENSE NUMBER (of Licensee) 1014511		21c NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Kuiper Funeral Home 9039 Kleinman Rd. Highland In. 46322	
23a To the best of my knowledge, death occurred at the time, date, and place stated. Signature and Title < Charles N. Antonio AUDITOR LAKE COUNTY		23b LICENSE NUMBER	23c DATE SIGNED (Month, Day, Year) MAR 22 1993		
24 TIME OF DEATH M		25 DATE PRONOUNCED DEAD (Month, Day, Year)		26 WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? (Yes or no) No	
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) Cardiomyopathy and - DUE TO (OR AS A CONSEQUENCE OF) a arteriosclerosis heart disease DUE TO (OR AS A CONSEQUENCE OF) b hypertension DUE TO (OR AS A CONSEQUENCE OF) c myocardial infarction DUE TO (OR AS A CONSEQUENCE OF) d				Approximate Interval Between Onset and Death MAR 22 1993	
PART II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I				28a 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) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN (Physician certifying cause of death when another physician has pronounced death and completed this certificate. To the best of my knowledge, death occurred due to the cause(s) and manner as stated. <input type="checkbox"/> 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. <input type="checkbox"/> MEDICAL EXAMINER <input type="checkbox"/> CORONER <input type="checkbox"/> 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.		THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT. JUN 13 1988			
29b SIGNATURE AND TITLE OF CERTIFIER <i>Charles N. Antonio</i>		29c LICENSE NUMBER	29d DATE SIGNED (Month, Day, Year) 6-10-88		
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type/Print) Adela M. Perez 2156 Hart Street Dyer, Indiana LAKE COUNTY HEALTH COMMISSIONER					
31 HEALTH OFFICER'S SIGNATURE <i>Charles N. Antonio</i>				32 DATE FILED (Month, Day, Year) JUN 13 1988	
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		34a DATE OF INJURY (Month, Day, Year)	34b TIME OF INJURY	34c INJURY AT WORK? (Yes or no)	34d DESCRIBE HOW INJURY OCCURRED
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)		



DECEDENT

PARENTS

INFORMANT

DISPOSITION

PRONOUNCING PHYSICIAN ONLY

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

SEE INSTRUCTIONS

CAUSE OF DEATH

SEE INSTRUCTIONS

CERTIFIER

HEALTH OFFICER

CORONER OR MEDICAL EXAMINER USE ONLY

0148