

H 4636250
Ⓢ

93042929

AFFIDAVIT OF HEIRSHIP

Chicago Title Insurance Company

4

Comes now, Larry G. Wilfong, and in response to the request of Chicago Title and Trust Company submits the following Affidavit of Heirship.

1. That Perna Wilfong was married twice. Once to Frank A. Stiles and once to ~~Larry Wilfong~~ ^{ROBERT L. WILFONG} *RD*

2. That both ~~husbands~~ ^{predeceased} Perna Wilfong and that Perna Wilfong was divorced from Mr. Wilfong!

3. That as a result of Perna Wilfong's marriage to Frank A. Stiles, one child was born, namely, Frank Jerry Stiles, who died on May 23, 1985 leaving four children, namely, John V. Stiles, who is living; Jerel A. Stiles, who is living; Frank Robert Stiles, who is living; and Sandra Stiles Furstahl, who is living.

4. That as a result of Perna Wilfong's marriage to Mr. Wilfong one child was born, namely, Larry G. Wilfong, who is living.

5. That the only heirs at law of Perna Wilfong as of the date of her death, May 25, 1992, are Larry G. Wilfong, a son; John V. Stiles, a grandson; Jerel A. Stiles, a grandson; Frank Robert Stiles, a grandson; and Sandra Stiles-Furstahl, a granddaughter.

6. That this affidavit is given to the title company in an attempt to resolve the status of the title for the real estate located at 1148 Sibley Street, Hammond, Indiana, and legally described as follows:

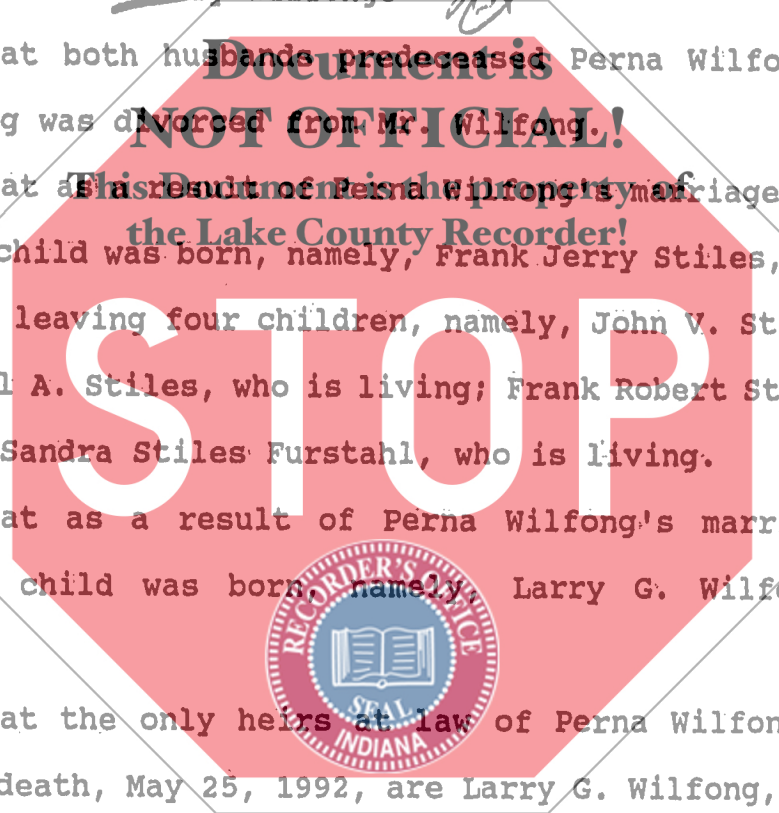
DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER.

JUN 30 1993

Anna M. Antone
AUDITOR LAKE COUNTY

02258

1200
ct



SAVED TO MR. RECORDER JUN 30 4 06 PM '93

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

THE EASTERLY 37-1/2 FEET OF THE WEST HALF OF LOT 5, BLOCK 3, REDIVISION OF HELBERG'S OAK RIDGE ADDITION, TO THE CITY OF HAMMOND, AS SHOWN IN PLAT BOOK 3, PAGE 23, IN LAKE COUNTY, INDIANA.

~~7. That there is no inheritance tax due by reason of this transaction.~~

Further, Affiant sayeth not.

Document is
NOT OFFICIAL!

Larry G. Wilfong
Larry G. Wilfong

This Document is the property of the Lake County Recorder!

ARIZONA)
STATE OF INDIANA)
MARICOPA) SS:
COUNTY OF LAKE)

STOP

SUBSCRIBED AND SWORN to before me, a Notary Public, this 28th day of May, 1993, personally appeared Larry G. Wilfong and acknowledged the execution of the foregoing instrument. In witness whereof I hereunto signed my name and affixed my seal.

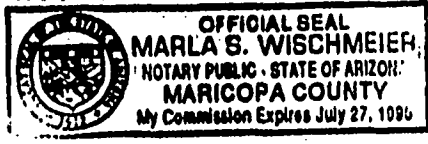


Marla S. Wischmeier

Notary Public

My Commission Expires: _____

County of Residence: MARICOPA



STATE OF ARIZONA

Certified Copy of Vital Record

H 4636254D

Chicago Title Insurance Company

ELY 37 1/2 FT OF W/1/2 LT 5 BK 3 Rediv of Helbergs
Oak Ridge Add 08/3/23

ORIGINAL STATE COPY

STATE OF ARIZONA
DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS

DEATH NO. D'102- 92-013864

NAME OF DECEASED PERNA WILFONG			SEX FEMALE	DATE OF DEATH MAY 25, 1992		
RACE (If of color, state race, American Indian (specify tribe), Hawaiian) WHITE		WAS DECEASED OF HISPANIC ORIGIN (Specify Yes or No) NO		IF YES, INDICATE MEXICAN, SPANISH, PUERTO RICAN, CUBAN, ETC. NO		
PLACE OF BIRTH MARICOPA		CITY OF BIRTH PHOENIX		HOSPITAL OR INSTITUTION (If residence give street address) MARICOPA MEDICAL CENTER		<input type="checkbox"/> DUA <input checked="" type="checkbox"/> IN PATIENT
DATE OF BIRTH June 20, 1903		AGE (YEARS) (LAST BIRTHDAY) 88	IF UNDER 1 YEAR MOS. DAYS	IF UNDER 1 DAY HRS. MIN.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Divorced	
STATE AND CITY OF BIRTH Miller, Missouri		CITIZENSHIP U.S.A.	SOCIAL SECURITY NO. 305-20-4368		USUAL OCCUPATION (Give kind of work done most of working life, even if retired) Home maker	
USUAL RESIDENCE Arizona Maricopa		CITY/TOWN/CITY Phoenix		ZIP CODE 85032		HOW LONG IN ARIZONA 4 years
STREET ADDRESS 16640 N. 38th St.		INSURANCE (Specify Yes or No) Yes	ON OBSERVATION (Specify Yes or No) No	PREVIOUS STATE OF RESIDENCE Indiana		EDUCATION HIGHEST GRADE COMPLETED 8
FATHER'S NAME Cornelius		MOTHER'S NAME Bowles		SPOUSE'S NAME Nancy E. Bowerman		
DECEASED'S SIGNATURE <i>Larry Wilfong</i>		RELATIONSHIP TO DECEASED Son		ADDRESS 11079 N. 110th Pl. Scottsdale, Az. 85259		
MEDICAL CREATION, HONORARY OTHER (Specify) Cremation		DATE 5/28/92	EMBALMER'S SIGNATURE <i>Lydia Vauds</i>		CITY AND STATE Phoenix, AZ	
FUNERAL HOME NAME Tolleson F.H.		STREET ADDRESS 9155 W. Van Buren, Tolleson, Az.		CITY AND STATE Tolleson, Az.		CEMT. NO. 339
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		ON THE DATE OF CREMATION AND/OR BY ESTABLISHMENT IN WHICH DEATH OCCURRED AT THE TIME, DATE AND PLACE DUE TO THE CAUSE(S) AND MANNER STATED.				
30. SIGNATURE AND TITLE <i>Larry P. Gassner, M.D.</i>		31. DATE SIGNED (Mo., Day, Year) 5/26/92		32. HOUR OF DEATH 1700		33. NAME OF ATTENDING PHYSICIAN (If other than certifier) (Type or print)
34. SIGNATURE AND TITLE <i>Larry P. Gassner, M.D.</i>		35. DATE SIGNED (Mo., Day, Year) 5/26/92		36. HOUR OF DEATH 1700		37. PHONOUNCED DEAD (Mo., Day, Year)
38. NAME OF ATTENDING PHYSICIAN (If other than certifier) (Type or print)		39. NAME OF ATTENDING PHYSICIAN (If other than certifier) (Type or print)		40. NAME OF ATTENDING PHYSICIAN (If other than certifier) (Type or print)		41. NAME OF ATTENDING PHYSICIAN (If other than certifier) (Type or print)
NAME AND ADDRESS OF CERTIFIER, PHYSICIAN, MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY LARRY P GASSNER, MD 2601 E. ROOSEVELT, PHOENIX, AZ		AUTHORIZED FOR CREMATION (Specify Yes or No) Yes		MEDICAL EXAMINER'S SIGNATURE <i>Lydia Vauds</i>		DATE REGISTERED JUN 2 1992
DATE REGISTERED JUN 2 1992		HEED FILE NO. 7915		HEALTH DEPT'S SIGNATURE <i>Lydia Vauds</i>		REC. DISTRICT 10702
DATE REGISTERED JUN 2 1992		HEED FILE NO. 7915		HEALTH DEPT'S SIGNATURE <i>Lydia Vauds</i>		DATE RECD. IN STATE OFFICE JUL 14 1992
SEVERALLY LIST CONDITIONS, IF ANY, LEADING TO DEATH. ENTER UNDERLYING CAUSE, DISEASE OR INJURY THAT INITIATED EVENTS RESULTING IN DEATH. LAST.		A IMMEDIATE CAUSE (FATAL DISEASE OR CONDITION RESULTING IN DEATH) (ENTER UNDERLYING CAUSE, DISEASE OR INJURY THAT INITIATED EVENTS RESULTING IN DEATH) (EACH LINE)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
PART I		SEPSIS		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
PART II		LOWER GASTROINTESTINAL BLEED		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
PART III		DIVERTICULITIS		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I		AUTOPSY (Specify Yes or No) NO		WAS CASE REFERRED TO MEDICAL EXAMINER? (Specify Yes or No) Yes		
DEMENTIA		DATE OF INJURY MO. DAY. YR. HOUR		INJURY AT WORK? (Specify Yes or No) NO		DECLINE HOW INJURY OCCURRED JUN 30 1993
NATURE OF DEATH <input type="checkbox"/> NATURAL CAUSE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> PELOUS INVESTIGATION <input type="checkbox"/> UNDETERMINED		PLACE OF INJURY (At home, farm, street, factory, office building, etc) SPECIFY		WILLBE LOCAL/D? STREET ADDRESS 11079 N. 110th		CITY OR TOWN STATE Scottsdale AZ
SUPPLEMENTARY ENTRIES		MIDTON LAKE COUNTY		OCT 26 1992		



FILED



ALETHEA O. CALDWELL, Director
Department of Health Services
State Registrar

Renée Gaudio

RENEE GAUDIO
Assistant State Registrar



This copy not valid unless prepared on engraved form displaying state seal and impressed with raised seal of issuing agency.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

PORTER COUNTY BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

#4636254 (3)
This is an official copy of the record of death on file at the Porter County Health Department.
#4636254 (3)
ELY 37 1/2 FT OF W 1/2 L1 S 63
Rediv Hclberg's OAK Ridge
THIS DOCUMENT NOT VALID UNLESS STAMPED ON REVERSE SIDE
Add Hammond 1B 3/23

Chy. A. Babcock, MD
Gary A. Babcock, M.D.

EMBALMER'S NAME Stephen Bartholomew
FUNERAL DIRECTOR'S SIGNATURE *C. P. Bartholomew*
LICENSE No. 515
FUNERAL DIRECTOR'S LICENSE No. 2091
FUNERAL HO No. 680

1		Frank Jerry Stiles		Male	May 23, 1985
2	RACE	3	AGE	4	DATE OF BIRTH
	White		64		1/24/1921
5	CITY TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION		
	Valparaiso		Porter Memorial Hospital		
6	STATE IN BIRTH	7	CITIZEN OF WHAT COUNTRY	8	MARRIED
	Missouri		U.S.A.		Married
9	SOCIAL SECURITY NUMBER	10	SURVIVING SPOUSE	11	NAME OF BUSINESS OR INDUSTRY
	307-01-1263		Sophie Victor		J & L Steel
12	USUAL RESIDENCE WHERE DECEASED LIVED	13	CITY TOWN OR LOCATION OF DEATH	14	INDUSTRY
	Indiana		Porter		Tractor Operator
15	STREET AND NUMBER	16	IS RESIDENCE ON A FARM?	17	INSIDE CITY LIMITS?
	St. Luke		NO		NO
18	FATHER - NAME	19	MOTHER - MAIDEN NAME	20	INFORMANT - NAME
	Frank A. Stiles		Perna Bowels		Sophie Stiles
21	RELATIONSHIP	22	Mailing Address	23	CITY OR TOWN
	Widow		P.O. Box 47		Wheeler, Indiana
24	BURIAL, CREMATION, REMOVAL, OTHER	25	CEMETERY OR CREMATORY - FUNERAL HOME	26	LOCATION
	Burial		Ridgelawn Cemetery		Gary, Indiana
27	DATE	28	FUNERAL HOME - NAME AND ADDRESS	29	STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP
	May 25, 1985		C.W. Bartholomew & Son		102 Monroe Valparaiso
30	NAME OF ATTENDING PHYSICIAN	31	DATE SIGNED	32	HOUR OF DEATH
	JOHN SWARNER JR., M.D. INC.		5-24-85		46
33	HEALTH OFFICER - SIGNATURE	34	DATE RECEIVED BY LOCAL HEALTH OFFICER	35	
	<i>Chy. A. Babcock MD</i>		6-3-85		
36	IMMEDIATE CAUSE	37	OTHER SIGNIFICANT CONDITIONS	38	AUTOPSY
	Sepsis - Candida		Renal Failure, Adult Respiratory Distress Syndrome, Pneumonia		NO
39	CAUSE	40		41	
	Enterococcal peritonitis				
	Malignant Large Cell Lymphoma				
	Henolytic Anemia, Thrombocytopenia, Pancytopenia				