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TICOR TITLE INSURANCE

FILED

APR 22 1994

Quinn B. Austin
AUDITOR LAKE COUNTY

AFFIDAVIT

STATE OF INDIANA)
COUNTY OF LAKE) SS:

VALERIE DENISE WADDELL, being first duly sworn upon oath, deposes and says:

1. That LORETTA HARRIS died on JULY 19TH, 1980 at WALTONS GOLFING MICHIGAN CITY, IN

2. That LORETTA HARRIS and JAMES HARRIS were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

LOTS 13, 14 AND 15 IN BLOCK 3 IN TOLLESTON HANCOCK COMPANY'S ADDITION TO TOLLESTON, IN THE CITY OF GARY, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 71 PAGE 86, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

NOT OFFICIAL!
47-157-13
This document is the property of the Lake County Recorder!

STATE OF INDIANA, S.S. NO. LAKE COUNTY FILED FOR RECORD
APR 25 10 18 AM '94
S.A. RECORDER
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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.



Valerie Denise Waddell
VALERIE DENISE WADDELL

Subscribed and sworn to before me, a Notary Public, this 22 day of APRIL, 1994.

Linda J. McBride
Notary Public
LINDA J. MCBRIDE
LAKE COUNTY, INDIANA

My Commission expires:

12-26-95

County of Residence:

LAKE

This Instrument prepared by VALERIE DENISE WADDELL

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INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

TRUE COPY OF RECORD OF
REGISTRATION ON FILE AT
LA PORTE COUNTY HEALTH
DEPARTMENT.

State
No.

Local No. mc 306

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

DISPOSITION

ISSUED
M.D.
OR
D.O.
APR 05 1994

CONDITIONS
IF ANY
WHICH GAVE
RISE TO
IMMEDIATE
CAUSE
STATING THE
UNDERLYING
CAUSE LAST

CAUSE

DECEASED - NAME Loretta Harris				SEX female	DATE OF DEATH (MONTH DAY YEAR) 7-19-80
RACE - (to g. White, Black, American Indian or Specify) Black	AGE - Last Birthday (Yrs) 42	UNDER 1 YEAR MOSE: DAYS	UNDER 1 DAY HOURS: MINS	DATE OF BIRTH (Mo. Day Yr) 12-31-1937	COUNTY OF DEATH LaPorte
CITY, TOWN OR LOCATION OF DEATH Gary		HOSPITAL OR OTHER INSTITUTION - (Name of inst or other, give street and number) Walters Clinic		IF HOSP OR INST. Indicate DGA DP (Enter Am. Institution (Specify)) 7d	
STATE OF BIRTH (if not in U.S. & name country) Ind.	CITIZEN OF WHAT COUNTRY USA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	SURVIVING SPOUSE (if wife give maiden name) James Harris		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) no
SOCIAL SECURITY NUMBER 315-38-9961		USUAL OCCUPATION (Give kind of work done during most of working life even if retired) 14a	MIND OF BUSINESS OR INDUSTRY 14b Joyce Sports Sho.		
RESIDENCE - STATE Ind.	COUNTY Lake	CITY, TOWN OR LOCATION Gary		IS RESIDENCE ON A FARM? 15c YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
STREET AND NUMBER 15d 2155 W. 14th		IS RESIDENCE ON A FARM? 15c 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 MEXICAN, CUBAN, PUERTO RICAN ETC. 16g YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
FATHER - NAME 16f Willie Perry			MOTHER - MAIDEN NAME 17 Christine Hardison		
INFORMANT - NAME (Type as printed) 18a James Harris		MAILING ADDRESS - STREET OR P.O. NO. CITY OR TOWN STATE ZIP 18b 2152 W. 14th Ave., Gary, Ind.			
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a Burial		CEMETERY OR CREMATORY - FUNERAL HOME 19c Evergreen Cemetery		LOCATION CITY OR TOWN STATE 19c Hobart, Ind.	
DATE (MONTH DAY YEAR) 20a 7-28-80		FUNERAL HOME - NAME AND ADDRESS (STREET OR P.O. NO. CITY OR TOWN STATE ZIP) 20b Towns Funeral Home, 11900 W. 15th Ave., Gary, Ind. 46404			
To the best of the knowledge and belief of the informant, there is no other person who should be reported as a cause of death		DATE SIGNED (Mo. Day Yr) 21b 7/25/80		HOUR OF DEATH 21c 5:25 p. M	
NAME OF ATTENDING PHYSICIAN 21a Julius P. Rivera, M.D.		MAILING ADDRESS - PHYSICIAN 21a Walters Clinic 3714 S. Franklin St. Mich. City, IN. 46360			
HEALTH OFFICER - SIGNATURE 22a James Archer, M.D.		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b 7-25-80			
PART I (1a) IMMEDIATE CAUSE Respiratory arrest		FILED			
(1b) THE FOLLOWING AS A CONTRIBUTING OR CAUSAL FACT Brain tumor					
(1c) THE FOLLOWING AS A CONTRIBUTING OR CAUSAL FACT Chronic alcoholism					
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not reported as cause group in PART I Chronic alcoholism		AUDITOR LAKE COUNTY Anna N. Anton		AUTOPSY (Specify Yes or No) 24. yes	