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Jan Ho

TICOR TITLE INSURANCE

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AFFIDAVIT

STATE OF INDIANA)
COUNTY OF LAKE) SS:

APR 6 11 15 AM '93
SANDRA WOOD
RECORDER

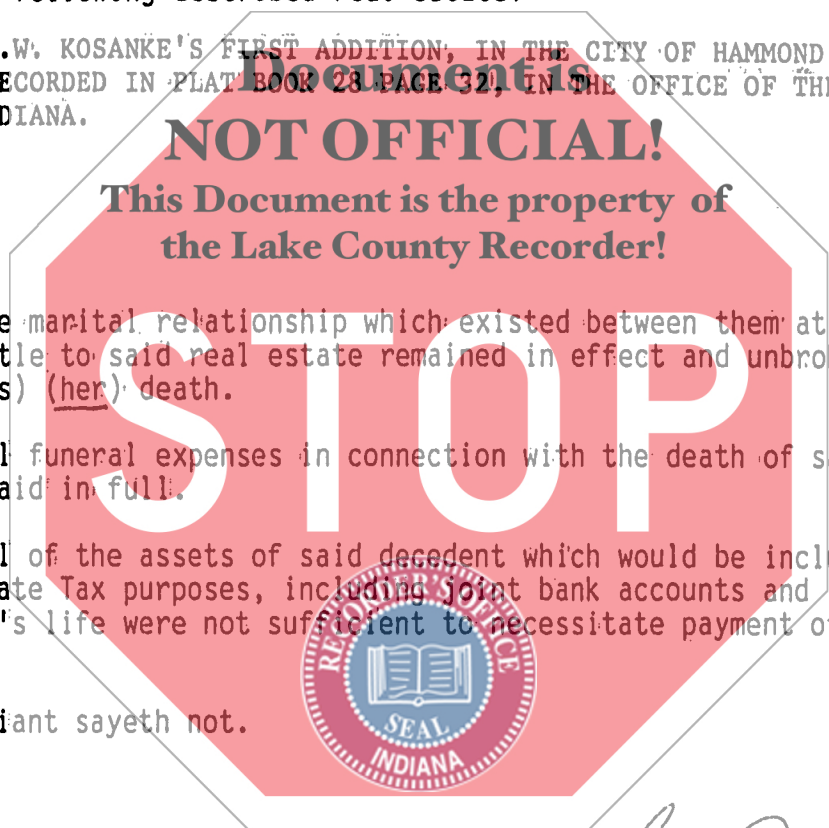
STATE OF INDIANA, S.N.O.
LAKE COUNTY
FILED FOR RECORD

LINDA JOYCE ROBERTSON, being first duly sworn upon oath, deposes and says:

1. That VERA A. FIELDON died on AUGUST 9, 1984 at MUNSTER MEDICAL.

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

LOT 7 IN A.W. KOSANKE'S FIRST ADDITION, IN THE CITY OF HAMMOND, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 23 PAGE 32, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.



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.

Linda Joyce Robertson
LINDA JOYCE ROBERTSON

Subscribed and sworn to before me, a Notary Public, this 30TH day of MARCH, 1993.

26-34-331-7

FILED

APR 02 1993

Linda S. Wood
LINDA S. WOOD
Notary Public

My Commission expires:
10-17-94

Anna N. Anton
AUDITOR LAKE COUNTY

County of Residence:
LAKE

This Instrument prepared by LINDA JOYCE ROBERTSON

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to

4/2

TYPE OR PRINT
PLAINLY WITH
UNFADING INK
THIS IS A
PERMANENT
RECORD

Refer for State Office Use

175-603

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State
No.:

Local No. **1507-84**

TYPE OR PRINT
IN
PERMANENT
INK
FOR
INSTRUCTIONS
SEE
HANDBOOK

DECEASED:

USUAL RESIDENCE
WHERE DECEASED
LIVED, IF DEATH
OCCURRED IN
INSTITUTION, GIVE
RESIDENCE BEFORE
ADMISSION

PARENTS

DISPOSITION:

M.D.
OR
D.O.

CONDITIONS
IF ANY
WHICH GAVE
RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LAST

CAUSE:

FUNERAL HOME
No. **288**

FUNERAL DIRECTOR'S
LICENSE No. **1783**

AUG 10 1984
LICENSE No.

Charles Wells

George L. Locken

FUNERAL DIRECTOR'S
SIGNATURE

DECEASED - NAME 1. Vera A. Fieldon			SEX 2. Female	DATE OF DEATH (MONTH DAY YEAR) 3. 8/9/84
RACE - (to be filled in by informant) 4. White	AGE - Last Birthday (Year) 5a. 75	UNDER 1 YEAR 5b. MONTHS	UNDER 1 DAY 5c. HOURS MIN.	DATE OF BIRTH (Month Day Year) 6. Oct. 6, 1908
CITY, TOWN OR LOCATION OF DEATH: 7a. Munster		HOSPITAL OR OTHER INSTITUTION (Name of hospital, give street and number) 7c. Munster Med-In		IF HOSP. OR INST. Indicate DCA Of (Name, No., Department (Specify)) 7d. Inpatient
STATE OF BIRTH (If not in U.S.) 8. Kentucky	CITIZEN OF WHAT COUNTRY 9. USA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10. Married	SURVIVING SPOUSE (If wife, give maiden name) 11. Burton Fieldon	WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) 12. No
SOCIAL SECURITY NUMBER 13. 316-14-8876		USUAL OCCUPATION (Give kind of work done during most of working life, 1959 to 1984) 14a. Home Maker		KIND OF BUSINESS OR INDUSTRY 14b. _____
RESIDENCY - STATE 15a. Indiana	COUNTY 15b. Lake	CITY, TOWN OR LOCATION 15c. Hammond		
STREET AND NUMBER 16a. 7147 Arizona Ave.		IS RESIDENCE ON A FARM? 16b. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INSIDE CITY LIMITS (Specify Yes or No) 16c. Yes	
IS DECEASED OF SPANISH OR SCOTTISH ORIGIN? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 17. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
FATHER - NAME (First Middle Last) 18. George Middlefield	MOTHER - MAIDEN NAME (First Middle Last) 19. Annie Ralph	INFORMANT - NAME (Type or print) RELATIONSHIP MAILING ADDRESS (Street or R.F.D. No. City or Town State ZIP) 20. Burton Fieldon Husband 7147 Arizona Ave., Hammond, Indiana 46323		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 21a. Burial		CEMETERY OR CREMATORY - FUNERAL HOME 21b. Chapel Lawn Memorial Gardens	LOCATION (City or Town State) 21c. Schererville, Ind.	
DATE (Month Day Year) 22a. Aug. 11, 1984		FUNERAL HOME - NAME AND ADDRESS (Street or R.F.D. No. City or Town State ZIP) 22b. Bosken Funeral Home, Inc., 7042 Kennedy Ave., Hammond, In. 46321	DATE SIGNED (Month Day Year) 23b. 8/9/84	HOUR OF DEATH 23c. 12:55 A M
NAME OF ATTENDING PHYSICIAN (Type or print) 24a. Dr. Gaddipati, MD		MAILING ADDRESS - PHYSICIAN 24b. 7935 Calumet Avenue, Munster, Indiana 46321		
HEALTH OFFICER - SIGNATURE 25. Charles Wells		DATE RECEIVED BY LOCAL HEALTH OFFICER 26. Aug. 10, 1984		
PART 1. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a) AND (b)) FILED Terminal Cancer of the Kidney -				Interval between onset and death weeks
(b) APP 02 1983				Interval between onset and death
(c) _____				Interval between onset and death
PART 2. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART 1(a) Anna N. Untow				AUTOPSY (Specify Yes or No) 24

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THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT

58000

