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STATE OF INDIANA )  
COUNTY OF LAKE )

IN RE MARY J. HICKS, Deceased

**SURVIVING SPOUSE AFFIDAVIT**

Fred R. Hicks being duly sworn, states that he resides in LAKE County, Indiana, is surviving spouse of deceased MARY HICKS, aka MARY J. HICKS and is acquainted with the facts so that he can furnish an affidavit concerning the property hereinafter described.

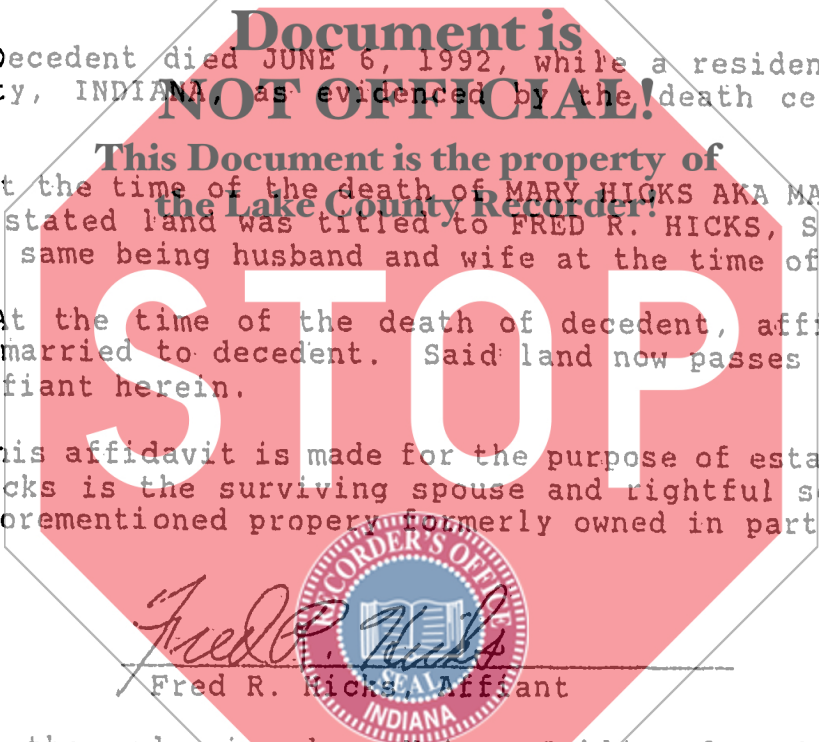
Lot 1, Cedar Creek West, as shown in Plat Book 52, page 69, in Lake County, Indiana. Unit 02, Ke # 3-213-1

1. Decedent died JUNE 6, 1992, while a resident of LAKE County, INDIANA, as evidenced by the death certificate so attached.

2. At the time of the death of MARY HICKS AKA MARY J. HICKS, the above stated land was titled to FRED R. HICKS, SR., and MARY HICKS, the same being husband and wife at the time of co-tenancy.

3. At the time of the death of decedent, affiant Fred R. Hicks was married to decedent. Said land now passes to surviving spouse, affiant herein.

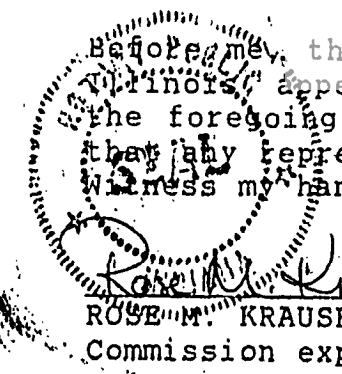
4. This affidavit is made for the purpose of establishing that Fred R. Hicks is the surviving spouse and rightful sole owner of all the aforementioned property formerly owned in part by deceased spouse.



*Fred R. Hicks*  
Fred R. Hicks, Affiant

STATE OF INDIANA, S.S. NO. LAKE COUNTY FILED FOR RECORDING MAR 24 1993 RECORDER

Before me, the undersigned, a Notary Public of Kankakee county, Illinois, appeared Fred R. Hicks who acknowledged the execution of the foregoing AFFIDAVIT, and who having been duly sworn, stated that any representations therein contained are true. Witness my hand and official seal.



*Rose M. Krause*  
ROSE M. KRAUSE  
3-22-93 Notary Public  
Commission expires MARCH 11, 1995

FILED  
MAR 24 1993

*Charles N. Anton*  
AUCTIONEER LAKE COUNTY

Instrument prepared by Patricia Engels, Attorney at Law, 112 Washington St. Lowell, Indiana 46356, 219/696-1000



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INDIANA STATE BOARD OF HEALTH

CERTIFICATE OF DEATH

Local No. ... 1339-92

State No. ....

TYPE/PRINT  
IN  
PERMANENT  
BLACK INK

DECEDENT

PARENTS  
INFORMANT

DISPOSITION

KEY 3-213-1  
CEDAR CREEK WEST  
LOT 1  
CAUSE OF DEATH

1. DECEASED—NAME (First, Middle, Last) <b>Mary, J. Hicks</b>				2. SEX <b>Female</b>		3a. TIME OF DEATH <b>10:30PM</b>		3b. DATE OF DEATH (Month, Day, Yr) <b>June 6, 1992</b>			
4. SOCIAL SECURITY NUMBER <b>313-14-9224</b>		5a. AGE—Last Birthday (Years) <b>70</b>		5b. UNDER 1-YEAR Months: Days		5c. UNDER 1 DAY Hours: Minutes		6. DATE OF BIRTH (Mo, Day, Yr) <b>Nov. 25, 1921</b>			
7. BIRTHPLACE (City and State or Foreign Country) <b>East Chicago, In.</b>		8a. PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input checked="" type="checkbox"/> <b>St. Anthonys Hospital</b> OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence <input type="checkbox"/>									
8b. WAS DECEDENT A U.S. VETERAN? <b>No</b>				8c. YEAR LAST SERVED IN U.S. ARMED FORCES?				8d. FACILITY NAME (If not institution, give street and number) <b>St. Anthonys Hospital</b>		8e. CITY, TOWN OR LOCATION OF DEATH <b>Crown Point</b>	
9a. COUNTY OF DEATH <b>Lake</b>		9b. MARITAL STATUS (Specify) <b>Married</b>		9c. SURVIVING SPOUSE (If wife, give maiden name) <b>Fred R. Hicks</b>		9d. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Homemaker</b>		9e. KIND OF BUSINESS/INDUSTRY <b>Own Home</b>			
10a. RESIDENCE—STATE <b>Indiana</b>		10b. COUNTY <b>Lake</b>		10c. CITY, TOWN OR LOCATION <b>Lowell</b>		10d. STREET AND NUMBER <b>17111 Cline Ave.</b>					
11a. ZIP CODE <b>46356</b>		11b. INSIDE CITY LIMITS <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		11c. CITIZEN OF WHAT COUNTRY? <b>USA</b>		11d. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes specify Cuban, Mexican, Puerto Rican, etc.)		11e. RACE—American Indian, Black, White, etc. (Specify) <b>White</b>		11f. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>12</b> College (1-4 or 5+)	
12. FATHER'S NAME (First, Middle, Last) <b>John Slazyk</b>				12. MOTHER'S NAME (First, Middle, Maiden Surname) <b>Mary Budna</b>				13. INFORMANT'S NAME (Type/Print) <b>Fred R. Hicks</b>		13. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>17111 Cline Ave. Lowell, In. 46356</b>	
14. Relationship <b>Spouse</b>		14. 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)		14. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>June 10, 1992 St Edwards Cemetery</b>		14. LOCATION—City or Town, State <b>Lowell, Indiana</b>		15. EMBALMER'S NAME <b>William A. Sheets</b>		15. EMBALMER'S LICENSE NO. <b>FDO1053460</b>	
16. SIGNATURE OF FUNERAL DIRECTOR <i>William A. Sheets</i>		16. LICENSE NUMBER (of Licensee) <b>FDO1053460</b>		16. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>Sheets Funeral Home FD83004277 604 E. Comm. Ave. Lowell, In. 46356</b>		17. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		18. PART I: Enter the diseases, 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. <b>uremia</b>		18. IMMEDIATE CAUSE (Final disease or condition resulting in death): <b>uremia</b>	
19. Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last mentioned. <b>HEPATIC</b>		19. DUE TO (OR AS A CONSEQUENCE OF)		19. DUE TO (OR AS A CONSEQUENCE OF)		19. DUE TO (OR AS A CONSEQUENCE OF)		19. DUE TO (OR AS A CONSEQUENCE OF)		19. DUE TO (OR AS A CONSEQUENCE OF)	
20. PART II: Other significant conditions - Conditions contributing to death but not previously stated in Part I <b>Severe malnutrition cirrhosis of the liver</b>				21. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) <b>No</b>		21. WAS AN AUTOPSY PERFORMED? (Yes or no) <b>No</b>		21. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)		21. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)	
22. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge death occurred at the time, date and place and due to the cause(s) as stated <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) as stated <input type="checkbox"/> CORONER 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		22. SIGNATURE AND TITLE OF CERTIFIER <i>Alexander Williams MD</i>		22. MEDICAL LICENSE NO. <b>01027321</b>		22. DATE SIGNED (Month, Day, Year) <b>6-19-92</b>		23. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>Sampanta Boonjaren MD 1020 E. Comm. Ave. Lowell, Indiana 46356</b>		23. HEALTH OFFICER'S SIGNATURE <i>Alexander Williams MD</i>	
24. 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		24a. DATE OF INJURY (Month, Day, Year)		24b. TIME OF INJURY		24c. INJURY AT WORK? (Yes or no)		24d. DESCRIBE HOW INJURY OCCURRED		24. DATE FILED (Month, Day, Year) <b>June 22, 1992</b>	
25. PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)				25. LOCATION (Street and Number or Rural Route Number, City or Town, State) <b>Lowell, Indiana</b>				26. DATE PRONOUNCED DEAD (Month, Day, Year)		26. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc. <b>Driver</b>	



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