TICOR TITLE INSURANCE

AFFIDAVIT

95031937

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Robert M. Dayhoff, being first duly sworn upon oath, deposes and says:

1. That Juanita Dayhoff died on June 3, 19 90 at Gary, Ind..

2. That Robert M. Dayhoff and Juanita Dayhoff were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

Lot 5 in Parkview Manor, as per plat thereof, recorded in Plat Book 32 page 20, in the Office of the Recorder of Lake County, Indiana.

95 JUN -7 AM 9:11

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

RECORDER

1-39-506-5

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.

Robert M. Dayhoff
Robert M. Dayhoff

Subscribed and sworn to before me, a Notary Public, this 1st day of June, 19 95.

FILED
JUN 6 1995
SAM ORLICH
AUDITOR LAKE COUNTY

Awilda Galvan
Awilda Galvan Notary Public

My Commission expires:

October 18, 1996

County of Residence:

Lake

000280

This Instrument prepared by Robert M. Dayhoff

INDIANA STATE BOARD OF HEALTH

CERTIFICATE OF DEATH

Local No. 1182-90 State No. ....

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1 DECEASED—NAME (First, Middle, Last): Juanita Dayhoff
2 SEX: Female
3a TIME OF DEATH: 3:00 A. M.
3b DATE OF DEATH (Month, Day, Yr): June 3, 1990
4 SOCIAL SECURITY NUMBER: 306-34-6317
5a AGE—Last Birthday (Years): 54
5b UNDER 1 YEAR: Months / Days
5c UNDER 1 DAY: Hours / Minutes
6 DATE OF BIRTH (Mo. Day, Yr): Oct. 6, 1935
7 BIRTHPLACE (City and State or Foreign Country): Hammond, Indiana
8a WAS DECEDENT A U.S. VETERAN? No
8b YEAR LAST SERVED IN U.S. ARMED FORCES? N/A
9a PLACE OF DEATH (Check only one. See instructions): HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☐ Other (Specify) ☒ Residence
9b FACILITY NAME (If not institution, give street and number): 4441 King Court
9c CITY, TOWN, OR LOCATION OF DEATH: Gary (Calumet Twp)
9d COUNTY OF DEATH: Lake
10 MARITAL STATUS (Specify): Married
11 SURVIVING SPOUSE (If wife, give maiden name): Robert Dayhoff
12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Homemaker
12b KIND OF BUSINESS/INDUSTRY: Home
13a RESIDENCE—STATE: Indiana
13b COUNTY: Lake
13c CITY, TOWN, OR LOCATION: Gary (Calumet Twp)
13d STREET AND NUMBER: 4441 King Court
13e ZIP CODE: 46408
13f INSIDE CITY LIMITS: ☒ No ☐ Yes
13g ON A FARM? ☒ No ☐ Yes
14 CITIZEN OF WHAT COUNTRY? U.S.A.
15 WAS DECEDENT OF HISPANIC ORIGIN? ☒ No ☐ Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)
16 RACE—American Indian, Black, White, etc. (Specify): White
17 DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+):

PARENTS

18 FATHER'S NAME (First, Middle, Last): John Woosley
19 MOTHER'S NAME (First, Middle, Maiden Surname): Ruby Duncan

INFORMANT

20a INFORMANT'S NAME (Type/Print): Robert Dayhoff
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 4441 King Court Gary, IN 46408
20c Relationship: Spouse

DISPOSITION

21a METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Other (Specify) ☐ Entombment ☐ Removal from State
21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): June 6, 1990 Chapel Lawn Memorial Gardens
21c LOCATION—City or Town, State: Schererville, Indiana
22a EMBALMER'S NAME: David R. Peterson
22b EMBALMER'S LICENSE NO: FD08601585
23 WAS DEATH REPORTED TO CORONER? ☐ No ☒ Yes
24a SIGNATURE OF FUNERAL DIRECTOR: [signature]
24b LICENSE NUMBER (of Licensee): FD01014511
25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: Kuiper Funeral Home FDH300-7500 9039 Kleinman Rd. Highland, IN 46322

CAUSE OF DEATH

26 PART I Enter the diseases, injuries, 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.

	Cause	Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) a.	Carcinoma [illegible]	1/26/89 to 6/3/90
DUE TO (OR AS A CONSEQUENCE OF) b.	[illegible]	
DUE TO (OR AS A CONSEQUENCE OF) c.		
DUE TO (OR AS A CONSEQUENCE OF) d.		

Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last

PART II Other significant conditions: Conditions contributing to death but not previously stated in Part I

27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no): No
28a WAS AN AUTOPSY PERFORMED? (Yes or no): No
28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no): No

CERTIFIER

29a CERTIFIER (Check only one):
☒ CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated
☐ HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated
☐ CORONER On the basis of examination and/or investigation, in my opinion death occurred at the time, date, and place, and due to the cause(s) and manner as stated

29b SIGNATURE AND TITLE OF CERTIFIER: [signature]
29c MEDICAL LICENSE NO: 01016141
29d DATE SIGNED (Month, Day, Year): 6/4/90
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): Richard J. Purcell MD 109 E. Lake St Griffith IN 46319

HEALTH OFFICER

31 HEALTH OFFICER'S SIGNATURE: [signature] LAKE COUNTY HEALTH COMMISSIONER
32 DATE FILED (Month, Day, Year): JUNE 5, 1990

CORONER USE ONLY

33 MANNER OF DEATH: ☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide
34a DATE OF INJURY (Month, Day, Year):
34b TIME OF INJURY:
34c INJURY AT WORK? (Yes or no)
34d DESCRIBE HOW INJURY OCCURRED
34e PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)
34f LOCATION (Street and Number or Rural Route Number, City or Town, State)
34g DATE PRONOUNCED DEAD (Month, Day, Year)
34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.

000281

FILED JUN 6 1995 SAM ORLICH AUDITOR LAKE COUNTY

[...] CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT.

RECORDER'S [...] SEAL INDIANA

SBH06-004 State Form 10110 (R2/3-89) DEA CERT/PD 1