

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

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JAN 26 1995

95004531

STATE OF INDIANA)
COUNTY OF MONROE)

SS: MARGARETTE N. CLEVELAND
LAKE COUNTY RECORDER

SAM ORLICH
AUDITOR LAKE COUNTY

HOLD FOR FIRST AMERICAN TITLE

AFFIDAVIT

Karen L. Nolcheff, after first being duly sworn upon oath for the purpose of inducing First American Title Insurance Company to issue its Title Insurance Policy Commitment number FA14264 covering the real estate described in said Commitment, deposes and says:

1. That she resides in Starke County, Indiana at 670 S. 300 East, Knox, Indiana 46534.

2. That she is one of two children born to Kathryne V. Carpenter and Adelbert L. Carpenter, and that neither of her parents at anytime adopted any child or children.

3. That Affiant's mother, Kathryne V. Carpenter, died on the 30th day of January, 1980, a resident of Lake County, Indiana, as evidenced by a copy of a Medical Certificate of Death attached hereto.

4. That said decedent at the time of her death was one of the owners of the real estate described in said Title Commitment and at the time of her death owned no other property which would be subject to succession taxes, state inheritance taxes or federal estate taxes.

5. That said decedent died leaving no last will and testament.

6. That Affiant's father, Adelbert Lloyd Carpenter, died on the 28th day of November, 1994, a resident of Lake County, Indiana, as evidenced by a copy of a Medical Certificate of Death attached hereto.

7. That at the time of the death of Adelbert L. Carpenter, he was the owner of property described in said Title Commitment.

8. That said Adelbert L. Carpenter died leaving a Last Will and Testament which is admitted to probate before the Lake Circuit Court in the matter of the estate of Adelbert Lloyd Carpenter, deceased, Cause Number 45C01 9412 EU 387.

9. That Affiant and her only other sibling, Jacqueline K. Harrison, are in the exclusive possession of the real estate described in said Title Commitment and no other person or persons has made claim thereto.



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18.00
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Further Affiant sayeth not.

Karen L. Nolcheff
Karen L. Nolcheff

STATE OF INDIANA)
COUNTY OF Sparks) SS:

Subscribed and sworn to before me, a Notary Public in and for said county and state, this 17th day of January, 1995, at which time Karen L. Nolcheff personally appeared and acknowledged the execution of the above and foregoing Affidavit to be a voluntary act and deed.

My Commission Expires: May 4, 1997

Document is NOT OFFICIAL!

Karen L. Nolcheff
A resident of Pulaski County
This Document is the property of Notary Public
the Lake County Recorder!



This Instrument Prepared By
RICHARD S. HARRISON, ATTORNEY AT LAW
ANDREWS, HARRELL, MANN, CHAPMAN & COYNE P.C.
528 N. Walnut St., P.O. Box 2478
Bloomington, Indiana 47402-2478
Telephone: (812) 332-6556

LOTS 27 AND 28, BLOCK 4 IN FIRST SUBDIVISION OF EAST GARY, IN THE CITY OF LAKE STATION, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 7 PAGE 9, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.



**Document is
NOT OFFICIAL!**

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the Lake County Recorder!**

STOP



**LAKE COUNTY HEALTH DEPT.
VETERANS, Indiana
THIS IS TO CERTIFY THAT THIS IS A
TRUE COPY OF THE ORIGINAL RECORD.**

***Dr. Robert M. S.*
HEALTH OFFICER**

THIS DOCUMENT NOT VALID UNLESS STAMPED ON REVERSE SIDE

PORTER COUNTY BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEDENT—NAME (Use middle last) ADELBERT L. CARPENTER		2 SEX MALE	3a TIME OF DEATH 10:15PM	3b DATE OF DEATH (Month Day Year) NOVEMBER 28, 1994
4 A. SOCIAL SECURITY NUMBER 311-18-9270	5a AGE—Last Birthday (Years) 73	6 UNDER 1 YEAR Months Days Hours Minutes	7 UNDER 1 DAY Hours Minutes	8 DATE OF BIRTH (Month Day Year) APRIL 29, 1921
9a WAS DECEDENT A US VETERAN? YES	9b YEAR LAST SERVED IN US ARMED FORCES 1945	10 PLACE OF DEATH (Check only one box) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Home <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify)		
11 FACILITY NAME (If not institution give street and number) MILLER'S MERRY MANOR		12a CITY TOWN OR LOCATION OF DEATH PORTAGE	12b COUNTY OF DEATH PORTER	
13 MARITAL STATUS (Specify) WIDOWED	14 SURVIVING SPOUSE (If wife, give maiden name) N/A	15 DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) ACCOUNTING CLERK		16 KIND OF BUSINESS/INDUSTRY BUDD COMPANY
17a RESIDENCE—STATE INDIANA	17b COUNTY LAKE	17c CITY TOWN OR LOCATION LAKE STATION	17d STREET AND NUMBER 2747 DEARBORN STREET	
18 ZIP CODE 46405	19 INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	20 CITIZEN OF WHAT COUNTRY? USA	21 WAY IN WHICH DECEASED (If Hispanic specify) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If yes specify Cuban, Mexican, Puerto Rican, etc.)	22 RACE—American Indian (Specify) <input type="checkbox"/> Black (Specify) <input type="checkbox"/> White <input checked="" type="checkbox"/> Other (Specify)
23 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (1-12) 12 College (1-4 or 5+)		19 MOTHER'S NAME (First Middle Name Surname) MARY PARRELL		
18 FATHER'S NAME (First Middle Last) CLARENCE CARPENTER		19 MOTHER'S NAME (First Middle Name Surname) MARY PARRELL		20 INFORMATION (Type/Print) KAREN NOLCHEFF
20a INFORMATION'S NAME (Type/Print) KAREN NOLCHEFF		20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 170 S. 100 EAST, KNOX, IN 46534		20c Relationship DAUGHTER
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from state <input type="checkbox"/> Other (Specify)		21b DATE AND PLACE OF DISPOSITION (Name of cemetery or other place) DECEMBER 1, 1994 CALVARY CEMETERY		21c LOCATION—City or Town, State PORTAGE, INDIANA 46368
22a EMBALMER'S NAME JAMES J. KRAUSE		22b SIGNATURE OF FUNERAL DIRECTOR <i>David C. Krause</i>		
23a SIGNATURE OF FUNERAL DIRECTOR <i>David C. Krause</i>		23b LICENSE NUMBER (of Licensee) FD0 1012048	23c NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME REES FUNERAL HOME, 5341 CENTRAL AVE., OLSON CHAPEL, PORTAGE, IN 46368	
24 PART I Enter the disease, injury, 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. Several fractures DUE TO ICM AS A CONSEQUENCE OF Several fractures DUE TO ICM AS A CONSEQUENCE OF Chronic Alcoholism DUE TO ICM AS A CONSEQUENCE OF				
25 PART II Other significant conditions - Conditions contributing to death but not primarily stated in Part I				
26a CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, that occurred at the time, date and place, and due to the cause(s) as stated <input type="checkbox"/> HEALTH OFFICER On the basis of a postmortem and/or investigation, in my opinion death occurred at the time, date and place, and due to the cause(s) as stated <input type="checkbox"/> CORONER On the basis of a postmortem and/or investigation, in my opinion death occurred at the time, date and place, and due to the cause(s) and manner as stated		26b WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) NO	26c WAS AN AUTOPSY PERFORMED? (Yes or no) NO	26d WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) NO
27a SIGNATURE AND TITLE OF CERTIFIER <i>Donald J. Maddack</i>		27b MEDICAL LICENSE NO. 02001180	27c DATE SIGNED (Month Day Year) 11-30-94	
28 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH ITEM 26I (Type, Print) DONALD J. MADDACK, 3125 WILLOWCREEK ROAD, PORTAGE, INDIANA 46368				
29 HEALTH OFFICER'S SIGNATURE <i>David C. Krause</i>				29a DATE FILED (Month Day Year) November 30, 1994
30 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accidents <input type="checkbox"/> Suicides <input type="checkbox"/> Homicide		30a DATE OF INJURY (Month Day Year)	30b TIME OF INJURY	30c INJURY AT WORK? (Yes or no)
31 PLACE OF INJURY—At home farm shop factory office building etc (Specify)		32 DESCRIBE HOW INJURY OCCURRED		
33 DATE PHONEMICALLY DEAD (Month Day Year)		34 MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc		



Handwritten initials/signature

No. 713587

PROPERTY OF THE
LAKE COUNTY RECORDER'S OFFICE

