

Return to: Attorney Thomas M. Dogan
7863 Broadway, Suite 238
Merrillville, IN 46410

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STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

SARAH J. RICHMOND
RECORDER OF DEEDS
APR 13 9 00 AM '94

STATE OF INDIANA, S.S.N.D.
LAKE COUNTY
FILED FOR RECORD

94027416 SURVIVOR'S AFFIDAVIT

Richard Noel of the County of Lake, State of Indiana, being duly sworn upon his oath, alleges and says that Joan Noel died intestate, a resident of Lake County, Indiana on the 26th day of June, 1987; that he was her husband and he lived with her to the day of her death as husband and wife; that to the best of affiant's knowledge, there is no Federal Estate Tax or Indiana State Inheritance Tax due and owing due to her death.

The following described real estate was owned as husband and wife by the entireties at the death of the decedent (Death Certificate attached); and this affidavit is given for purposes of clearing title to said real estate:

The East 1,000 feet of the South 217 feet of the North 1,523 feet of the Northeast Quarter of Section 9, Township 34 North, Range 8 West of the Second Principal Meridian, Lake County, Indiana.

9-315-6

Further affiant sayeth not.



Richard Noel
Richard Noel

FILED

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

APR 11 1994

Subscribed and sworn to before me, a Notary Public for said County and State, this 30th day of March, 1994.

W. N. Carter
AUDITOR LAKE COUNTY



Thomas M. Dogan
Thomas M. Dogan, Notary Public
Resident of Porter County

SD
SCK

My Commission Expires:
June 8, 1995

00537

538

INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

State No. _____
DATE OF DEATH: **JUNE 26, 1987**

Local No. **05587**

DECEASED - NAME JOAN C. NOEL		SEX FEMALE	DATE OF BIRTH 11-13-1931	COUNTY OF DEATH LAKE
RACE WHITE	AGE - Last Birthday 55	UNDER 1 YEAR 54	DATE OF BIRTH 11-13-1931	COUNTY OF DEATH LAKE
CITY, TOWN OR LOCATION OF DEATH HOBART		HOSPITAL OR OTHER INSTITUTION 6352 GRAND BLVD.		PLACE OF DEATH HOME
STATE OF BIRTH INDIANA	CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED MARRIED	SURVIVING SPOUSE RICHARD A. NOEL	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION HOMEMAKER	KIND OF BUSINESS OR INDUSTRY AT HOME	
RESIDENCE - STATE INDIANA	COUNTY LAKE	CITY, TOWN OR LOCATION HOBART		RESIDENCE ON A FARM <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
STREET AND NUMBER 6352 GRAND BLVD.		IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC.		

FATHER - NAME THOMAS	MOTHER - MAIDEN NAME NASON
INFORMANT - NAME (If not at home) RICHARD A. NOEL (HUSBAND)	RELATIONSHIP HUSBAND
MAILING ADDRESS 6352 GRAND BLVD., HOBART, INDIANA 46342	

BURIAL, CREMATION, OR OTHER DISPOSITION CREMATION	CEMETERY OR CREMATION SERVICE CALUMET PARK CEMETERY N.W. IN. CREMATION SERVICE	LOCATION MERRILLVILLE, INDIANA CROWN POINT, INDIANA
DATE JUNE 29, 1987	FUNERAL HOME - NAME AND ADDRESS BURNS FUNERAL HOME, 10101 BROADWAY, CROWN POINT, IN. 46307	DATE RECEIVED BY 6-29-87
NAME OF ATTENDING PHYSICIAN (If not at home) DR. SHREYAS DESAI M.D.	MAILING ADDRESS - PHYSICIAN 3290 GRANT ST., GARY, INDIANA	HOUR OF DEATH 4:30 A.M.

HEALTH OFFICER - SIGNATURE
David C. Mayer

DATE RECEIVED BY
6-29-87

CAUSE OF DEATH
Renal cancer with metastases - elective

PART I
1. DUE TO OR AS A CONSEQUENCE OF _____

PART II
2. DUE TO OR AS A CONSEQUENCE OF _____

00538

TYPE OR PRINT
PLAINLY, WITH
UNFADING INK
THIS IS A
PERMANENT
RECORD

Below for State Office Use

A _____

B _____

C _____

9-315-6
E. 1000 FT W/S 219 M
W. 1523 FT NE 59 13488
4. 982 AC

THIS CERTIFIES THE
COMPLETE COPY
DEATH AND THE
HEALTH DEPT.

DEC

LAKE COUNTY HEALTH COMMISSIONER

FUNERAL HOME
No. FDR 8663018

FUNERAL DIRECTOR'S
LICENSE No. 1374

EMBALMER'S NAME
DAVID C. MAYER

FUNERAL DIRECTOR'S
SIGNATURE
James A. Burns

TYPE
OR PRINT
IN
PERMANENT
INK
FOR
INSTRUCTIONS
SEE
HANDBOOK

DECEASED

USUAL RESIDENCE
WHERE DECEASED
LIVED IF DEATH
OCCURRED IN
INSTITUTION GIVE
RESIDENCE BEFORE
ADMISSION

PARENTS

TRUE AND
CORRECT
DISPOSITION

M.D.
OR
D.O.

HEALTH COMMISSIONER
SIGNATURE

CAUSE