

1817-96 - KALETA // DOPPLER

TICOR TITLE INSURANCE

93083773

AFFIDAVIT

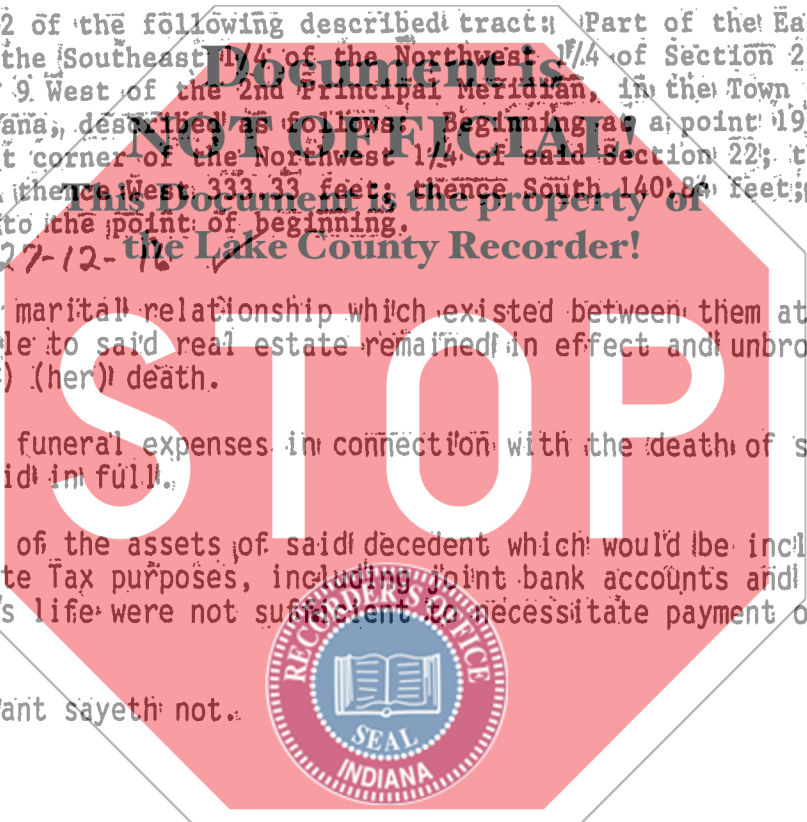
STATE OF INDIANA)
COUNTY OF LAKE) SS:

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORDING
Dec 13 10 12 AM '93
SARAH J. BLOOM
RECORDER

Revelle Van Sant, By Roy Russel, Guardian, being first duly sworn upon oath, deposes and says:

1. That Geneva Van Sant, A.K.A. Sylvia Geneva Van Sant died on March 12, 1992 at Crown Point, Indiana.
2. That Revelle Van Sant and Geneva Van Sant, A.K.A. Sylvia Geneva were duly and legally married at the time they acquired title as husband and Van Sant wife to the following described real estate:
The South 1/2 of the following described tract: Part of the East 1/2 of the East 1/2 of the Southeast 1/4 of the Northwest 1/4 of Section 22, Township 36 North, Range 9 West of the 2nd Principal Meridian, in the Town of Highland, Lake County, Indiana, described as follows: Beginning at a point 190 feet North of the Southeast corner of the Northwest 1/4 of said Section 22; thence North 140.84 feet; thence West 333.33 feet; thence South 140.84 feet; thence East 333.33 feet to the point of beginning.
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.



Roy Russel
Roy Russel, Guardian for Revelle Van Sant
Subscribed and sworn to before me, a Notary Public, this 23rd day of November, 1993.

FILED

NOV 30 1993

Sarah J. Bloom
Sarah J. Bloom, Notary Public
My Commission expires: 2/12/96

County of Residence: Lake

This Instrument prepared by Roy Russel

01915

800
11-30-93

INDIANA STATE BOARD OF HEALTH

CERTIFICATE OF DEATH

Local No: 0613-92

State No:

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

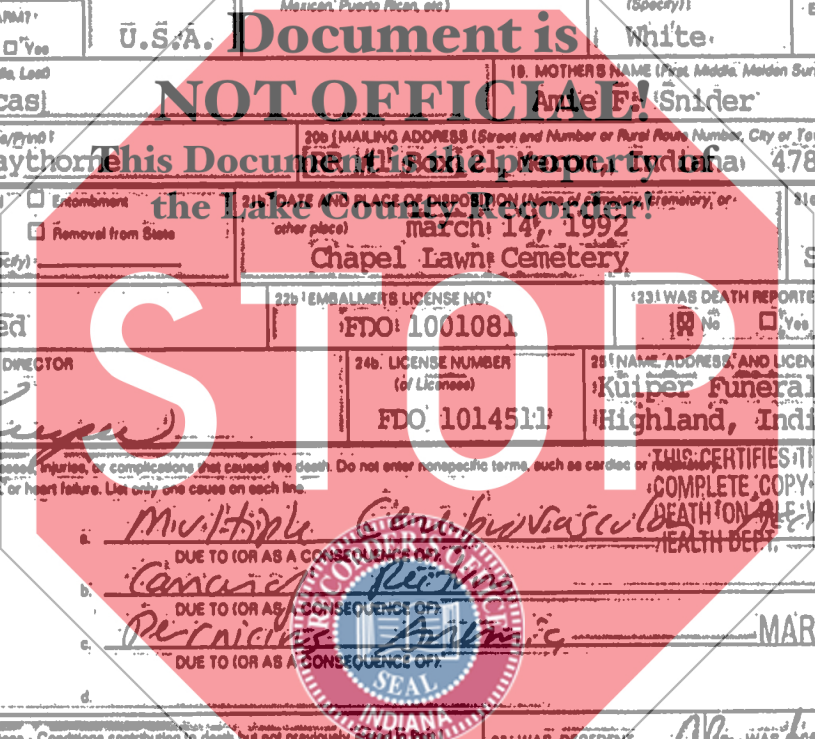
CERTIFIER

HEALTH OFFICER

CORONER USE ONLY

1. DECEASED—NAME (First Middle Last) Sylvia Geneva Van Sant		2. SEX Female	3. TIME OF DEATH 1:30 P.M.	3a. DATE OF DEATH (Month Day Yr) March 12, 1992
4. SOCIAL SECURITY NUMBER 312-18-4934	5a. AGE—Last Birthday (Years) 82	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo. Day, Yr) Jan. 24, 1910
7. BIRTHPLACE (City and State or Foreign Country) Sullivan County, IN.				
8a. WAS DECEDENT A U.S. VETERAN? NO	8b. YEAR LAST SERVED IN U.S. ARMED FORCES? N/A	9. PLACE OF DEATH (Check only one. See instructions) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence		
9a. FACILITY NAME (If not institution, give street and number) St. Anthony Hospital		9b. CITY, TOWN, OR LOCATION OF DEATH Crown Point	9c. COUNTY OF DEATH Lake	
10. MARITAL STATUS Married	11. SURVIVING SPOUSE (If wife, give maiden name) Revelle Van Sant	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Homemaker	12b. KIND OF BUSINESS/INDUSTRY Own Home	
13a. RESIDENCE—STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION Highland	13d. STREET AND NUMBER 8436 Liable	
13e. ZIP CODE 46322	13f. INSIDE CITY LIMITS? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? U.S.A.	15. WAS DECEDENT OF HISPANIC ORIGIN? <input type="checkbox"/> No <input checked="" type="checkbox"/> 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) <input type="checkbox"/> College (1-4 or 5+) <input checked="" type="checkbox"/> UNK		18. FATHER'S NAME (First Middle Last) Robert L. Lucas		
19. MOTHER'S NAME (First Middle Maiden Surname) Annie E. Snider		20a. INFORMANT'S NAME (Type/Print) Melba Fern Haythorn		
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) This Document is on file in the Lake County Recorder's Office 47861		20c. Relationship Sister		
21a. 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)	21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) March 14, 1992 Chapel Lawn Cemetery		21c. LOCATION—City or Town, State Scherverville, Indiana	
22a. EMBALMER'S NAME Ronald A. Reed	22b. EMBALMER'S LICENSE NO. FDO 1001081	23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Ronald A. Reed</i>	24b. LICENSE NUMBER (of Licenses) FDO 1014511	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Kuiper Funeral Home 9039 Kleinman Rd. Highland, Indiana, FDH 300-7500		
26. PART I. Enter the disease, 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) Multiple cerebral vasculopathy DUE TO (OR AS A CONSEQUENCE OF) Canas of Unknown Origin DUE TO (OR AS A CONSEQUENCE OF) Pericarditis DUE TO (OR AS A CONSEQUENCE OF) HEALTH DEPT. MAR 17 1992				
PART II. Other significant conditions, Conditions contributing to death but not previously stated in Part I. 27. WAS DECEDENT PREGNANT OR POSTPARTUM (Yes or no)? NO 28. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE? (Yes or no)? NO LAKE COUNTY HEALTH COMMUNITY HEALTH DEPT.				
29a. CERTIFIER (Check only one) <input 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.				
29b. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>			29c. MEDICAL LICENSE NO. 0100308311	29d. DATE SIGNED (Month Day, Year) 3. 17. 92
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) J. M. A. R. KELLS M.D. 8-8-95 B.P.W.Y. MERIDIANVILLE, IN.				
31. HEALTH OFFICER'S SIGNATURE <i>Alexander S. Williams, M.D.</i>				
32. DATE FILED (Month Day, Year) March 12, 1992				
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> 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.		

1-8-17-92
3/16-2-7-12-16



11-30-92