

LEGAL DESCRIPTION:

Lot 65 in Merrillville Heights, Unit Two, as per plat thereof, recorded in Plat Book 37, page 28, in the Office of the Recorder of Lake County, Indiana

RETURN TO:
FIRST AMERICAN TITLE INS. CO.
5265 COMMERCE DR. SUITE 1
CROWN POINT, IN 46307

PROPERTY ADDRESS:

6117 California Street
Hobart, IN 46342

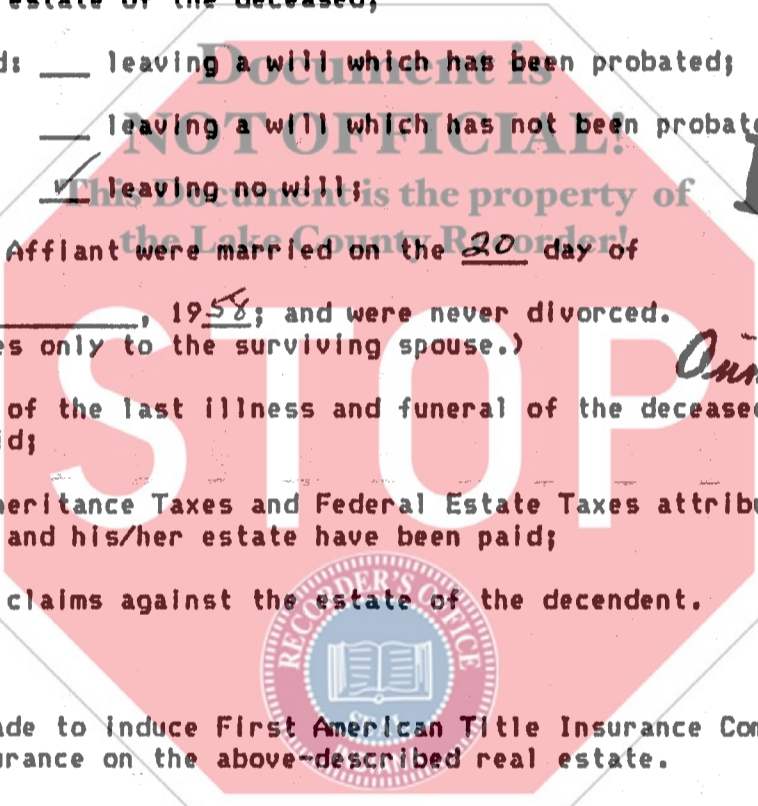
94022094

ESTATE AFFIDAVIT

Charlotte S. L. Hardesty, Affiant, states that:

1. Claudius E. Hardesty, deceased, died on the 6 day of JANUARY, 1994;
2. Affiant is: the surviving spouse of the deceased,
 the Personal Representative/Executor-trix of the estate of the deceased;
3. The deceased died: leaving a will which has been probated;
 leaving a will which has not been probated;
 leaving no will;
4. The deceased and Affiant were married on the 20 day of DECEMBER, 1958; 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 OF INDIANA
LAKE COUNTY, INDIANA
MAR 24 9 16 AM '94
S.A. RECORDER
FILED
MAR 24 1994



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

3-18-94
Date

Charlotte S. L. Hardesty
Signature of Affiant Charlotte S. L. Hardesty

Printed Name of Affiant

State of Indiana, County of Lake

Subscribed and sworn to before me, this 18 day of March, 1994.

Andrea A. Widlowski
Printed Name of Notary

Andrea A. Widlowski
Signature of Notary

My Commission expires: 9-17-97
My County of Residence is: Lake

THIS INSTRUMENT WAS PREPARED BY:

01450
gao
fa

ATTENTION ESTATE: Disclosure of the SSN we need to pursue our responsibilities is voluntary and there will be no penalty for refusal.

FA-11961

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

RETURN TO:
FIRST AMERICAN TITLE INS. CO.
5265 COMMERCE DR. SUITE 1
NEWBORN POINT, IN 46307

Local No. 005794

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

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

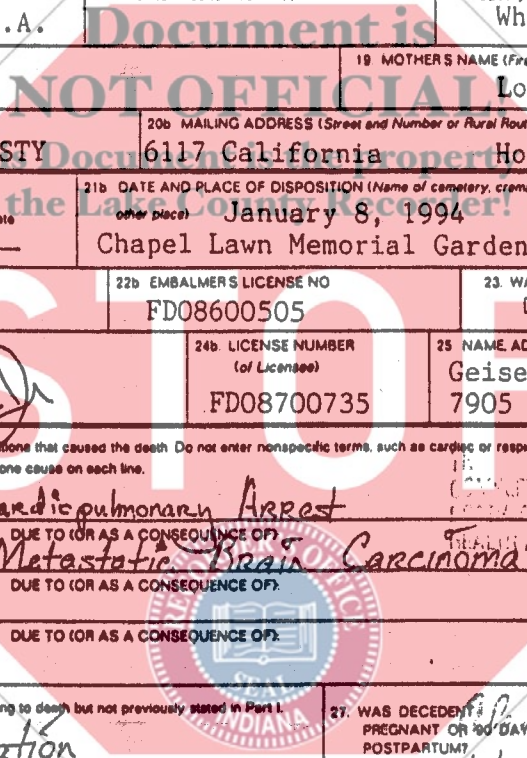
DISPOSITION

CAUSE OF
DEATH

CERTIFIER

HEALTH
OFFICER

1 DECEASED—NAME (First, Middle, Last) CLAUDIUS E. HARDESTY				2 SEX MALE	3a TIME OF DEATH 10:30 AM	3b. DATE OF DEATH (Month, Day, Yr) January 6, 1994
4. SOCIAL SECURITY NUMBER 324-28-1247		5a. AGE—Last Birthday (Years) 59	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr) April 27, 1934	7 BIRTHPLACE (City and State or Foreign Country) Broughton, Illinois
8a. WAS DECEDENT A U.S. VETERAN? Yes		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1958		8c. PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence		
9a. FACILITY NAME (If not institution, give street and number) St. Mary Medical Center				9b. CITY, TOWN, OR LOCATION OF DEATH Hobart		9d. COUNTY OF DEATH Lake
10. MARITAL STATUS (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Charlotte Hargan		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Grinder Operator		12b. KIND OF BUSINESS/INDUSTRY U.S. Steel Corp.
13a. RESIDENCE—STATE Indiana		13b. COUNTY Lake		13c. CITY, TOWN OR LOCATION Hobart		13d. STREET AND NUMBER 6117 California Street
13e. ZIP CODE 46342		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14 CITIZEN OF WHAT COUNTRY? U.S.A.		15 WAS DECEDENT OF HISPANIC ORIGIN? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)
13g. ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		16 RACE—American Indian, Black, White, etc. (Specify) White		17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) 12 College (11-4 or 5+)		
18 FATHER'S NAME (First, Middle, Last) Elmer Hardesty				19 MOTHER'S NAME (First, Middle, Maiden Surname) Louella Taylor		
20a. INFORMANT'S NAME (Type/Print) CHARLOTTE HARDESTY			20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 6117 California Hobart, IN 46342		20c. Relationship Wife	
21a. METHOD OF DISPOSITION <input type="checkbox"/> Entombment <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) January 8, 1994 Chapel Lawn Memorial Gardens			21c. LOCATION—City or Town, State Schererville, Indiana	
22a. EMBALMER'S NAME Alexis Thanos			22b. EMBALMER'S LICENSE NO. FD08600505		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Robert A. Craig Jr.</i>			24b. LICENSE NUMBER (of Licensee) FD08700735		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Geisen Funeral Home, FH83007762 7905 Broadway, Merrillville, IN 46410	
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. Cardiopulmonary Arrest b. Metastatic Brain Carcinoma c. FEB 04 1994 d. HEALTH DEPT. Approximate Interval Between Onset and Death 5 minutes 9 months						
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I. Isotonic Dehydration						
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) No						
29a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> 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. <input type="checkbox"/> 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.						
30. SIGNATURE AND TITLE OF CERTIFIER <i>Jeffery Smith MD</i>				29c. MEDICAL LICENSE NO. 01030268		29d. DATE SIGNED (Month, Day, Year) 1/6/94
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Jeffery Smith, M.D., 1400 S. Lake Park Avenue, Hobart, Indiana 46342						
31. HEALTH OFFICER'S SIGNATURE <i>Alexander S. Williams</i>						32. DATE FILED (Month, Day, Year) January 10, 1994
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month, Day, Year)		34b. TIME OF INJURY		34c. INJURY AT WORK? (Yes or no)
		34d. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		34e. DISPOSITION OF INJURY OCCURRED MAR 24 1994		
34g. DATE PRONOUNCED DEAD (Month, Day, Year)			34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, bicyclist, or other. <i>Anna M. Anton</i>			



FILED