ESTATE AFFIDAVIT

RE: FA= 8236

Address: 849 Apache Lane

Lowell, Indiana

Legal Description:

Lot 53, Indian Heights, Unit 9, as per plat thereof, Recorded in Plat Book 52, page 63, in the Office of the Recorder of Lake County Indiana

93019913

MAR 31 10 35 AM '93
SANDRA KOLICH
RECORDER

VIRGINIA HESS, Affiant, states that:

1. CHARLES B HESS, deceased, died on the 19th day of NOVEMBER, 1992;

2. Affiant is: XX the surviving spouse of the deceased;

__ the Personal Representative/Executor-trix of the estate of the deceased;

3. The deceased died: __ leaving a will which has been probated;

X leaving a will which has not been probated;

__ leaving no will;

Re: 4-174-4
Indian Hts. #9
Lt 53

4. The deceased and Affiant were married on the 19 day of DECEMBER, 1935; and were never divorced. (This item applies only to the surviving spouse.)

5. X All expenses of the last illness and funeral of the deceased have been paid;

6. X All State Inheritance Taxes and Federal Estate Taxes attributable to the deceased and his/her estate have been paid;

7. X There are no claims against the estate of the decendent.

FILED
MAR 29 1993
Anna N. Antone
COMMISSIONER LAKE COUNTY

This Affidavit is made to induce First American Title Insurance Company to issue a policy of title insurance on the above-described real estate.

March 18 1993
Date

Virginia Hess
Signature of Affiant

VIRGINIA HESS
Printed Name of Affiant

State of Indiana, County of Lake

Subscribed and sworn to before me, this 18th day of March, 19 93.

Andrea A Widlowski
Printed Name of Notary

Andrea A Widlowski
Signature of Notary

My Commission expires: 9-17-93

My County of Residence is: Lake

Prepared By: Virginia Hess

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850
FA

Local No. 2445-92

INDIANA STATE BOARD OF HEALTH

CERTIFICATE OF DEATH

State No. .....

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED—NAME (First Middle Last): Charles B. Hess
2. SEX: Male
3a. TIME OF DEATH: 6:30 p M
3b. DATE OF DEATH (Month Day Yr): November 19, 1992
4. SOCIAL SECURITY NUMBER: 309-09-1053
5a. AGE—Last Birthday (Years): 84
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Mo Day Yr): July 30, 1908
7. BIRTHPLACE (City and State or Foreign Country): West Virginia
8a. WAS DECEDENT A US VETERAN?: No
8b. YEAR LAST SERVED IN US ARMED FORCES?: ———
9a. PLACE OF DEATH (Check only one See instructions): HOSPITAL ☒ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☐ Other (Specify) ☐ Residence
9b. FACILITY NAME (If not institution, give street and number): St. Anthonys Hospital
9c. CITY, TOWN OR LOCATION OF DEATH: Crown Point
9d. COUNTY OF DEATH: Lake
10. MARITAL STATUS (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Virginia Davis
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): General Foreman
12b. KIND OF BUSINESS/INDUSTRY: Union Carbide
13a. RESIDENCE—STATE: Indiana
13b. COUNTY: lake
13c. CITY, TOWN OR LOCATION: Lowell
13d. STREET AND NUMBER: 849 Apache Lane
13e. ZIP CODE: 46356
13f. INSIDE CITY LIMITS: ☐ No ☒ Yes
13g. ON A FARM?: ☒ No ☐ Yes
14. CITIZEN OF WHAT COUNTRY?: U.S.A.
15. WAS DECEDENT OF HISPANIC ORIGIN? (If yes specify Cuban, Mexican, Puerto Rican, etc): ☒ No ☐ Yes
16. RACE—American Indian, Black, White, etc (Specify): White
17. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12 Yrs; College (1-4 or 5+):

PARENTS

18. FATHERS NAME (First, Middle, Last): Dennis Hess
19. MOTHERS NAME (First, Middle, Maiden Surname): Lillian Kincaid

INFORMANT

20a. INFORMANT'S NAME (Type/Print): Virginia Hess
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 849 Apache, Lowell, Indiana 46356
20c. Relationship: Wife

DISPOSITION

21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Entombment ☐ Removal from State ☐ Donation ☐ Other (Specify)
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): November 23, 1992 Chapel Lawn Memorial Gardens
21c. LOCATION—City or Town, State: Schererville, Ind.
22a. EMBALMER'S NAME: James Porras
22b. EMBALMER'S LICENSE NO.: 1045964
23. WAS DEATH REPORTED TO CORONER?: ☒ No ☐ Yes
24a. SIGNATURE OF FUNERAL DIRECTOR: Dan T. Burns
24b. LICENSE NUMBER (of Licensee): 8601763
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: Burns-Kish Funeral Home #3003968, 8415 Calumet Ave, Munster, Indiana 46321

CAUSE OF DEATH

26. 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. (Approximate Interval Between Onset and Death)

IMMEDIATE CAUSE (Final disease or condition resulting in death):
a. Congestive Heart Failure.
DUE TO (OR AS A CONSEQUENCE OF):
b. Chronic Obstructive Pulmonary Disease
DUE TO (OR AS A CONSEQUENCE OF):
c. Pneumonia
DUE TO (OR AS A CONSEQUENCE OF):

Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last:

PART II. Other significant conditions. Conditions contributing to death but not previously stated in Part I:

27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no): No
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

CERTIFIER

29a. CERTIFIER (Check only one):
☒ CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated
☐ 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
☐ 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

29b. SIGNATURE AND TITLE OF CERTIFIER: Dana N. Anton
29c. MEDICAL LICENSE NO: 5000-2521
29d. DATE SIGNED (Month, Day, Year): November 23, 1992

HEALTH OFFICER

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): Dr. R. Hile, 1020 E. Commercial Ave, Lowell, Indiana
31. HEALTH OFFICER'S SIGNATURE: Alexander D. Williams, M.D.
32. DATE FILED (Month, Day, Year): Nov 24, 1992

CORONER USE ONLY

33. MANNER OF DEATH: ☐ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be Determined
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)
34g. DATE PRONOUNCED DEAD (Month, Day, Year)
34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc

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Indiana Mu #9 Lot 53 #4-174-4