ITICOR TITLE INSURANCE

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COUNTY OF LAKE) SS:)									9
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	George C.						died	on		
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3. That the macquired title date of (his)	arital relators	ationshi eal esta	p which e	xisted	betwee	en the				
4. That all finance been paid		enses in	connecti	on with	the c	death	of sai	d dec	edent	
5. That all of Federal Estate on decedent's Tax.	Tax purpo:	ses, inc	luding jo	int bar	ik acco	ounts	and li	fe in	surance	
Further affiant	t sayeth no	ot.								
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				λ.	Doroth	y M	Georgan	148	nte	<u>a_</u>
Subscribed and	sworn to I	pefore m	e, a Nota	ry Publ	ic, th	nis _	26t1		_day o	f
May										
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		JUN	5 1995	ī	inda	McB	M Zide No	Sutary	Public	
My Commission	expires:	SA AUDITO!	M ORLICH R LAKE C	DUNTY						
1-26-99										
County of Resid	lence:									
Lake										
This Instrument	prepared	by Do	rothy M.	Georgan	itas		~	004	د رسو	

INDIANA STATE BOARD OF HEALTH

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204 INFORMANT'S NAME (Type	o/Print)		206 MAILING	ADDRESS (Street				Town, State.	Zip Godel	20c. Relationship
Dorothy M. Geo	organt	This D	ocument							Wife
214 METHOD OF DISPOSITION	Entorn		215 DATE AND PLAC						ION-City of T	
D Buriel Cremetion		brown the	other place) Mr.	y 26, 19	gecor	uer:				
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220 EMBALMERS NAME	1.						DEATH REPOR		RONERY	
John A. Evans			FD01012							
246. SIGNATURE OF FUNERAL	DIRECTOR	1000		JCENSE NUMBER					SER OF FUNERA	AL HOME 83000875
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