177580 Kirk

CP/GM/TICOR

TICOR TITLE INSURANCE

93040634

AFFIDAVIT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Lillian R. Gould, being first duly sworn upon oath, deposes and says:

1. That Robert G. Gould died on February 9, 1993 at Crown Point, Indiana.

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

Lot 1040 in Lakes of the Four Seasons, Unit 7, as per plat thereof recorded in Plat Book 38 page 9, in the Office of the Recorder of Lake County, Indiana.

**11-10-479-143

STATE OF INDIANA/S.S.NO.
LAKE COUNTY
FILED FOR RECORD
JUN 24 9 59 AM 93
SAMUEL ORDICH
RECORDER

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.

Lillian R. Gould
Lillian R. Gould

Subscribed and sworn to before me, a Notary Public, this 3rd day of June, 1993.

FILED

JUN 17 1993

AUDITOR LAKE COUNTY

Gloria Miller
Gloria Miller Notary Public

My Commission expires:
10/24/96

County of Residence:
Lake

This Instrument prepared by Lillian R. Gould

00476

6-7-93

177580
Kirk
0297-93

Tucon/cp/Cm

INDIANA STATE DEPARTMENT OF HEALTH

Local No. .....

CERTIFICATE OF DEATH

State No. .....

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1 DECEASED—NAME (First, Middle, Last): ROBERT G. GOULD
2 SEX: MALE
3a TIME OF DEATH: 11:05PM
3b DATE OF DEATH (Month, Day, Yr.): FEBRUARY 9, 1993
4 SOCIAL SECURITY NUMBER: 708-01-2628
5a AGE—Last Birthday (Years): 77
5b UNDER 1 YEAR: Months / Days
5c UNDER 1 DAY: Hours / Minutes
6 DATE OF BIRTH (Mo Day Yr): May 31, 1915
7. BIRTHPLACE (City and State or Foreign Country): LIBERTY, MISS.
8a WAS DECEDENT A U.S. VETERAN?: YES
8b YEAR LAST SERVED IN U.S. ARMED FORCES?: 1945
9a PLACE OF DEATH (Check only one. See instructions): HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☐ Other (Specify) ☒ Residence HOSPICE
9b FACILITY NAME (If not institution, give street and number): 3457 HIGHLAND CT.
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): Lillian Hendron
12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Yardmaster
12b KIND OF BUSINESS/INDUSTRY: EJE RAILROAD
13a RESIDENCE—STATE: Indiana
13b COUNTY: LAKE
13c. CITY, TOWN OR LOCATION: Crown Point
13d STREET AND NUMBER: 3457 HIGHLAND CT.
13e ZIP CODE: 46307
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? ☒ No ☐ Yes (If yes specify Cuban, Mexican, Puerto Rican, etc.)
16 RACE—American Indian, Black, White, etc. (Specify): WHITE
17. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 10; College (1-4 or 5 +):

PARENTS

18 FATHER'S NAME (First, Middle, Last): ROBERT GOULD
19 MOTHER'S NAME (First, Middle, Maiden Surname): NINA BRODY

INFORMANT

20a INFORMANT'S NAME (Type/Print): LILLIAN GOULD
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 3457 HIGHLAND CT. CROWN POINT, IND. 46307
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): 2-13-93 ST. MARY CEMETERY
21c. LOCATION—City or Town, State: EVERGREEN PARK, ILL.
22a EMBALMER'S NAME: JAMES F. BETKOWSKI
22b. EMBALMER'S LICENSE NO: 09200077
23 WAS DEATH REPORTED TO CORONER? ☒ No ☐ Yes
24a SIGNATURE OF FUNERAL DIRECTOR: James F Betkowski
24b LICENSE NUMBER (of Licensee): 09200077
25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME: BARAN & SON INC. FHD 83007267 1235 119th St. Whiting, Ind. For Elmwood Chapel Chgo., Ill.

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.

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Congestive Heart Failure
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last: b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF):

Approximate Interval Between Onset and Death

FILED
JUN 17 1993
FEB 11 1993

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

Anna N. Antos
AUDITOR LAKE COUNTY

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)

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: John George MD
29c MEDICAL LICENSE NO: 0103 1470
29d DATE SIGNED (Month, Day, Year): 2/10/93

HEALTH OFFICER

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): JOHN GEORGE, M.D. 7905 Columbus Ave. Munster Ind. 46321
31 HEALTH OFFICER'S SIGNATURE: Alejandro Siriliano, MD
32. DATE FILED (Month, Day, Year): Feb 11, 1993

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.

00477

#11-10-49-143