

1946
T. H. Johnson
Johnson



TICOR TITLE INSURANCE

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AFFIDAVIT

STATE OF INDIANA)
COUNTY OF LAKE) SS:

95068837

CARL J. JOHNSON, being first duly sworn upon oath, deposes and says:

1. That EDWARD J. ELLIS died on AUGUST 8, 1994 at MUNSTER, INDIANA.
2. That DOROTHY L. ELLIS and EDWARD J. ELLIS were duly and legally married at the time they acquired title as husband and wife to the following described real estate:
8226 Wicker Park Drive, Highland, Indiana 46322
Legal Lot 1 in the resubdivision of lots 24 to 41 in Block 5 in Wicker Park Manor, in the Town of Highland, as per Plat thereof, recorded plat Book 29 Page 98, in the Office of the Recorder of Lake County, Indiana

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

95 NOV 10 AM 9:19



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 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 no more.

Subscribed and sworn to before me, a Notary Public, this 25th day of OCTOBER, 1995.

David R. Black
Notary Public
DAVID R. BLACK

My Commission expires:
24 JAN 1997

County of Residence:
LAKE

This Instrument prepared by CARL J. JOHNSON
TRUSTEE

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M4676 H01116m
Johnson

INDIANA STATE DEPARTMENT OF HEALTH

Local No. 0.159-73

CERTIFICATE OF DEATH

State No.

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF
DEATH

CERTIFIER

HEALTH
OFFICER

CORONER
USE ONLY

1 DECEASED—NAME (First Middle Last) DOROTHY L. ELLIS		2 SEX FEMALE		3a. TIME OF DEATH 3:05 PM		3b. DATE OF DEATH (Month Day Year) JANUARY 19, 1993	
4 SOCIAL SECURITY NUMBER 345-14-0249		5a. AGE—Last Birthday (Years) 76		5b. UNDER 1 YEAR Months Days 0 0		5c. UNDER 1 DAY Hours Minutes 0 0	
6 DATE OF BIRTH (Mo Day Yr) October 28, 1916		7 BIRTHPLACE (City and State or Foreign Country) Kingsly, Iowa					
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 <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> OOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence			
9b. FACILITY NAME (If not institution give street and number) THE COMMUNITY HOSPITAL				9c. CITY, TOWN OR LOCATION OF DEATH MUNSTER		9d. COUNTY OF DEATH LAKE	
10. MARITAL STATUS (Specify) Married		11. SURVIVING SPOUSE (If wife give maiden name) Edward J. Ellis		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 Highland		13d. STREET AND NUMBER 8226 Wicker Park Drive	
13a. ZIP CODE 46322		13j. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? USA		15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes specify Cuban, Mexican, Puerto Rican, etc.)	
13k. ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		16. RACE—American Indian, Black, White, etc. (Specify) White		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (13-16 or 17+)			
18. FATHER'S NAME (First Middle Last) Walter E. Smith				19. MOTHER'S NAME (First Middle Maiden Surname) Mary B. Thurtell			
20a. INFORMANT'S NAME (Type/Print) Edward J. Ellis				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 8226 Wicker Park Dr., Highland, IN 46322		20c. Relationship Husband	
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) January 22, 1993 Chapel Lawn Memorial Gardens		21c. LOCATION—City or Town, State Schererville, Indiana			
22a. EMBALMER'S NAME Charles D. Scheuer, Jr.		22b. EMBALMER'S LICENSE NO. 1006049		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Charles D. Scheuer, Jr.</i>		24b. LICENSE NUMBER (of Licensee) 1006049		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME 3002869 Virgil Huber Funeral Home 7051 Kennedy Avenue, Hammond, IN 46322			
26. PART I. Enter the disease, 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. 1. Sudden Heart Failure 2. Respiratory Failure 3. Cardiovascular Disease							
26. PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I. Cardiomyopathy, hypertension, malformation of multiple							
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) N/A							
29a. CERTIFYING PHYSICIAN. To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. DR. RICHARD L. GOOD, M.D.							
29b. 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. LAKE COUNTY HEALTH COMMISSIONER							
29c. 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 <i>Richard L. Good</i>				29c. MEDICAL LICENSE NO. 27057		29d. DATE SIGNED (Month Day Year) JANUARY 20, 1993	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) DR. RICHARD L. GOOD, M. D. 7905 CALUMET AVENUE MUNSTER, INDIANA 46321							
31. HEALTH OFFICER'S SIGNATURE <i>Richard L. Good</i>						32. DATE FILED (Month Day Year) January 22, 1993	
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month Day Year) NOV 1995		34b. TIME OF INJURY		34c. INJURY AT WORK? (Yes or no) NO	
34d. DESCRIBE HOW INJURY OCCURRED				34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) SAM ORLICH			
34f. LOCATION (Street and Number or Rural Route Number, City or Town, State) AUDITOR LAKE COUNTY				34g. DATE PRONOUNCED DEAD (Month Day Year)			
34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.							

16-27-226-1



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