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TICOR TITLE INSURANCE

AFFIDAVIT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

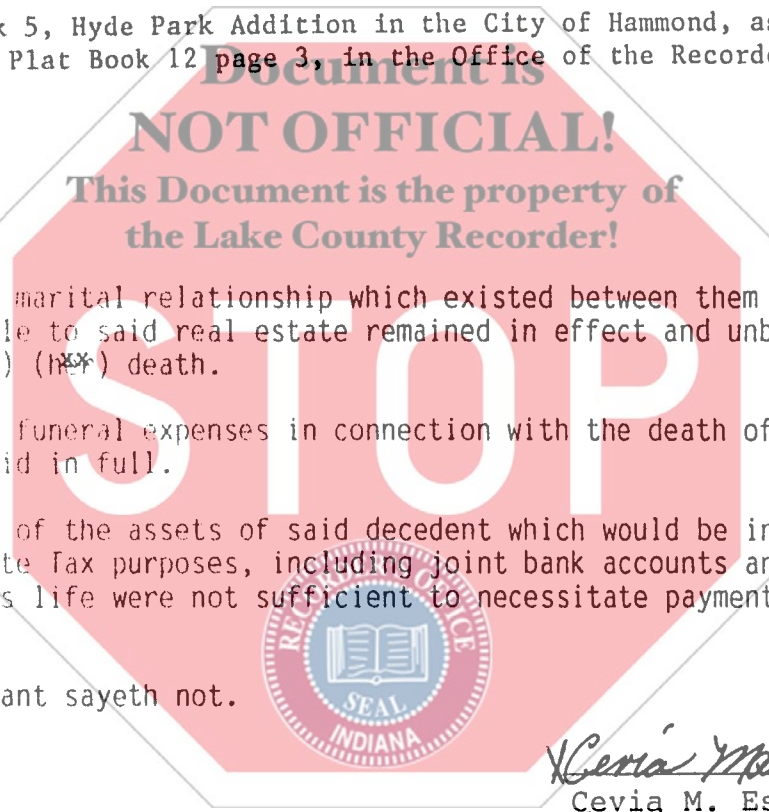
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORDER
APR 19 10 18 AM '94
S.A. RECORDER

Cevia M. Essary, being first duly sworn upon oath, deposes and says:

1. That William T. Essary died on June 27th, 1986 at St. Margaret's Hospital, Hammond, IN.

2. That William T. Essary and Cevia M. Essary were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

Lot 3, Block 5, Hyde Park Addition in the City of Hammond, as per plat thereof, recorded in Plat Book 12 page 3, in the Office of the Recorder of Lake County, Indiana.



26-54-157-3

3. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of (his) (her) death.

4. That all funeral expenses in connection with the death of said decedent have been paid in full.

5. That all of the assets of said decedent which would be includable for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

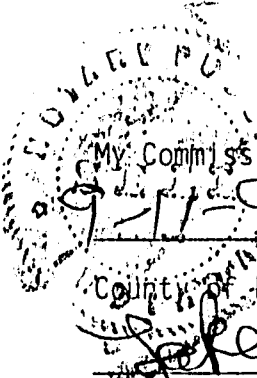
Further affiant sayeth not.

Cevia Marie (Essary) Blankenship
Cevia M. Essary Blankenship
Also known as
Cevia M. Essary
Cevia M. Essary

Subscribed and sworn to before me, a Notary Public, this 2 day of April, 1994.

Betty Jo Walker
Betty Jo Walker
Notary Public

FILED
APR 18 1994



My Commission expires: 9-11-97
County of Residence: Lake
Anna N. Antos
AUDITOR LAKE COUNTY

This Instrument prepared by Cevia M. Essary

[Handwritten initials]

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPT.

JUL 1 1986

Date Issued

EMBALMER'S NAME Robert J Dellenbach

FUNERAL DIRECTOR'S SIGNATURE

Robert J Dellenbach

HAMMOND HEALTH COMMISSIONER

LICENSE No. 4250

FUNERAL DIRECTOR'S LICENSE No. 543

FUNERAL HOME No. 240

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

Below for State Office Use

TICOR TITLE INSURANCE Crown Point, Indiana

Local No. 439

INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

State No. _____

DECEASED—NAME 1. William T Essary			SEX 2. Male	DATE OF DEATH (MONTH, DAY, YEAR) 3. 6-27-86
RACE—(White, Black, American Indian, etc.) (Specify)	AGE—Last Birthday (Yrs)	UNDER 1 YEAR MOSE DAYS	UNDER 1 DAY HOURS MIN	DATE OF BIRTH (Mo, Day, Yr) 4. 1943 Oct 15, 1943
CITY, TOWN OR LOCATION OF DEATH 7a. Hammond	HOSPITAL OR OTHER INSTITUTION—(Name of inst. give street and number) 7c. St. Margarets Hospital	COUNTY OF DEATH 8. Lake		
STATE OF BIRTH (If not in U.S.A. name country) 9. Tenn	CITIZEN OF WHAT COUNTRY 10. U.S.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 11. Married	SURVIVING SPOUSE (If wife, give maiden name) 11. Cevia M Essary	
SOCIAL SECURITY NUMBER 13. 312 44 2496	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 14a. Carman	KIND OF BUSINESS OR INDUSTRY 14b. I.H.B.		
RESIDENCE—STATE 15a. Ind	COUNTY 15b. Lake	CITY, TOWN OR LOCATION 15c. Hammond		IS RESIDENCE ON A FARM? 15e. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
STREET AND NUMBER 15d. 6318 VanBuren		IS RESIDENCE ON A FARM? 15e. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INSIDE CITY LIMITS (Specify Yes or No) 15f. yes
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEX. CAN, CUBAN, PUERTO RICAN, ETC. 15g. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
FATHER—NAME FIRST MIDDLE LAST 16. William Roy Essary			MOTHER—MAIDEN NAME FIRST MIDDLE LAST 17. Luvetty Arnold	
INFORMANT—NAME (If wife or grand) 18a. Wife		RELATIONSHIP 18b. 6318 Van Buren St. Hammond, Ind.		
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Burial		CEMETERY OR CREMATORY—FUNERAL HOME 19b. Ridgelawn Cemetery		LOCATION CITY OR TOWN STATE 19c. Gary, Indiana
DATE (MONTH, DAY, YEAR) 20a. June 30, 1986		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 20b. DeLlenbach Chapel PO Box 2038 Hammond, Ind. 46323		
To the best of my knowledge, death occurred at the time, date and place given in the caption of this certificate. 21a. Signature of Physician Leon A. Koanko MD			DATE SIGNED (Mo, Day, Yr) 21b. 6-28-86	HOUR OF DEATH 21d. 10:40 p.m.
NAME OF ATTENDING PHYSICIAN (If not as above) 21c. Leon A. Koanko M.D.				
MAILING ADDRESS—PHYSICIAN 21e. 513 Ridge Road, Munster, Indiana				
HEALTH OFFICER'S SIGNATURE Robert J Dellenbach			DATE RECEIVED BY LOCAL HEALTH OFFICER 22b. JUL 1 1986	
22a. IMMEDIATE CAUSE (List only one cause per line for (a), (b), and (c))				
PART I (a) Cardiac Arrest			Interval between onset and death Sudden	
(b) Chronic Coronary Heart Disease			Interval between onset and death 2 YRS	
(c) Diabetes Mellitus			Interval between onset and death 30 years	
PART II OTHER SIGNIFICANT CONDITIONS Gangrene Rt Foot 2 1/2 yrs. Sepsis			AUTOPSY (Specify Yes or No) 24. no	