

195848
Ti/No/12
Miller

TICOR TITLE INSURANCE

AFFIDAVIT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Sandra G. Phelan, being first duly sworn upon oath, deposes and says:

1. That Edward Martinez died on May 18, 1985 at Hammond Indiana.
2. That Edward Martinez and Louise H. Martinez aka Louise Helen Martinez were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

Lot 10 in Tri-State Gardens, in the City of Hammond, as per plat thereof, recorded in Plat Book 30, page 36, in the Office of the Recorder of Lake County, Indiana.

This Document is the property of the Lake County Recorder!

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.

Sandra Phelan executing for the Estate of Louise H. Martinez aka Louise Helen Martinez

Subscribed and sworn to before me, a Notary Public, this 1st day of November, 1995.

FILED

Nanette Raduenz
Notary Public
Nanette Raduenz

My Commission expires: NOV 3 1995

5-19-96
County of Residence: **SAM ORLICH**
AUDITOR LAKE COUNTY

[Signature]
This Instrument prepared by Nanette K. Raduenz, Joseph Stalmack & Associates

000287

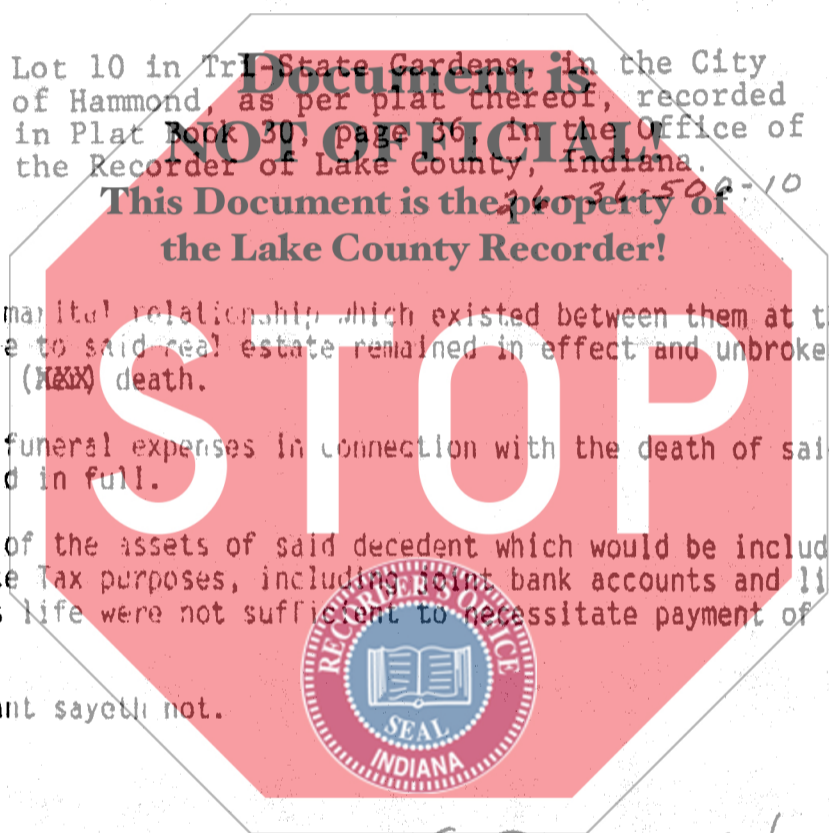
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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

95 NOV -6 AM 10:21

MARGARET CLEVELAND
RECORDER



**INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH**

State No. _____

Local No. **389**

TYPE OR PRINT
PLAINLY WITH
UNFADING INK

THIS IS A
PERMANENT
RECORD

See State Office Use

FUNERAL HOME
No. **280**

TYPE OF DEATH
1. PERMANENT
2. TEMPORARY
3. SUICIDE
4. UNUSUAL
5. OTHER

DECEASED

USUAL RESIDENCE
WHERE DECEASED
LIVED AT DEATH
OR IN INSTITUTION OR
RESIDENT BEGAIN
ADMISSION

PARENTS

DOB

C.A. SE

LICENSE No. **1350**

FUNERAL DIRECTOR'S
LICENSE No. **1005**

EMBALMER'S NAME *John C. Hall*

FUNERAL DIRECTOR'S
SIGNATURE

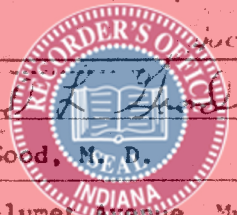
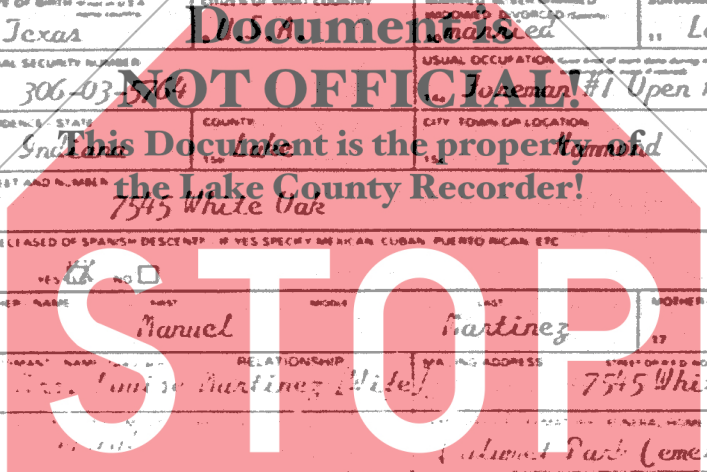
DECEASED NAME Edward Martinez		SEX Male	DATE OF DEATH 5-18-85
RACE white	AGE 79	DATE OF BIRTH 12/17/1905	COUNTY OF DEATH Lake
CITY, TOWN OR LOCATION OF DEATH Hammond	HOSPITAL OR OTHER INSTITUTION St. Margaret Hospital		IF HOSP. OF INST. INDIAN DOA OR OTHER INSTITUTION inpatient
STATE OF BIRTH Texas	CITIZEN OF WHAT COUNTRY United States	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED married	SURVIVING SPOUSE Louise Kr...
SOCIAL SECURITY NUMBER 306-03-5764	USUAL OCCUPATION Operator #1 Open Hearth		WAS DEPENDENT EVER IN U.S. ARMS SERVICES no
RESIDENCE STATE Indiana	COUNTY Laurens	CITY, TOWN OR LOCATION Hammond	INDIAN DOA Inland
STREET AND NUMBER 7545 White Oak	IS RESIDENCE ON A FARM? no	INSIDE CITY LIMITS yes	
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY IRISH, CUBAN, PUERTO RICAN, ETC. no			
FATHER NAME Manuel	MOTHER NAME Pauline	GONZALEZ	
HOSPITAL NAME St. Louise Martinez		RELATIONSHIP Wife	ADDRESS 7545 White Oak Avenue Hammond, Indiana 46324
CITY, TOWN OR LOCATION Hammond		CITY, TOWN OR LOCATION Hammond	STATE Indiana
DATE SIGNED May 21, 1985		DATE RECEIVED BY LOCAL HEALTH DEPARTMENT MAY 20 1985	
NAME OF ATTENDING PHYSICIAN R. L. Good, M.D.		DATE SIGNED 5/19/85	HOUR OF DEATH 5:25 p.m.
M.A. ADDRESS 7905 Calumet Avenue, Munster, Indiana 46321			
SIGNATURE OF PHYSICIAN <i>[Signature]</i>			
CAUSE OF DEATH Renal Failure End Stage		000258	
IMMEDIATE CAUSE OF DEATH Coronary Heart Failure			
MANNER OF DEATH State Post Mortem, Cardiac Arrhythmia			

THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.

NOV 01 1985

Franklin B. Orourke M.D.
Hammond Health Commissioner

Date Issued



FILED
1985
SAMUEL L. ...
AUDITOR LAKE COUNTY