



COMMUNITY TITLE COMPANY

COMMUNITY TITLE COMPANY FILE NO. 27187

An Indiana Corporation = 4218 West 781st Avenue Merrillville, Indiana 46410 219-736-2810

93083845

AFFIDAVIT

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

DEC 13 12 05 PM '93 STATE OF INDIANA LAND RECORDS FILED

Ellen M. Fay F/K/A Ellen M. Motts being first duly sworn upon oath, deposes and says:

1. That Affiant's spouse, James E. Motts died (without leaving a will) (XXXXXXXXXXXX) on FEBRUARY 24, 1975 at ST. MARY'S MEDICAL CENTER

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

Lot 10 in Block 10 in Lloyd's Deepwater Subdivision, as per plat thereof, Recorded August 7, 1934 in Plat Book 22, Page 71, 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.

Ellen M. Fay Ellen M. Motts Ellen M. Fay F/K/A Ellen M. Motts

Subscribed and sworn to before me, a Notary Public, this 2nd day of DEC. 19 93.

ROBIN A. HUFFMAN Notary Public COUNTY OF RESIDENCE: LAKE My Commission expires: 10-31-97

County of Residence: Lake

This Instrument prepared by Ellen M. Fay

Handwritten initials/number 200 cm

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

Below for State Office Use

- A _____
B _____
C _____
D _____
E _____
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FUNERAL HOME
No. 161
FUNERAL DIRECTOR'S
LICENSE No. 699
EMBALMER'S NAME: Ronald A. Reed
FUNERAL DIRECTOR'S
SIGNATURE: *Ronald A. Reed*

DEC 02 '93 11:53AM CALLINEY, SECURITY'S FAX2198654029

INDIANA STATE BOARD OF HEALTH
CORONER'S CERTIFICATE OF DEATH

Local No. 228-75

Death No.

PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS		DECLARANT NAME FIRST MIDDLE LAST James E. Motts			SEX Male	DATE OF DEATH (MONTH, DAY, YEAR) February 24, 1975
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) White		AGE - LAST BIRTHDAY (YEARS) Mo. 22	UNDER 1 YEAR BMOB. DAYS	UNDER 1 DAY HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR) 15-28-1952	COUNTY OF DEATH Lake
CITY, TOWN, OR LOCATION OF DEATH Hobart		INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes	HOSPITAL OR OTHER INSTITUTION NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) St. Mary's Medical Center			
DECEASED		STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) Indiana	CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) Eileen Manning	
USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.		SOCIAL SECURITY NUMBER 309-52-9222	DATE OF DEATH (IF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 12-20-1975	KIND OF BUSINESS OR INDUSTRY U.S. Steel Gary Works		
RESIDENCE STATE Indiana		CITY, TOWN OR LOCATION East Gary	INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes	TOWNSHIP Hobart		
PARENTS		FATHER NAME FIRST MIDDLE LAST Earl L. Motts	MOTHER MAIDEN NAME FIRST MIDDLE LAST Georgiana Watson	IS RESIDENCE ON A FARM? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
SPOUSAL NAME Mrs. Eileen Motts		RELATIONSHIP Wife	MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 4116 Liverpool Rd. East Gary, IN			
PART I: DEATH WAS CAUSED BY:		ENTER ONLY ONE CAUSE (PER LINE FOR (a), (b), AND (c)) - APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH:				
IMMEDIATE CAUSE:		(a) Intracranial Hemorrhage				
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST.		(b) Skull Fracture				
CAUSE		(c) Struck with blunt object				
PART II: OTHER SIGNIFICANT CONDITIONS (CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE) GIVEN IN PART I (A):		ACCIDENT, SUICIDE, HOMICIDE, DATE OF INJURY (MONTH, DAY, YEAR) OR UNDERSTOOD (SPECIFY) 20a. Homicide		HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II; ITEM 18) 20c. Struck with blunt object		
INJURY AT WORK? (SPECIFY YES OR NO) No		PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)) Lounge		LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 20b. Coconut Grove Lounge East Gary		
CORONER'S CERTIFICATION						
ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.						
DEATH OCCURRED (HOURS) 21a. 6:45 p.m.		THE DECEDENT WAS PRONOUNCED DEAD (MONTH DAY YEAR) 21b. February 24 1975		DATE SIGNED (MONTH, DAY, YEAR) 21c. 2-27-75		
CERTIFIER NAME (TYPE OR PRINT) 22a. William H. Mott, M.D.		SIGNATURE OF CERTIFIER 22b. <i>William H. Mott</i>		DEGREE OR TITLE Coroner		
MAILING ADDRESS - CERTIFIER 23. 751 Washington Street		CITY OR TOWN Gary		STATE Indiana		
ZIP 46402		BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial				
CEMETERY, CREMATORY, FUNERAL HOME 24b. Calvary Cemetery		LOCATION - CITY OR TOWN - STATE 24c. Portage, Indiana				
DATE (MONTH, DAY, YEAR) 24d. Feb. 28, 1975		FUNERAL HOME - NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 24e. Olson & Fry, Inc. 1307 Central Ave. East Gary, IN				
SIGNATURE OF HEALTH OFFICER 25b. <i>John Tracy M.D.</i>		DATE RECEIVED BY LOCAL HEALTH OFFICER 26b. 2-28-1975				

