

FA- 12080

RETURN TO:  
FIRST AMERICAN TITLE INS. CO  
5285 COMMERCE DR., SUITE 1  
CROWN POINT, IN 46307

Property Address: 4540 Johnson Ave.  
94028236 Hammond, IN

If this Affidavit is to be recorded, the legal description of said property will be attached.

ESTATE AFFIDAVIT

Pauline M. Parker, Affiant, states that:

1. Richard J. Parker, deceased, died on the 14<sup>th</sup> day of February, 1990;

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 15<sup>th</sup> day of September, 1941; 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.

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

April 12, 1994  
Date

Pauline M. Parker  
Signature of Affiant

Pauline M. Parker  
Printed Name of Affiant

State of Indiana, County of Lake

Subscribed and sworn to before me, this 12<sup>th</sup> day of April, 1994

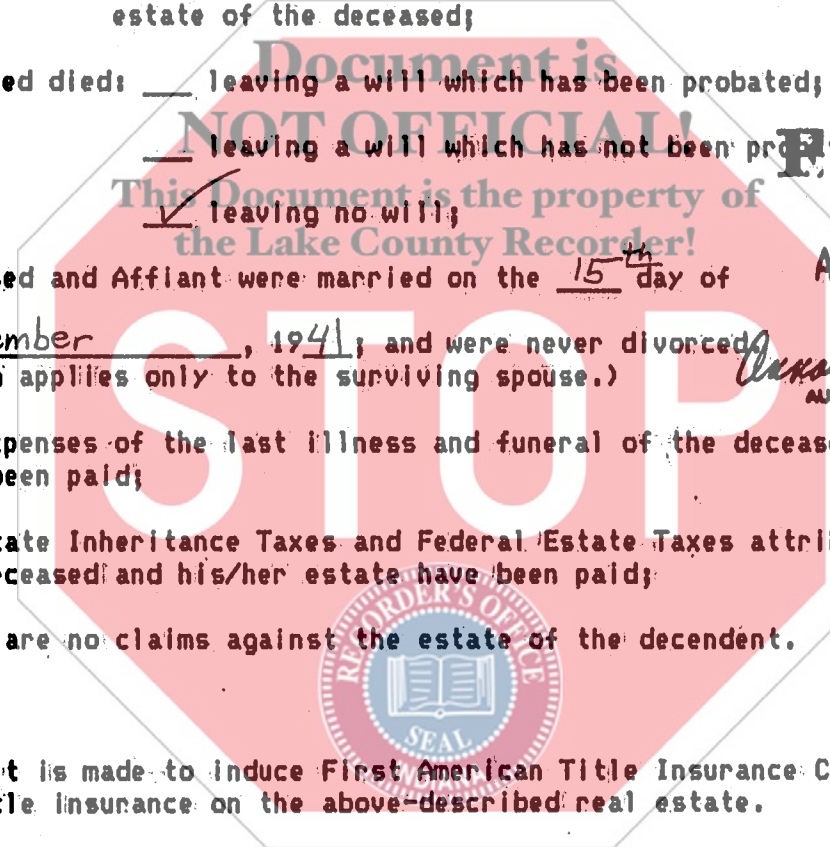
Corina Castel Ramos  
Printed Name of Notary

Carla B  
Signature of Notary

My Commission expires: 5/16/97

My County of Residence is: Lake

LEGAL: LOT 30, BLOCK FOURTEEN, AS SHOWN ON THE RECORDED PLAT OF THE SUBDIVISION OF THE EAST PART OF NORTH SIDE ADDITION TO THE CITY OF HAMMOND, RECORDED IN PLAT BOOK 1 PAGE 97, IN LAKE COUNTY, INDIANA.  
PREPARED BY PAULINE M. PARKER



STATE OF INDIANA, S.S.N.D.  
LAKE COUNTY  
FILED FOR RECORD  
APR 14 9 36 AM '94  
SARAH H. HICKS  
RECORDER

00832  
800  
fa

FA-12080

INDIANA STATE BOARD OF HEALTH  
CERTIFICATE OF DEATH

THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.

Local No. 156

MAR 30 1990  
Date Issued: Hammond Health Commissioner

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION:

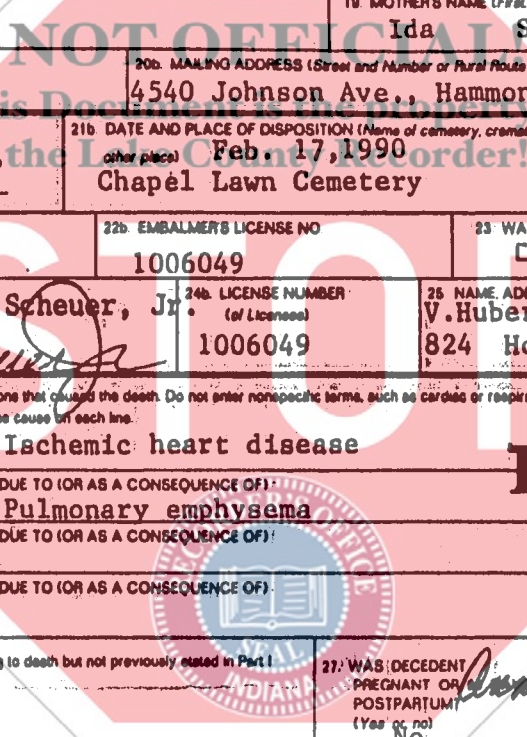
CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

CORONER SE ONLY

1. DECEASED—NAME (First, Middle, Last) <b>Richard J. Parker</b>				2. SEX <b>Male</b>		3a. TIME OF DEATH <b>3:24 P.</b>		3b. DATE OF DEATH (Month, Day, Year) <b>February 14, 1990</b>			
4. SOCIAL SECURITY NUMBER <b>31-2-09-5250</b>		5a. AGE—Last Birthday (Years) <b>69</b>		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes		6. DATE OF BIRTH (Mo, Day, Yr) <b>Mar. 8, 1920</b>			
7. BIRTHPLACE (City and State or Foreign Country) <b>S. Chicago, Illinois</b>		8a. WAS DECEDENT A U.S. VETERAN? <b>Yes</b>									
8b. YEAR LAST SERVED IN U.S. ARMED FORCES? <b>1945</b>		8c. PLACE OF DEATH (Check only one—See Instructions) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input checked="" type="checkbox"/> Other (Specify) <b>Street</b>									
9a. FACILITY NAME (If not institution, give street and number) <b>5228 Columbia Avenue</b>				9b. CITY, TOWN, OR LOCATION OF DEATH <b>Hammond</b>		9c. COUNTY OF DEATH <b>Lake</b>					
10. MARITAL STATUS (Specify) <b>Married</b>		11. SURVIVING SPOUSE (If wife, give maiden name) <b>Pauline Gasaway</b>		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Retired Stillman</b>			12b. KIND OF BUSINESS/INDUSTRY <b>Steel Industry</b>				
13a. RESIDENCE—STATE <b>Indiana</b>		13b. COUNTY <b>Lake</b>		13c. CITY, TOWN, OR LOCATION <b>Hammond</b>		13d. STREET AND NUMBER <b>4540 Johnson Avenue</b>					
13e. ZIP CODE <b>46327</b>		13f. INSIDE CITY LIMITS: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)		16. RACE—American Indian, Black, White, etc. (Specify) <b>White</b>			
17. DECEDENT'S EDUCATION (Specify only highest grade completed) <b>12</b>				18. FATHER'S NAME (First, Middle, Last) <b>Fred Parker</b>							
19. MOTHER'S NAME (First, Middle, Maiden Surname) <b>Ida Simonds</b>						20a. INFORMANT'S NAME (Type/Print) <b>Ida Parker</b>					
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>4540 Johnson Ave., Hammond, IN 46327</b>						20c. Relationship <b>Wife</b>					
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) <b>Burial</b>				21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>Feb. 17, 1990 Chapel Lawn Cemetery</b>				21c. LOCATION—City or Town, State <b>Schererville, Indiana</b>			
22a. EMBALMER'S NAME <b>Charles D. Scheuer, Jr.</b>				22b. EMBALMER'S LICENSE NO. <b>1006049</b>		23. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes					
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Charles D. Scheuer, Jr.</i>				24b. LICENSE NUMBER (of Licensee) <b>1006049</b>		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>V. Huber Funeral Home - 88900003 824 Hoffman, Hammond, IN 46327</b>					
26. PART I Enter the disease, 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. <b>Ischemic heart disease</b> <b>Pulmonary emphysema</b>								Approximate Interval Between Onset and Death <b>Unknown</b>			
26. PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I								27. WAS DECEDENT PREGNANT OR POSTPARTUM (Yes or no) <b>No</b>			
28. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <b>Yes</b>								29. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <b>Yes</b>			
29a. CERTIFIER (Check only one) <input 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 checked="" 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.								29b. SIGNATURE AND TITLE OF CERTIFIER <i>Daniel D. Thomas</i>			
29c. MEDICAL LICENSE NO. <b>16120</b>								29d. DATE SIGNED (Month, Day, Year) <b>Feb. 16, 1990</b>			
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>DANIEL D. THOMAS, M.D., CORONER, 2293 N. MAIN ST., CROWN POINT, IN. 46307</b>								31. HEALTH OFFICER'S SIGNATURE <i>Franklin J. Jemuda M.D.</i>			
32. DATE FILED (Month, Day, Year) <b>FEB 20 1990</b>								33. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be determined			
34a. DATE OF INJURY (Month, Day, Year)		34b. TIME OF INJURY		34c. INJURY AT WORK? (Yes or no)		34d. DESCRIBE HOW INJURY OCCURRED					
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) <b>February 14, 1990</b>				34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc. <b>00833</b>							



**FILED**

APR 14 1994