94029569

TICOR TITLE INSURANCE

AFFIDAVIT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Yvonne Fritz, being first duly sworn upon oath, deposes and says:

1. That John N. Fritz died on F-18, 1993 at St. Catherine Hospital.

2. That John N. Fritz and Yvonne Fritz were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

The South 10 feet of Lot 20 and the North 45 feet of Lot 19, in J.R. Brant 173rd Street Addition, to the City of Hammond, as per plat thereof, recorded in Plat Book 29 page 6, in the Office of the Recorder of Lake County, Indiana.

K# 20-32-192-F

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.

APR 19 11 AM
SA RECORDER
STATE OF INDIANA/S.S.ND.
LAKE COUNTY
FILED FOR RECORD

FILED

APR 18 1994

AUDITOR LAKE COUNTY

Yvonne Fritz

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

Linda S. Woodi, Notary Public

My Commission expires:

10-17-94

County of Residence:

Lake

This Instrument prepared by Yvonne Fritz

31017

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

Local No. 29

INDIANA STATE BOARD OF HEALTH
CORONER'S CERTIFICATE OF DEATH

State No.

DECEASED

1. Deceased—Name: JOHN N. FRITZ
2. Sex: Male
3. Date of Death: January 18, 1985
4. Race: White
5a. Age—Last Birthday (Yrs): 50
6. Date of Birth: 2/13/34
7a. County of Death: Lake
7b. City, Town or Location of Death: East Chicago
7c. Hospital or Other Institution: St. Catherine Hospital
7d. If Hosp. or Inst.: E.R.
8. State of Birth:
9. Citizen of What Country: U.S.A.
10. Married, Never Married, Widowed, Divorced: Married
11. Surviving Spouse: Yvonne
12. Was Decedent Ever in U.S. Armed Forces?: Yes
13. Social Security Number: 314-30-3897
14a. Usual Occupation:
14b. Kind of Business or Industry:
15a. Residence—State: Indiana
15b. County: Lake
15c. City, Town or Location: Hammond
15d. Street and Number: 7225 New Jersey
15e. Is Residence on a Farm?: Yes ☐ No ☑
15f. Inside City Limits: Yes
19. Is Deceased of Spanish Descent?: Yes ☐ No ☒

FILED
APR 1 1994
[signature] Auditor Lake County

PARENTS

16. Father—Name: John Fritz
17. Mother—Maiden Name: Lacinski

18a. Informant—Name: Yvonne Fritz (Wife)
18b. Mailing Address: 7225 New Jersey, Hammond, Indiana 46328

DISPOSITION

19a. Burial, Cremation, Removal, Other: Burial
19b. Cemetery or Crematory: Chapel Lawn
19c. Location: Schererville, Indiana
20a. Date: Jan. 22, 1985
20b. Funeral Home—Name and Address: KUIPER FUNERAL HOME, 9039 KLEINMAN, HIGHLAND, IN 46322

CERTIFIER

21a. *[signature]*
21b. Date Signed: 1/24/85
21c. Hour of Death:
21d. Pronounced Dead (Mo., Day, Yr.): 1/18/85
21e. Pronounced Dead at: 3:38 P.M.
21f. Name and Address of Certifier: DANIEL D. THOMAS, M.D., 2293 NORTH MAIN ST., CROWN POINT, IN. 46307

22a. Health Officer—Signature: *E. A. Campagna, M.D.*
22b. Date Received by Local Health Officer: 1-25-85

CAUSE

23. Part I
(a) Immediate Cause: Laceration of left atrium; Hemopericardium; Fracture — Undetermined
(b) Due to, or as a consequence of: of 5th & 7th ribs, left maxillary line
(c) Due to, or as a consequence of: Due to blunt force

Part II

24. Autopsy: Yes
25a. Acc., Suicide, Hom., Undet. or Pending Invest.: Accident
25b. Date of Injury: 1/18/85
25c. Hour of Injury:
25d. Describe How Injury Occurred: Auto/post accident
25e. Injury at Work: No
25f. Place of Injury: Street
25g. Location: Riley & Cline, East Chicago, IN.

31025

Below for State Office Use
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Disposition Permit Issued 1- 1
Provisional Certificate ☒ Yes ☐ No

Embalmer's Name: Ronald A. Reed
License No. 108
Funeral Home No. 750
Funeral Director's License No. 94
Funeral Director's Signature: *[signature]*

SBH-05 004 REV