

FA- 15998

Property Address: 4841 Caltalpa  
Hammond, IN 46327

If this Affidavit is to be recorded, the legal description of said property will be attached.

ESTATE AFFIDAVIT

MARK LAMBERT, Affiant, states that:

1. ~~MARK L. LAMBERT~~ HERLEY MCCORMACK STELLA E. MCCORMACK, deceased, died on the 12 day of OCT., 1988;

2. Affiant is:     the surviving spouse of the deceased,  
 the Personal Representative/Executor-trix of the estate of the deceased;

3. The deceased died:     leaving a will which has been probated;  
    leaving a will which has not been probated;  
    leaving no will;

4. The deceased and Affiant were married on the     day of    , 19   ; and were never divorced.  
(This item applies only to the surviving spouse.)

5.  All expenses of the last illness and funeral of the deceased have been paid;  
6.     All State Inheritance Taxes and Federal Estate Taxes attributable to the deceased and his/her estate have been paid;

7.  There are no claims against the estate of the decedent.

This Affidavit is made to induce First American Title Insurance Company to issue a policy of title insurance on the above-described real estate.

Oct 20, 1995  
Date

Mark Lambert  
Signature of Affiant

MARK LAMBERT  
Printed Name of Affiant

State of Indiana, County of Lake

Subscribed and sworn to before me, this 20th day of October, 1995.

BETH A. KOLBERT  
Printed Name of Notary

Beth A. Kolbert  
Signature of Notary

My Commission expires: 07/11/97

My County of Residence (is): LAKE

Prepared By: Mark Lambert

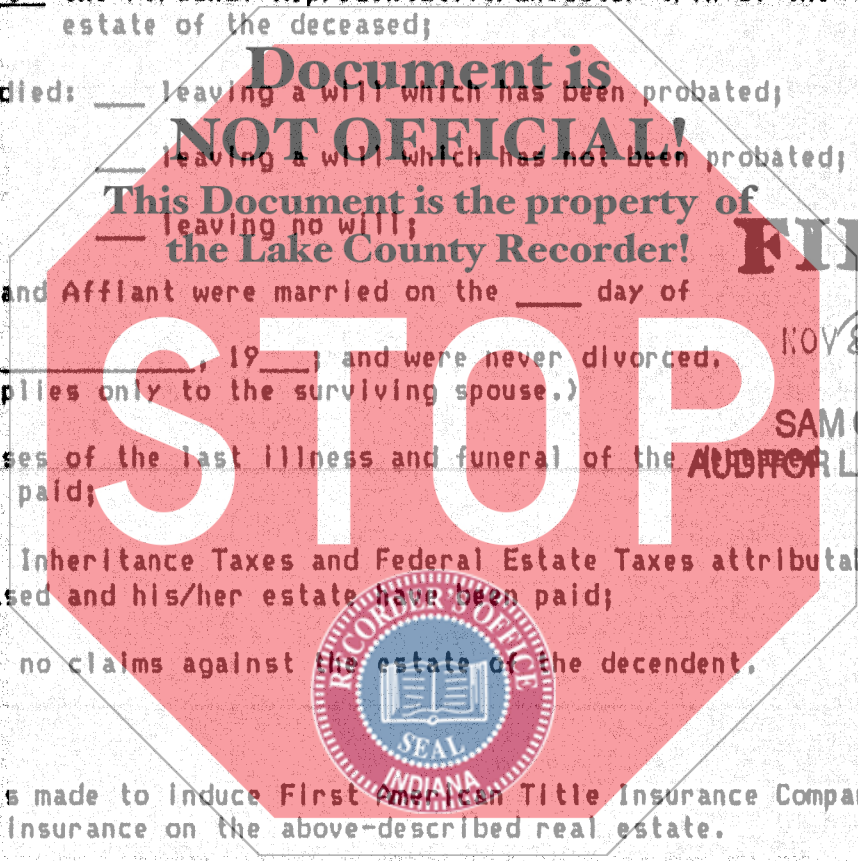
Legal Description: THE SOUTH 5 1/2 FEET OF LOT 9 AND THE NORTH 36 FEET OF LOT 10 IN BLOCK 2 IN STAFFORD AND TRANKLE'S 2ND SO. CENT. CALUMET ADDITION TO HAMMOND, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 21, PAGE 22, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

HAND FOR FIRST AMERICAN TITLE

95068086

95 NOV - 8 AM 10:18

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD



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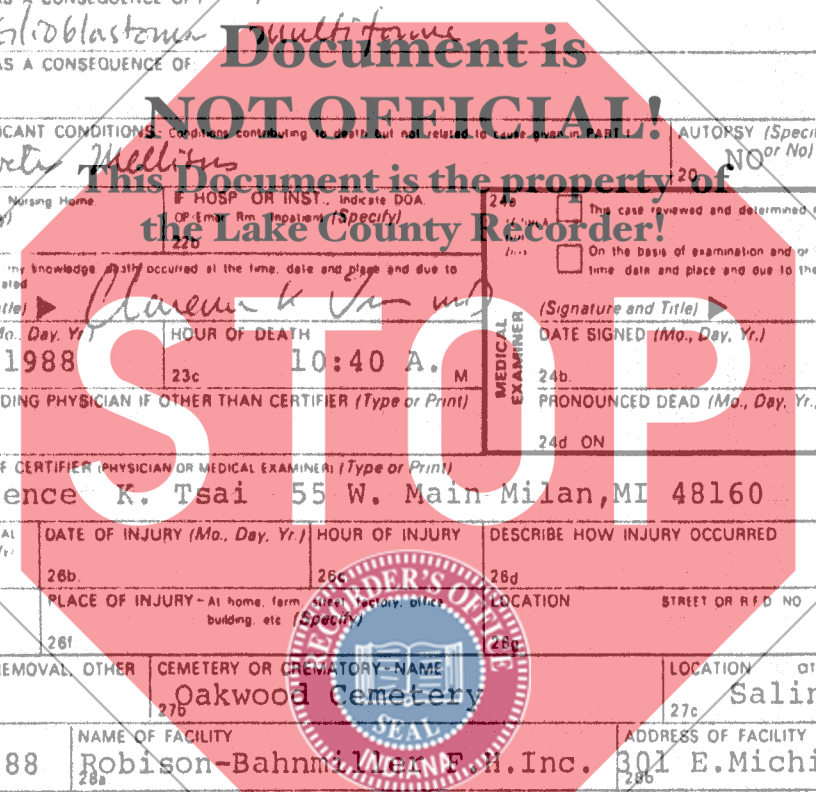
STATE OF MICHIGAN  
DEPARTMENT OF PUBLIC HEALTH

STATE FILE NUMBER

0816392

CERTIFICATE OF DEATH

DECEDENT NAME 1 STELLA E. MCCORMACK			SEX 2 Female	DATE OF DEATH (Mo., Day, Yr.) 3 Oct 12, 1988	
RACE - 10g 4 White	AGE - Last Birthday (Yrs) 5a 67	UNDER 1 YEAR 5b MOS	UNDER 1 DAY 5c HOURS MINS	DATE OF BIRTH (Mo., Day, Yr.) 6 April 7, 1921	COUNTY OF DEATH 7a Lenawee
LOCATION OF DEATH (Check one and specify) 7b <input type="checkbox"/> INSIDE CITY LIMITS OF <input type="checkbox"/> INSIDE VILLAGE LIMITS OF <input checked="" type="checkbox"/> TWP OF Ridgeway Twp.			HOSPITAL OR OTHER INSTITUTION - Name, if not in either, give street and number. 7c 8705 M-50 Hwy.		
STATE OF BIRTH (if not in U.S.A. give country) 8 Virginia	CITIZEN OF WHAT COUNTRY 9 USA	MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10 Married	SURVIVING SPOUSE (If wife, give maiden name) 11 Herley McCormack		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) 12 NO
SOCIAL SECURITY NUMBER 13 374-24-6880		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 14a Home Maker		KIND OF BUSINESS OR INDUSTRY 14b Own Home	
CURRENT RESIDENCE - STATE 15a Indiana	COUNTY 15b Lake	LOCALITY (Check one and specify) 15c <input checked="" type="checkbox"/> INSIDE CITY LIMITS OF <input type="checkbox"/> INSIDE VILLAGE LIMITS OF <input type="checkbox"/> TWP OF Hammond	STREET AND NUMBER 15d 4841 Catalpa		
FATHER - NAME FIRST MIDDLE LAST 16 James L. Lambert			MOTHER - MAIDEN NAME FIRST MIDDLE LAST 17 Dora J. Austin		
INFORMANT 18a (Signature) Mark Lambert			MAILING ADDRESS STREET OR R.F.D. NO CITY OR TOWN STATE ZIP 18b 2916 Potter Rd. Wixom, Mich 48096		
19 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)					Interval between onset and death
PART I (a) Respiratory failure					30 min
(b) DUE TO, OR AS A CONSEQUENCE OF Glidblastoma Multifocum					2 months
(c) DUE TO, OR AS A CONSEQUENCE OF					Interval between onset and death
PART II OTHER SIGNIFICANT CONDITIONS: Conditions contributing to death but not related to cause given in PART I. Labels Mellitus					AUTOPSY (Specify Yes or No) 20 NO
PLACE OF DEATH (Home, Nursing Home, Hospital, Ambulatory, etc.) (Specify) 22a Home					IF HOSP OR INST., Indicate DOA (OP, EM, RM, Hospital) (Specify) 22b
23a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) Clarence K. Tsai, M.D.					24a. This case reviewed and determined not to be a medical examiner's case. 24b. 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) stated.
DATE SIGNED (Mo., Day, Yr.) 23b Oct 13, 1988	HOUR OF DEATH 23c 10:40 A. M	DATE SIGNED (Mo., Day, Yr.) 24b	HOUR OF DEATH 24c M	PRONOUNCED DEAD (Mo., Day, Yr.) 24d ON	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type or Print) 25 Dr. Clarence K. Tsai 55 W. Main Milan, MI 48160					
ACC. SUICIDE, HON. NATURAL OR PENDING INVEST. (Specify) 26a Natural	DATE OF INJURY (Mo., Day, Yr.) 26b	HOUR OF INJURY 26c	DESCRIBE HOW INJURY OCCURRED 26d		
INJURY AT WORK (Specify Yes or No) 26e	PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify) 26f	LOCATION 26g	STREET OR R.F.D. NO	CITY, VILLAGE, OR TOWNSHIP	STATE
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 27a Burial	CEMETERY OR CREMATORY - NAME 27b Oakwood Cemetery	LOCATION 27c Saline, MI	CITY, VILLAGE, OR TOWNSHIP	STATE	48176
DATE (Mo., Day, Yr.) 27d Oct 13, 1988	NAME OF FACILITY 27e Robison-Bahn Miller E.H. Inc.	ADDRESS OF FACILITY 27f 301 E. Michigan Ave. Saline, MI			
FUNERAL SERVICE LICENSEE (Signature) 28c WJH	REGISTRAR (Signature) 29a Delva D. Woodley	DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.) 29b Oct. 14, 1988			



I, Lou Ann Bluntschly, Clerk of the County of Lenawee, do hereby certify that the above is an exact copy of the record which is on file in the office of the Lenawee County Clerk, State of Michigan, Adrian, Michigan.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of said Circuit Court this 19<sup>th</sup> day of October, 1995 A.D.

*Lou Ann Bluntschly*  
Lou Ann Bluntschly, County Clerk

*Debra D. Woodley*  
Deputy

**FILED**

NOV 8 1995

SAM ORLICH  
AUDITOR LAKE COUNTY

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