

LEGAL DESCRIPTION:

Lot 23 in Block 3 in Frank Hammond's Addition to the City of Hammond, as per plat thereof, recorded in Plat Book 17 page 19, in the Office of the Recorder of Lake County Indiana

PROPERTY ADDRESS: 2621 Kenwood St.  
Hammond IN 46323

**FILED**

94029511

ESTATE AFFIDAVIT

APR 19 1994

Kathryn R. Flaherty

, Affiant, state of

*Kathryn R. Flaherty*  
AUDITOR LAKE COUNTY

1. Gerald J. Flaherty, deceased, died on the 26th day of January, 19 94

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 27th day of May, 1982; and were never divorced.  
(This item applies only to the surviving spouse.)

5. YES All expenses of the last illness and funeral of the deceased have been paid;

6. YES All State Inheritance Taxes and Federal Estate Taxes attributable to the deceased and his/her estate have been paid;

7. NO 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 8, 1994  
Date

*Kathryn R. Flaherty*  
Signature of Affiant

Kathryn R. Flaherty  
Printed Name of Affiant

State of Indiana, County of Lake

Subscribed and sworn to before me, this 8th day of April, 1994.

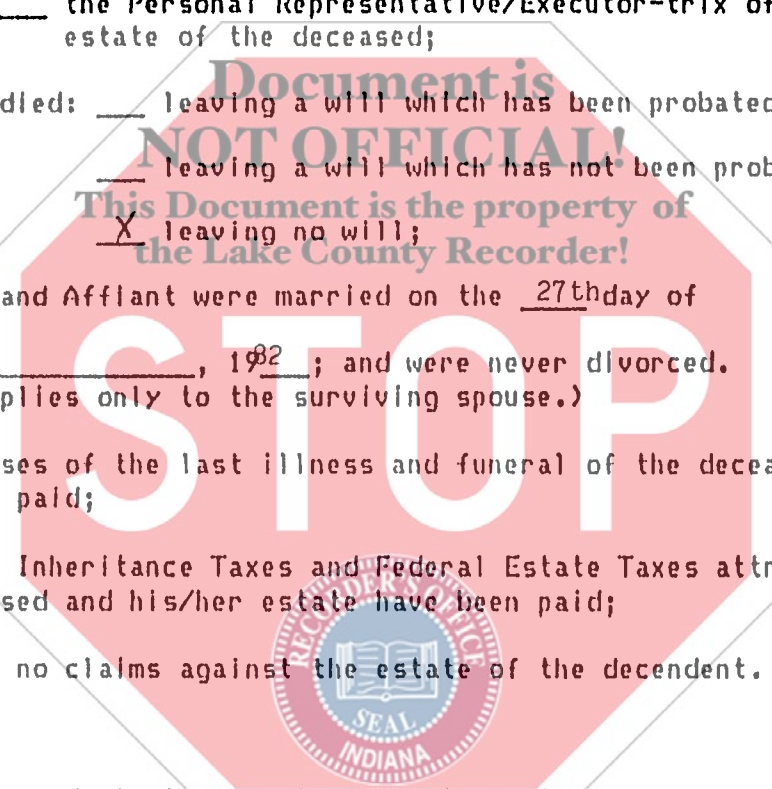
Kristyne M. Ahlgrain  
Printed Name of Notary

*Kristyne M. Ahlgrain*  
Signature of Notary

My Commission expires: 5-4-97

My County of Residence is: Lake

THIS INSTRUMENT WAS PREPARED BY: Kathryn R. Flaherty



APR 19 9 53 AM '94  
S.A. RECORDER JH

STATE OF INDIANA  
LAKE COUNTY  
FILED 1994 APR 19 9 53 AM



31116

*800*

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

INDIANA STATE DEPARTMENT OF HEALTH

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

Local No. 84

CERTIFICATE OF DEATH

State of Indiana Date Issued: Jan 28, 1994 Hammond Health Commissioner

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) Gerald J. Flaherty

2 SEX Male

3a TIME OF DEATH 1:00 p.m.

3b DATE OF DEATH (Month, Day, Year) January 26, 1994

4. \*SOCIAL SECURITY NUMBER 316 42 3884

5a AGE—Last Birthday (Years) 50

5b UNDER 1 YEAR Months Days

5c UNDER 1 DAY Hours Minutes

6. DATE OF BIRTH (Mo, Day, Yr) Jan. 23, 1944

7. BIRTHPLACE (City and State or Foreign Country) Hammond, Indiana

8a WAS DECEDENT A U.S. VETERAN? Yes

8b YEAR LAST SERVED IN U.S. ARMED FORCES? N/A

9a PLACE OF DEATH (Check only one See instructions)

HOSPITAL  Inpatient  ER/Outpatient  DOA

OTHER  Nursing Home  Other (Specify)  Residence

9b FACILITY NAME (If not institution, give street and number) 2621 Kenwood Street

9c CITY, TOWN, OR LOCATION OF DEATH Hammond

9d COUNTY OF DEATH Lake

10 MARITAL STATUS (Specify) Married

11 SURVIVING SPOUSE (If wife give maiden name) Kathryn Ayres

12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life Do not use retired) Bar Tender

12b KIND OF BUSINESS/INDUSTRY Self Employed

13a RESIDENCE—STATE Indiana

13b COUNTY Lake

13c CITY, TOWN OR LOCATION Hammond

13d STREET AND NUMBER 2621 Kenwood Street

13e ZIP CODE 46323

13f INSIDE CITY LIMITS  No  Yes

13g ON A FARM?  No  Yes

14 CITIZEN OF WHAT COUNTRY? U.S.A.

15 WAS DECEDENT OF HISPANIC ORIGIN?  No  Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)

16 RACE—American Indian, Black, White, etc (Specify) White

17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 1

18 FATHER'S NAME (First, Middle, Last) Daniel Flaherty

19 MOTHER'S NAME (First, Middle, Maiden Surname) Helen Myers

20a INFORMANT'S NAME (Type/Print) Kathryn Flaherty

20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2621 Kenwood Street, Hammond, Indiana

20c Relationship Wife

21a METHOD OF DISPOSITION  Burial  Entombment  Removal from State  Donation  Other (Specify)

21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) January 28, 1994 Oakland Memory Lanes

21c LOCATION—City or Town, State Dolton, Illinois

22a EMBALMER'S NAME James Porras

22b EMBALMER'S LICENSE NO 1045964

23 WAS DEATH REPORTED TO CORONER?  No  Yes

24a SIGNATURE OF FUNERAL DIRECTOR Thomas J Burns

24b LICENSE NUMBER (of License) 1045184

25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Burns-Kish Funeral Home #3002819 5840 Hohman Ave Hammond, Indiana 46320

26 PART I Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, stroke, or heart failure. List only one cause on each line.

IMMEDIATE CAUSE (final disease or condition resulting in death) a. *congestive heart failure*

b. *severe mitral regurgitation*

Conditions if any which gave rise to the immediate cause stating the underlying cause last

c. *cardiomyopathy*

d.

PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I

*congestive heart failure*

27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) no

28a WAS AN ANATOMY COURSE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) No

28b WAS AN ANATOMY COURSE AUTOPSY PERFORMED? (Yes or no) no

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 Won-shuk, Loh, M.D.

29c MEDICAL LICENSE NO 31576

29d DATE SIGNED (Month, Day, Year) Jan. 27, 94

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Dr. Won Loh, 9134 Columbia, Munster, Indiana

31. HEALTH OFFICER'S SIGNATURE Gerald M. D. Remuda, M.D.

32. DATE FILED (Month, Day, Year) January 28, 1994

33 MANNER OF DEATH  Natural  Pending Investigation  Accident  Suicide  Could not be Determined  Homicide

34a DATE OF INJURY (Month, Day, Year)

34b TIME OF INJURY

34c INJURY AT WORK? (Yes or no)

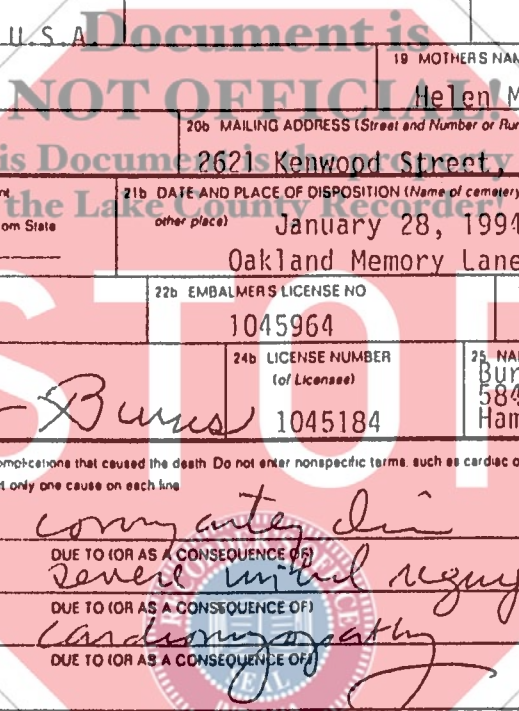
34d DESCRIBE HOW INJURY OCCURRED

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)

34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc. 01117



FILED APR 19 1994