

ESTATE AFFIDAVIT

Case No. 11089

Address: 833 State Street  
Hammond, Indiana

93084363

Legal Description:

LOT 42 AND THE EASTERLY 10 FEET OF LOT 43 BLOCK 1 IN FOGG AND HAMMOND'S ADDITION TO THE CITY OF HAMMOND, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 1 PAGE 95, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

33-80-40

RETURN TO:  
FIRST AMERICAN TITLE INS. CO  
5285 COMMERCE DR., SUITE 11  
CROWN POINT, IN 46307

GUY M. WHITLATCH, SR.

Affiant, states that:

DOROTHEA M. WHITLATCH

deceased, died on the

20<sup>th</sup> day of July, 1983

1. Affiant is:  the surviving spouse of the deceased,  the Personal Representative/Executor of the estate of the deceased.

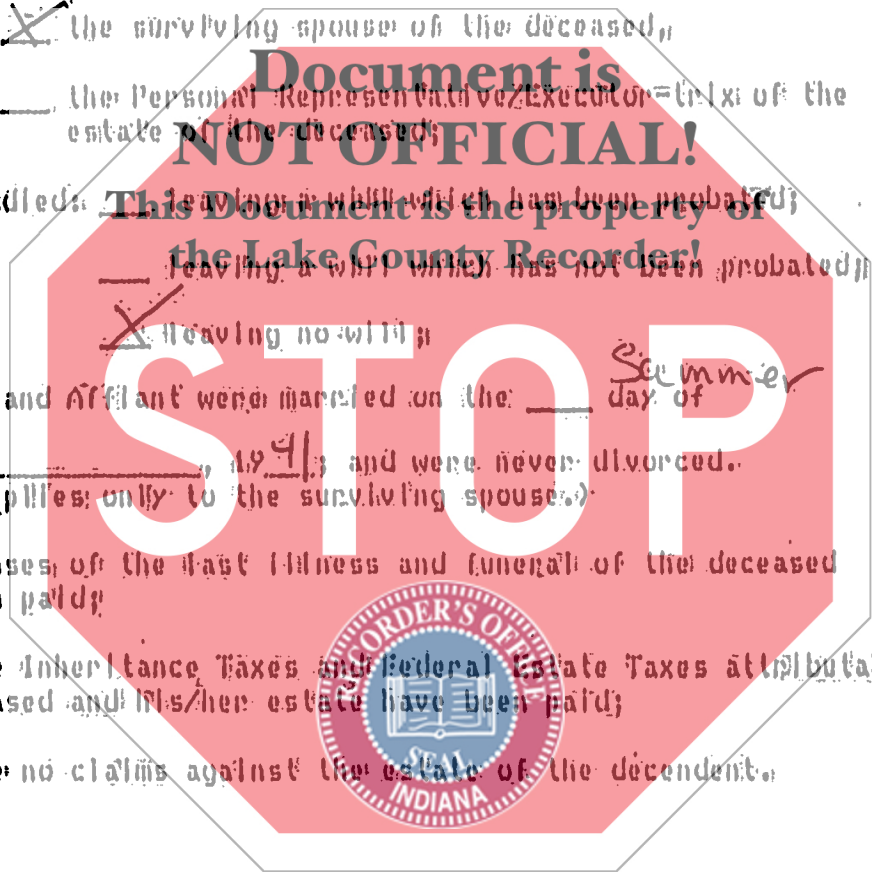
2. The deceased died:  leaving a will which has been probated;  leaving a will which has not been probated;  leaving no will.

3. The deceased and Affiant were married on the 20<sup>th</sup> day of July, 1941; and were never divorced. (This item applies only to the surviving spouse.)

4. All expenses of the last illness and funeral of the deceased have been paid.

5. All State Inheritance Taxes and Federal Estate Taxes attributable to the deceased and his/her estate have been paid.

6. There are no claims against the estate of the decedent.



FILED

NOV 30 1993

Corina N. Ramos  
AUDITOR LAKE COUNTY

This Affidavit is made to induce First American Title Insurance Company to issue a policy of title insurance on the above-described real estate.

NOVEMBER 4, 1993

Date

*Guy M. Whitlatch Sr.*  
Signature of Affiant

GUY M. WHITLATCH, SR.

Printed Name of Affiant

State of Indiana, County of Lake

Subscribed and sworn to before me, this 4th day of NOVEMBER, 1993

CORINA CASTEL RAMOS

Printed Name of Notary

*Corina Castel Ramos*  
Signature of Notary

My Commission expires: 5/16/97

My County of Residence is: LAKE

Prepared By:

00581

*Joe*

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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- 12 \_\_\_\_\_

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

FIRST CLASS U.S. POSTAL SERVICE  
5265 COMMERCE BLDG. SUITE 1  
BROWN POINT, IN 46307  
No. \_\_\_\_\_

Local No: 326

FUNERAL HOME  
No. 280

LICENSE No. 1350  
FUNERAL DIRECTOR'S  
LICENSE No. 1783

EMBALMER'S NAME  
John C. Ault  
FUNERAL DIRECTOR'S  
SIGNATURE  
[Signature]

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

PARENTS

DISPOSITION

M.D. OR D.D.

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE AS STATED ON THE UNDERLYING CAUSE LAST

CAUSE

DECEASED—NAME FIRST MIDDLE LAST <u>Dorothea M. Whitlatch</u>		SEX <u>Female</u>	DATE OF DEATH MONTH DAY YEAR <u>July 20, 1983</u>
RACE—(Do not check American Indian or Alaska Native) <u>White</u>	AGE—Last birthday YEARS MONTHS DAYS <u>60</u>	UNDER 1 YEAR MONTHS DAYS <u>5/11/1923</u>	COUNTY OF DEATH <u>Lake</u>
CITY, TOWN OR LOCATION OF DEATH <u>East Chicago</u>		HOSPITAL OR OTHER INSTITUTION—(Specify if not at home give street and number) <u>St. Catherine Hospital</u>	
STATE OF BIRTH <u>Wisconsin</u>	CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	MARRIED NEVER MARRIED WIDOWED DIVORCED <u>Married</u>	SURVIVING SPOUSE—(Give name and name) <u>Guy M. Whitlatch, Sr.</u>
SOCIAL SECURITY NUMBER <u>342-18-4296</u>		USUAL OCCUPATION <u>Homemaker</u>	KIND OF BUSINESS OR INDUSTRY <u>146</u>
USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION; GIVE RESIDENCY BEFORE ADMISSION RESIDENCE—STATE <u>Indiana</u>	COUNTY <u>Lake</u>	CITY, TOWN OR LOCATION <u>Munster</u>	IS RESIDENCE ON A FARM? 156a YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
STREET AND NUMBER <u>8108 Euclid</u>		INSIDE CITY LIMITS 156b YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN CUBAN PUERTO RICAN ETC 160a YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
FATHER—NAME FIRST MIDDLE LAST <u>Theodore B. Harrington</u>		MOTHER—MAIDEN NAME FIRST MIDDLE LAST <u>Winifred Holthaus</u>	
INFORMANT—NAME (Type or print) <u>Mr. Guy M. Whitlatch, Sr.</u>		RELATIONSHIP <u>Son</u>	MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP <u>8108 Euclid Munster, Indiana 46321</u>
BUNIAL CREMATION REMOVAL OTHER <u>Burial</u>		CETMETERY OR CREMATORY—FUNERAL HOME <u>Chapel Lawn Memorial Gardens</u>	LOCATION CITY OR TOWN STATE <u>Schererville, Indiana</u>
DATE (MONTH DAY YEAR) <u>July 23, 1983</u>		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP) <u>Bocker Funeral Home, Inc. 7042 Kennedy Aven Hammond, IN</u>	
21a SIGNATURE <u>[Signature]</u>		DATE SIGNED (MONTH DAY YEAR) <u>7-22-83</u>	HOUR OF DEATH 21c _____
NAME OF ATTENDING PHYSICIAN (Type or print) <u>[Signature]</u>		HEALTH OFFICER—SIGNATURE <u>E. A. Campaigne M.D.</u>	
MAILING ADDRESS—PHYSICIAN 21d _____		DATE RECEIVED BY LOCAL HEALTH OFFICER <u>7-22-83</u>	
22a IMMEDIATE CAUSE ENTER ONLY ONE CAUSE PER LINE (FOR USE IN PART 11) <u>Cardiac-respiratory disease</u>			
PART 11 (a) DUE TO OR AS A CONSEQUENCE OF <u>White myocardial infarction</u>		Interval between onset and death <u>30 min</u>	
(b) DUE TO OR AS A COMPLICATION OF <u>Coronary artery disease</u>		Interval between onset and death <u>11 hours</u>	
PART 11 (c) OTHER SIGNIFICANT CONDITIONS—(Conditions contributing to death but not routine to cause of death in PART 11) <u>Diabetes mellitus</u>		AUTOPSY (Specify Yes or No) <u>24</u>	

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