Ticor 140

TICOR TITLE INSURANCE

2.

94018693 AFFIDAVIT 184702

STATE OF 94018693)
) SS:
COUNTY OF LAKE)

Patricia A. Campbell, being first duly sworn upon oath, deposes and says:

1. That Affiant's spouse, Edward H. Campbell died (without leaving a will) (leaving a will) on Dec 6, 1989 at St. Catherine's Hospital, East Chicago, Ind.

2. That they were duly and legally married at the time they acquired title as husband and wife to the following described real estate: 84.31 Gordon Dr, Highland In 46322 Lake Co. Ind. North Township Highland Terrace S'LY 10 FT. OF L.36 BL.4, ALL L.36 BL. 4, N'WLY 3.1 FT OF L.37 BL.4, 16

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 sufficient to necessitate payment of Federal Estate Tax.

Key# 27-122-36

FILED

MAR 10 1994

Further affiant sayeth not.

MAR 10 1994

Anna M. Antos
AUDITOR LAKE COUNTY

Anna M. Antos
AUDITOR LAKE COUNTY

Patricia A. Campbell

Subscribed and sworn to before me, a Notary Public, this 17 day of Feb, 1994.

Barbara A. Bell
Notary Public

My Commission expires:

5-11-94

BARBARA A. BELL
Notary Public State of Texas
My Commission Expires 05/11/94

County of Residence:

Bexar

This Instrument prepared by Patricia A. Campbell

801 th

0633

FILED
MAR 10 2 22 PM '94
SAM RECORDER
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

INDIANA STATE BOARD OF HEALTH

Local No. 407

CERTIFICATE OF DEATH

State No. .....

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1 DECEASED—NAME (First, Middle, Last)	2 SEX	3a TIME OF DEATH	3b DATE OF DEATH (Month, Day, Yr.)
EDWARD H. CAMPBELL	MALE	1:30P M	DECEMBER 31, 198

4 SOCIAL SECURITY NUMBER	5a AGE—Last Birthday (Years)	5b UNDER 1 YEAR (Months / Days)	5c UNDER 1 DAY (Hours / Minutes)	6 DATE OF BIRTH (Mo. Day. Yr.)	7 BIRTHPLACE (City and State or Foreign Country)
360-20-5084	60			SEP. 21, 1929	CHICAGO, ILLINOIS

8a WAS DECEDENT A U.S. VETERAN?	8b YEAR LAST SERVED IN U.S. ARMED FORCES?	9a PLACE OF DEATH (Check only one. See instructions)
YES	1946-1948	HOSPITAL ☒ Inpatient ☐ ER/Outpatient ☐ DOA — OTHER ☐ Nursing Home ☐ Other (Specify) ☐ Residence

9b FACILITY NAME (If not institution, give street and number)	9c CITY, TOWN, OR LOCATION OF DEATH	9d COUNTY OF DEATH
ST. CATHERINE HOSPITAL	EAST CHICAGO	LAKE

10 MARITAL STATUS (Specify)	11 SURVIVING SPOUSE (If wife, give maiden name)	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	12b KIND OF BUSINESS/INDUSTRY
MARRIED	PATRICIA BURKE	ELECTRICIAN	LTV STEEL

13a RESIDENCE—STATE	13b COUNTY	13c CITY, TOWN OR LOCATION	13d STREET AND NUMBER
INDIANA	LAKE	HIGHLAND	8436 GORDON DRIVE

13e ZIP CODE	13f INSIDE CITY LIMITS	13g ON A FARM?	14 CITIZEN OF WHAT COUNTRY?	15 WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16 RACE—American Indian, Black, White, etc. (Specify)	17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12)	College (1-4 or 5+)
46322	☐ No ☒ Yes	☒ No ☐ Yes	U.S.A.	☒ No ☐ Yes	WHITE	11yrs	

PARENTS

18 FATHER'S NAME (First, Middle, Last)	19 MOTHER'S NAME (First, Middle, Maiden Surname)
EDWARD H. CAMPBELL	GERTRUDE NOVAK

INFORMANT

20a INFORMANT'S NAME (Type/Print)	20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	20c Relationship
PATRICIA CAMPBELL	8436 GORDON DR HIGHLAND INDIANA	WIFE

DISPOSITION

21a METHOD OF DISPOSITION	21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	21c LOCATION—City or Town, State
☒ Burial ☐ Cremation ☐ Entombment ☐ Removal from State ☐ Donation ☐ Other (Specify)	JANUARY 4, 1989 ELMWOOD CEMETERY	HAMMOND, INDIANA

22a EMBALMER'S NAME	22b EMBALMER'S LICENSE NO	23 WAS DEATH REPORTED TO CORONER?
JAMES E. PORRAS	1045964	☒ No ☐ Yes

24a SIGNATURE OF FUNERAL DIRECTOR	24b LICENSE NUMBER (of Licensee)	25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME
[signature]	1021590	BURNS-KISH FUNERAL HOME 30049 8415 CALUMET AVE MUNSTER INDI

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.

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. CARDIOPULMONARY ARREST	<24 Hours
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last	b. DUE TO (OR AS A CONSEQUENCE OF): ACUTE GLOMERULONEPHRITIS	1 WEEK
	c. DUE TO (OR AS A CONSEQUENCE OF): MYELOFIBROSIS WITH AGNOGENIC	3 years
	d. DUE TO (OR AS A CONSEQUENCE OF):	

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)	28a WAS AN AUTOPSY PERFORMED? (Yes or no)	28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)
No	YES	No

CERTIFIER

29a CERTIFIER (Check only one)

☐ 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	29c MEDICAL LICENSE NO	29d DATE SIGNED (Month, Day, Yr.)
[signature]	0103582	1-5-90

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)
DR. LYLE MUNN 4321 FIR EAST CHICAGO INDIANA 46312

HEALTH OFFICER

31 HEALTH OFFICER'S SIGNATURE	32 DATE FILED (Month, Day, Yr.)
E. A. Campagna M.D.	1-9-90

CORONER USE ONLY

33 MANNER OF DEATH	34a DATE OF INJURY (Month, Day, Year)	34b TIME OF INJURY	34c INJURY AT WORK? (Yes or no)	34d DESCRIBE HOW INJURY OCCURRED
☐ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be Determined				

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, passenger, pedestrian, etc.

SBH06-004 State Form 10111 (2/3-89) DEA CERT/PD 1