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Robert's
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TICOR TITLE INSURANCE

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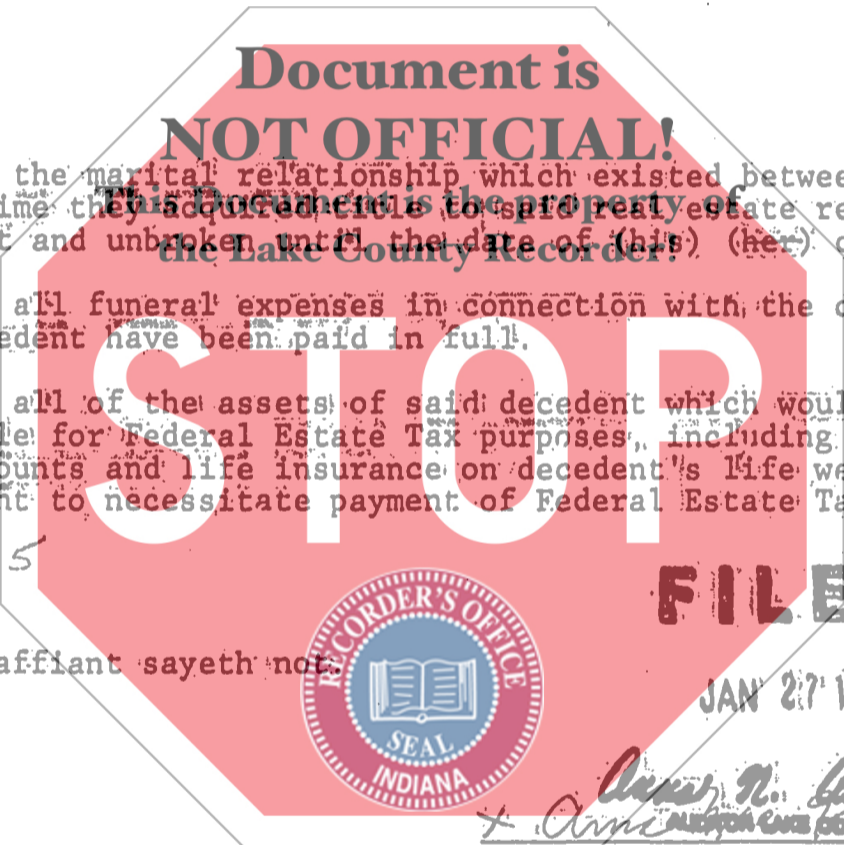
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STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

ANNA MAE KEMP, AKA ANNE MAE KEMP, being first duly sworn upon oath, deposes and says:

- FATHER
1. That Affiant's ~~spouse~~, RAYMOND MOSBEY died (without leaving a will) (leaving a will) on OCTOBER 16 1962 at LAKE COUNTY CONVEL HOME.
HE WAS _____ TO MAE MOSBEY A/K/A MAE MOSBEY.
 2. That ~~they were~~ duly and legally married at the time they acquired title as husband and wife to the following described real estate:
LOTS 35 and 36 IN BLOCK 11 IN SIDNEY LOWENSTEIN'S FIRST SUBDIVISION, IN THE CITY OF GARY, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 8 PAGE 33, 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 remains 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.



STATE OF INDIANA, S.S. NO. _____
LAKE COUNTY
FILED FOR RECORD
JAN 28 10 17 AM '94
SARAH L. LICH
RECORDER

25-45-380-35

FILED

Further affiant sayeth not.



JAN 27 1994

Anna M. Kemp
ANNA MAE KEMP
AKA ANNE MAE KEMP

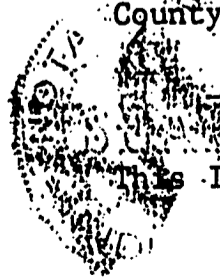
Subscribed and sworn to before me, a Notary Public, this 15th day of OCTOBER, 1993.

Linda S. Wood
LINDA S. WOOD Notary Public

My Commission expires:
10-17-94

County of Residence:
LAKE

This Instrument prepared by ANNA MAE KEMP



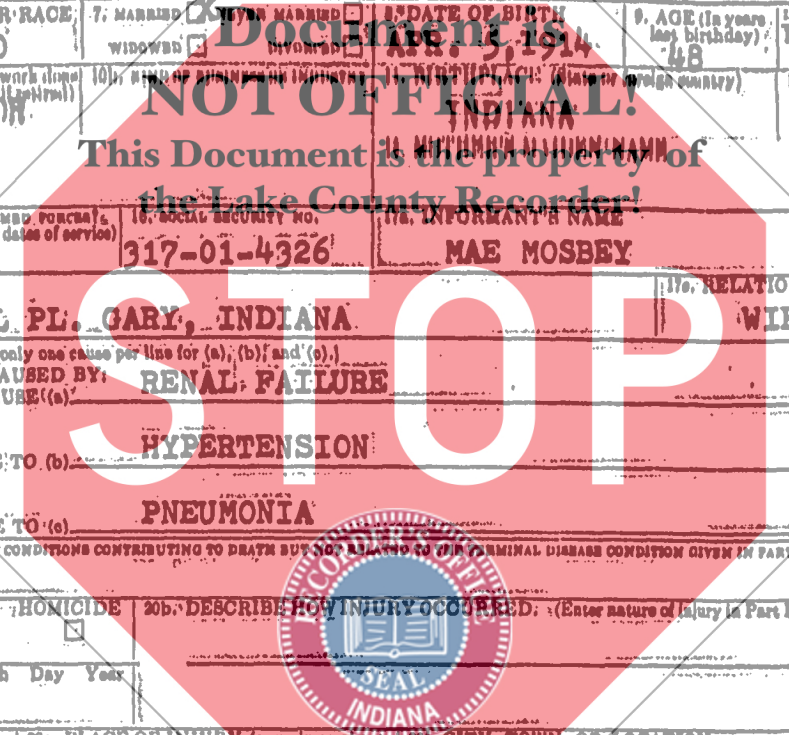
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FOR PRINT
 ONLY WITH
 PERMIT FROM
 HEALTH DEPT.
 THIS IS A
 PERMANENT
 RECORD
 TO BE FILED
 WITH THE LAKE COUNTY HEALTH DEPT.
 ON FILE WITH THE LAKE COUNTY HEALTH DEPT.
 1918

DIVISION OF VITAL RECORDS
 MEDICAL CERTIFICATE OF DEATH

Local No. 467

1. PLACE OF DEATH COUNTY LAKE COUNTY		7. STATE INDIANA		8. COUNTY LAKE	
2. CITY, TOWN, OR LOCATION CROWN POINT		3. Length of Stay in lb 12 YEARS	4. CITY, TOWN, OR LOCATION GARY		
5. NAME OF HOSPITAL OR INSTITUTION LAKE COUNTY CONVALESCENT		6. STREET ADDRESS 2349 MRASHALL PL.		9. IS RESIDENCE ON A FARM YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
10. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		11. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		12. IS RESIDENCE ON A FARM YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
13. NAME OF DECEASED (Type or print) First Middle Last RAYMOND MOSBEY		14. DATE OF DEATH Month Day Year OCT. 16, 1962			
15. SEX MALE	16. COLOR OR RACE NEGRO	17. MARRIED MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	18. DATE OF BIRTH Aug. 3, 1914	19. AGE (In years, last birthday) 48	20. IF UNDER 1 YEAR: Months Days Hours Min.
21. USUAL OCCUPATION (Give kind of work done during part of year that was full-time) MACHINE OPERATOR		22. BIRTHPLACE (State or foreign country) INDIANA		23. CITIZENSHIP OF WHAT COUNTRY? USA	
24. WAS DECEASED EVER IN U.S. ARMED FORCES (If yes, give war or dates of service)		25. SOCIAL SECURITY NO. 317-01-4326	26. INFORMANT'S NAME MAE MOSBEY		
27. INFORMANT'S ADDRESS 2349 MARSHALL PL. GARY, INDIANA			28. RELATIONSHIP TO DECEASED WIFE		
29. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) RENAL FAILURE HYPERTENSION Conditions, if any, which gave rise to above cause (a) stating the underlying cause last. PNEUMONIA DUE TO (b) HYPERTENSION DUE TO (c) PNEUMONIA					30. INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO A PRIMARY DISEASE CONDITION GIVEN IN PART I (a).					31. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
32. ACCIDENT -- SUICIDE -- HOMICIDE <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		33. DESCRIBE HOW INJURY OCCURRED: (Enter nature of injury in Part I or Part II of item 18.)			
34. TIME OF DEATH Hour Month Day Year 8:19 P.M. 10-16-62					
35. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		36. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		37. CITY, TOWN, OR LOCATION -- COUNTY -- STATE	
38. ATTENDING PHYSICIAN: I certify that I attended the deceased from 11-25-62 to 10-16-62 and last saw her alive on 10-16-62 at 8:19 P.M. (C.S.T.) on the date stated above; and to the best of my knowledge, from the causes stated.			39. HEALTH OFFICER: I certify that I investigated cause of death of deceased and find that death occurred at GARY, INDIANA (C.S.T.) from causes stated and on above date.		
40. SIGNATURE A. A. AGANA, MD		41. ADDRESS 114 COUNTY RD., CROWN PT.		42. DATE SIGNED 10-16-62	
43. BURIAL CREMATION REMOVAL (Specify) BURIAL		44. DATE OCT. 20, 1962		45. NAME OF CEMETERY OR CREMATORY OAK HILL CEMETERY	
46. DATE REC'D BY LOCAL HEALTH OFFICER OCT. 18, 1962		47. SIGNATURE OF HEALTH OFFICER DANIEL G. BERNOSKE, MD		48. FUNERAL DIRECTOR TOWNS FUNERAL HOME	
49. ADDRESS GARY, INDIANA					



TOWN'S NAME (ED. 1962) W. TOWNS
 LICENSE NO. 4263
 FUNERAL DIRECTOR'S LICENSE NO. 627