

ESTATE AFFIDAVIT

100: PA - 10995

Address: 6803 - 05 Hohman Ave.

Hammond, IN 46324

94004038

Legal Description

THE SOUTH HALF OF LOT 1 IN THE RESUBDIVISION OF LOT 18 IN OAK PARK ADDITION TO THE CITY OF HAMMOND, LAKE COUNTY, INDIANA; AND THE NORTH HALF OF LOT 1 IN THE RESUBDIVISION OF LOT 18 IN OAK PARK ADDITION TO THE CITY OF HAMMOND, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 26 PAGE 40, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA

FILED

JAN 14 1994

Anna M. Antonio
AUDITOR LAKE COUNTY

IRENE ELLI FRITZKE

Affiant, states that:

1. ELLI TRAPPE, deceased, died on the 10th day

of July, 1993;

2. Affiant is: the surviving daughter of spouse of the deceased,
 the Personal Representative/Executor of the estate of the deceased;

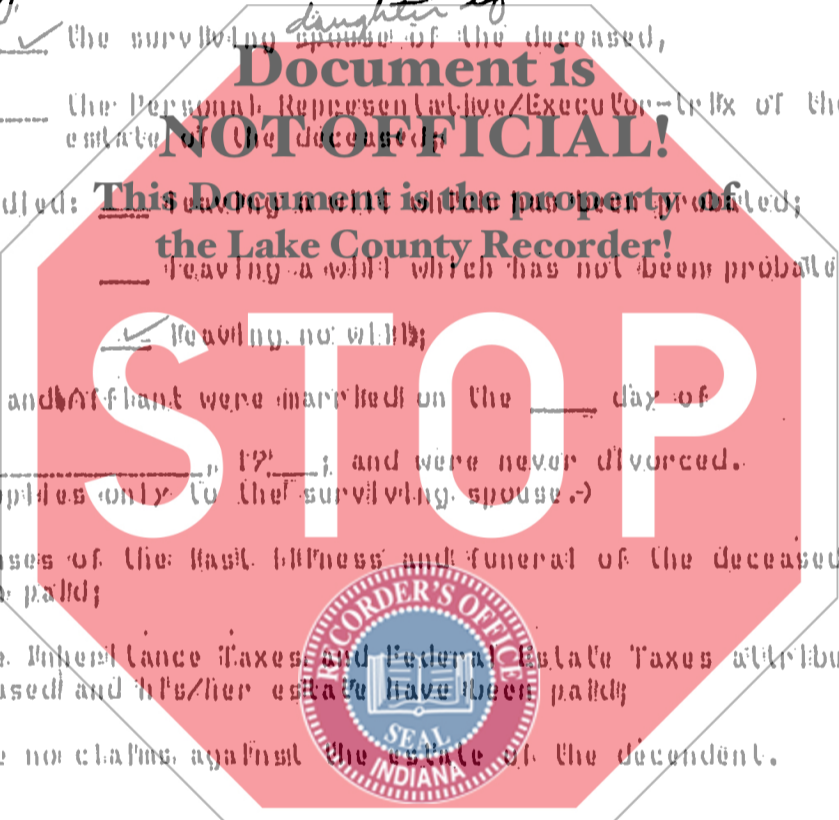
3. The deceased died: leaving no will; leaving a will which has not been probated;

4. The deceased and Affiant were married on the _____ day of _____, 19____, and were never divorced.
(This item applies only to the surviving spouse.)

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

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

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



STATE RECORDER
JAN 14 9 40 AM '94

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

Date: 9-8-93

Signature of Affiant: *Irene E. Fritzke*

Printed Name of Affiant: IRENE ELLI FRITZKE

State of Indiana, County of Lake

Subscribed and sworn to before me, this _____ day of SEPTEMBER, 1993.

Printed Name of Notary: CORINA CASTEL RAMOS

Signature of Notary: *Corina Castel Ramos*

My Commission expires: 5/16/97

My County of Residence: LAKE

Prepared By:

0081

Handwritten initials/signature

INDIANA STATE DEPARTMENT OF HEALTH

THIS CERTIFICATE IS A TRUE AND COMPLETE COPY OF THAT ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.

CERTIFICATE OF DEATH

State Sept. 11, 1993 Hammond Health Commissioner

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-31

Local No. 591

TYPE/PRINT IN PERMANENT BLACK INK

Form with fields for DECEASED-NAME (ELBE, Elbe Trappe), SEX (Female), TIME OF DEATH (7:18P.M.), DATE OF DEATH (July 10, 1993), SOCIAL SECURITY NUMBER (306-10-6231), AGE (81), DATE OF BIRTH (Feb. 2, 1912), BIRTH PLACE (Hannover, Germany), FACILITY NAME (St. Margaret-Mercy), CITY/TOWN (Hammond), COUNTY (Lake), MARITAL STATUS (Widowed), SURVIVING SPOUSE (None), DECEDENT'S USUAL OCCUPATION (Homemaker), RESIDENCE (6616 Van Buren St., Hammond, Ind. 46324), FATHER'S NAME (Wilhelm Grote), MOTHER'S NAME (Christina Jurgens), INFORMANT'S NAME (Irene Fritzsche), ADDRESS (9611 South Lane, Walnut Creek, Ca. 94596), RELATIONSHIP (Daughter), METHOD OF DISPOSITION (Burial), DATE AND PLACE OF DISPOSITION (July 16, 1993, Concordia Cemetery), EMBALMER'S NAME (David F. McCoy), LICENSE NUMBER (08700581), SIGNATURE OF FUNERAL DIRECTOR (David F. McCoy), LICENSE NUMBER (FD08700581), NAME/ADDRESS OF FUNERAL HOME (McCoy Funeral Chapel, 5713 Hohman Ave., Hammond, Ind. 46320), IMMEDIATE CAUSE (STROKE), PART II (Other significant conditions), CERTIFIER (Franklin S. Khajaj, M.D.), NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Franklin S. Khajaj, M.D., 9211 Fran Lin Parkway, Munster, IN 46321), MANNER OF DEATH (Natural), DATE OF INJURY, TIME OF INJURY, INJURY AT WORK?, PLACE OF INJURY, LOCATION, DATE PRONOUNCED DEAD, MOTOR VEHICLE ACCIDENT?

DECEDENT

PARENTS INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

CORONER USE ONLY



STROKE FILED JAN 14 1994

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