Blumer 184595 Incl #5

94006791

TICOR TITLE INSURANCE

JAN 26 10 23 AM '94

STATE OF INDIANA, LAKE COUNTY
FILED FOR RECORD

AFFIDAVIT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

ROSS O. COOK, being first duly sworn upon oath, deposes and says:

1. That HAZEL M. COOK died on 10-28, 1993 at Community Hospital.

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

LOT 27 IN BLOCK 3 IN HIGHLAND ESTATES, IN THE TOWN OF HIGHLAND, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 27 PAGE 84, 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 ~~this~~ (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.

16-27-192-027

Ross O Cook
ROSS O. COOK

Subscribed and sworn to before me, a Notary Public, this 20TH day of JANUARY, 19 94.

FILED

JAN 25 1994

AUDITOR LAKE COUNTY

Linda S Wood
Notary Public
LINDA S. WOOD

My Commission expires: 10-17-94

County of Residence: LAKE

This Instrument prepared by ROSS O. COOK

800 ke

INDIANA STATE DEPARTMENT OF HEALTH

Local No. 2525-93

CERTIFICATE OF DEATH

State No. .....

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1 DECEASED—NAME (First Middle Last): HAZEL MAY COOK
2 SEX: FEMALE
3a TIME OF DEATH: 9:00 A.M.
3b DATE OF DEATH (Month Day Yr): OCTOBER 28, 1993
4 SOCIAL SECURITY NUMBER: 312-18-7595
5a AGE—Last Birthday (Years): 71
5b UNDER 1 YEAR: Months / Days
5c UNDER 1 DAY: Hours / Minutes
6 DATE OF BIRTH (Mo Day Yr): October 7, 1922
7 BIRTHPLACE (City and State or Foreign Country): Pueblo, Colorado
8a WAS DECEDENT A U.S. VETERAN?: No
8b YEAR LAST SERVED IN US ARMED FORCES?: —
9a PLACE OF DEATH (Check only one See instructions): HOSPITAL [X] Inpatient [ ] ER Outpatient [ ] DOA; OTHER [ ] Nursing Home [ ] Other (Specify) [ ] Residence
9b FACILITY NAME (If not institution give street and number): THE COMMUNITY HOSPITAL
9c CITY TOWN OR LOCATION OF DEATH: MUNSTER
9d COUNTY OF DEATH: LAKE
10 MARITAL STATUS (Specify): Married
11 SURVIVING SPOUSE (If wife give maiden name): Ross L. O. Cook
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: 2712 Duluth Avenue
13e ZIP CODE: 46322
13f INSIDE CITY LIMITS: [ ] No [X] Yes
13g ON A FARM?: [X] No [ ] Yes
14 CITIZEN OF WHAT COUNTRY?:
15 WAS DECEDENT OF HISPANIC ORIGIN? (Mexican Puerto Rican etc): [X] No [ ] Yes (If yes specify Cuban)
16 RACE—American Indian Black White etc (Specify): White
17 DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0 12): / College (1 4 or 5 +): 2

PARENTS

18 FATHER'S NAME (First Middle Last): Arlie Alfred Wolfington
19 MOTHER'S NAME (First Middle Maiden Surname): Georgia Anna Dooley

INFORMANT

20a INFORMANT'S NAME (Type/Print): Ross L. Cook
20b MAILING ADDRESS (Street and Number or Rural Route Number City or Town State Zip Code): 2712 Duluth Ave. Highland, IN 46322
20c Relationship: Husband

DISPOSITION

21a METHOD OF DISPOSITION: [X] Burial [ ] Cremation [ ] Entombment [ ] Removal from State [ ] Donation [ ] Other (Specify)
21b DATE AND PLACE OF DISPOSITION (Name of cemetery crematory or other place): October 30, 1993 Orchard Grove Cemetery
21c LOCATION—City or Town State: Lowell, Indiana
22a EMBALMER'S NAME: Dean G. Wagner
22b EMBALMER'S LICENSE NO: FD08800057
23 WAS DEATH REPORTED TO CORONER?: [X] No [ ] Yes
24a SIGNATURE OF FUNERAL DIRECTOR: [signature]
24b LICENSE NUMBER (of Licensee): 1009893
25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME: PRUZIN & LITTLE FUN. SERV. #3001261 811 E. Franciscan Dr., Crown Point, IN 46307

CAUSE OF DEATH

26 PART I. Enter the diseases 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):
a Cardiogenic shock — Approximate Interval Between Onset and Death: 1 day
Due to (or as a consequence of):
b Acute myocardial infarction — 1 day
Due to (or as a consequence of):
c
Due to (or as a consequence of):
d

Conditions if any which gave rise to the immediate cause stating the underlying cause last

PART II Other significant conditions Conditions contributing to death but not previously stated in Part I

27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no): No
28a WAS AN AUTOPSY PERFORMED? (Yes or no): No
28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)

CERTIFIER

29a CERTIFIER (Check only one):
[X] CERTIFYING PHYSICIAN To the best of my knowledge death occurred at the time date and place and due to the cause(s) as stated
[ ] 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
[ ] 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: A. Gandhi
29c MEDICAL LICENSE NO: 29887
29d DATE SIGNED (Month Day Year): OCTOBER 29, 1993

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): DR. ARVIND GANDHI, M. D. 9122 COLUMBIA AVENUE MUNSTER, INDIANA 46321

HEALTH OFFICER

31 HEALTH OFFICER'S SIGNATURE: Alexander S. Williams, M.D.
FILED
32 DATE FILED (Month Day Year): October 29, 1993

CORONER USE ONLY

33 MANNER OF DEATH: [ ] Natural [ ] Pending Investigation [ ] Accident [ ] Suicide [ ] Could not be Determined [ ] Homicide
34a DATE OF INJURY (Month Day Year):
34b TIME OF INJURY:
34c INJURY AT WORK? (Yes or no):
34d DESCRIBE HOW INJURY Ooccurred:
JAN 25 1994
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 LAKE COUNTY

SDH06-004 State Form 10110 (R3 / 3-92) DEATHCER PD