RETURN TO: FIRST AMERICAN TITLE INS. CO.

CROWN POINT, IN 46307

94026522

AFFIDAVIT

I do hereby attest that HELEN ALEDA SMITH was my mother. She passed away June 25, 1991. All of the expenses associated with the probate of her estate have been paid. Furthermore, she is also the person who held title as husband and wife with CLARENCE WARREN SMITH at Lots 27 and 28 in Block 15 in subdivision of the east part of the north side addition to the City of Hammond, as per plat thereof, recorded in Plat Book 1, page 97, in the Office of the Recorder of Lake County, Indiana, commonly known as 4544 Cameron Avenue, Hammond, Indiana.

Further affiant saith not.

In witness hereof, the said CLARENCE W. SMITH, JR., has hereunto set his hand and seal this 30 to day of 1994.

NOT OFFICIAL!

This Document is the property of the Lake Cooking Recorder!

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(SEAL)

Clarence W. Smith,

APR 8 1994

STATE OF INDIANA

COUNTY OF LAKE

SS:

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Before me, the undersigned, a Notary Public in and for said County, this 30day of 1994, came Clarence W. Smith, Jr., and acknowledged the execution of the foregoing instrument.

Witness my hand and official seal.

Lois M. Carlbera

March 30, 1

My commission expires May 23, 1994.
Resident of Lake County

This instrument prepared by:

Bjarne R. Henderson, Senior Attorney Northern Indiana Commuter Transportation District

00437

THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE INDIANA STATE BOARD OF HEALTH HAMMOND HEALTH DEPARTMENT. Local No. - 496 1 July 11.1991 Signal ARD MANAGEM D CERTIFICATE OF DEATH Hernmond Heelth Commissions Dete lasued TYPE/PRINT I DECEASED - NAME (FIRM MILION LAND 30 TIME OF DEATH 30 DATE OF DEATH INCOM Day TEL HELEN A. SMITH IN **FEMALE** 6:04 AM JUNE 25, 1991 4 SOCIAL SECURITY NUMBER PERMANENT be ACL-Last Bringer N. LIMINER L VEAR SC UNDER I DAY & DATE OF BIRTH (Ma Day Y/) BIRTHPLACE (Cay and State or Foreign Country) Daye Moure **BLACK INK** 280-20-9875 77 Jan. 14, 1914 Dillenvale, Ohio WAS DECEDENT YEAR LAST SERVED IN Se PLACE OF DEATH (Check any one See instructions) HOSPITAL Modelers no OTHER | Huraing Home | Other (Specify) no ☐ Residence ☐ FR, Outpetient ☐ DOA 96 FACILITY NAME (If not institution give street and number) 8d COUNTY OF DEATH 94 CITY TOWN OR LOCATION OF DEATH DECEDENT St. Margaret Hospital Hammond Lake 10 MARITAL STATUS 11 SURVIVING SPOUSE (N w/o give moiden nor 12e DECEDENT S USUAL OCCUPATION (Give kind of work done during most of working Me Do not use (stred) 126 KIND OF BUSINESS/INDUSTRY Married Clarence W. Smith Homemaker 130 RESIDENCE-STATE 136 COLNITY 13c CITY, TOWN OR LOCATION 13d STREET AND NUMBER Indiana Lake Hammond 4544 Cameron 130 ZIP CODE 131 INSIDE CITY LIMITS 14 CITIZEN OF UNAT COUR 16 WAS DECEDENT OF HISPANIC ORIGIN? 16 RACE-American Inden. 17 DECEDENT'S EDUCATION WHAT COUNTRY Stock Militan au (Specify only highest grade compl Mexican Puerto Rican atc) (Specify) 46327 College (1-4 or 5 +) I SU ON A FARM? U.S.A. Elementary/Secondary (0.12) White Cito Ci Yes Ocumen 19 Molhers NAME (Fret Medale Marden Surneme) 18 FATHERS NAME (First Middle Last) PARENTS John Columbo Julia Cruppenink 20a INFORMANT S NAME (Type/Print) MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 20c Reletionatio INFORMANT Mr. Clarence W. Smith. 4544 Cameron Hammond, IN 46327 Sr Husband 21s MLTHOO OF DISPOSITION DE ENGINERALES DO 21b DATE AND PLACE OF DISPOSITION (Name of commercy, crematory, or 21c LOCATION-Cay or Town Since June 27, 1991 Donation D Other (Specify) Chapel Lawn Memorial Gardens Schererville, Indiana 220 LMBALMERS NAME DISPOSITION 276 EMBALMERS LICENSE NO 23 WAS DEATH REPORTED TO CORONER? No No O Van David McCov FD08700581 24 SIGNATURE OF FUNERAL DIRECTOR 146 LICENSE NUMBER 25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME (at Licenses) Bocken Funeral Home, Inc. FH83002801 FD01013507 7042 Kennedy Avenue Hammond, IN 46323 Approximate Onest and Death MMEDIATE CAUSE (Fine changes of condition esulting in death) CAUSE OF Conditions if any which gave rise to the immediate cause stating the underlying Cause lest WAS DECEDENT 28e WAS AN AUTOPSY WERE AUTOPSY FINDINGS PREGNANT OR 90 DAYS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF RECORDED 2 (Yes or no) 1994 APR 8 OF DEATH! (Yes or no) 20 294 CERTIFUR CERTIFYING PHYSICIAN d at the time date and place and due to the cause(s) so stated (Check only HEALTH OFFICER THE TOTAL COHUNI H On the basis of examination a 296 SIGNATURE AND TITLE OF CERTIFIER 29c MEDICAL LICENSE NO 29d DATE SIGNED (Month Day, Year) CERTIFIER 30618 30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) 8129 Kennedy Avenue Highland, IN Naboleon L. Santos, M.D. 32 DATE FILED (Month Day Year) 31 HEALTH OFFICERS SIGNATURE HEALTH JUN 27 1991 OFFICER 34d DESCRIBE HOW INJURY OCCURRED 340 DATE OF INJUHY 34c INJURY AT WORK? 33 MANNER OF DEATH 34b TIME OF (Month Day, Year) MJURY ☐ Pending Accident 34e PLACE OF INJURY—At home form street factory, office building stc (Specify) 341 LOCATION (Street and Number or Rural Route Number, City or Town, State) CORONER ☐ Sucide Could not be USE ONLY

34g DATE PRONOUNCED DEAD (Month, Day, Year)

34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify striver, pessenger pedestrien, etc.