

60498
LAWYERS TITLE INS. CORP.
ONE PROFESSIONAL CENTER
SUITE 215
CROWN POINT, IN 46307

FILED

NOV 15 1995

**SAM ORLICH
AUDITOR LAKE COUNTY**

SURVIVORSHIP AFFIDAVIT

Crown Point, INDIANA

STATE OF INDIANA, COUNTY OF Lake, SS:

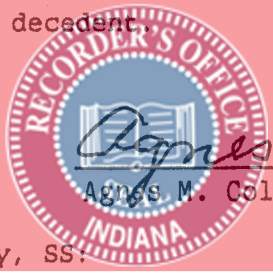
Agnes M. Colglazier, being first duly sworn, on oath states that she is of lawful age and resides in the County of Lake, State of Indiana. That she is the surviving spouse of Edward E. Colglazier

who died on the 13th day of January 1991, and that as such surviving spouse, is the owner of the following real estate located in Lake County, Indiana:

Part of the SW 1/4 of the NE 1/4 of Section 6, Township 36 North, Range 7 West of the 2nd Principal Meridian in the City of Gay Lake County, Indiana, described as follows: Beginning at a point 1075.03 feet East
CONTINUED

That all debts, funeral expenses and doctor bills of said decedent have been fully paid and satisfied, and that said decedent's estate has not been and is not to be administered upon.

That the decedent and this affiant were husband and wife at the time they took title to the above described real estate and that they remained such continuously until the death of said decedent.



Agnes M. Colglazier
Agnes M. Colglazier Affiant

State of Indiana, Lake County, SS:

Before me, a Notary Public in and for said County, personally appeared Agnes M. Colglazier and acknowledged the foregoing document to be his/her voluntary act and deed.

Lori L. Bruder
Lori L. Bruder Notary Public

My commission expires: November 11, 1995 Resident of Porter County

This document prepared by: Agnes M. Colglazier

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95 NOV 17 AM 11:57

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

MARGARET E. GEE
RECORDER

000970

1300
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SCHEDULE A
LEGAL DESCRIPTION CONTINUED

and 98.5 feet North of the SW corner thereof, said point being on the West line of Hancock Street; thence West 132 feet; thence South 33.5 feet; thence East 132 feet; thence North 33.5 feet to the place of beginning.



80

6 Reg
3 Free (VA)
9 Total

INDIANA STATE BOARD OF HEALTH

Local No. **91-0038**

CERTIFICATE OF DEATH

State No.

TYPE/PRINT
IN
PERMANENT
BLACK INK

1 DECEASED—NAME (First Middle Last) EDWARD E. COLGLAZIER		2 SEX Male	3a TIME OF DEATH 11:25A	3b DATE OF DEATH (Month Day Yr) January 13, 1991	
4 SOCIAL SECURITY NUMBER 316-18-1002	5a AGE—Last Birthday (Years) 67	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo. Day Yr) DEC 19, 1923	
7 BIRTHPLACE (City and State or Foreign Country) SALEM, INDIANA	8a WAS DECEDENT A U.S. VETERAN? Yes				
8b YEAR LAST SERVED IN U.S. ARMED FORCES? WWII		8c PLACE OF DEATH (Check only one. See instructions) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence			
9a FACILITY NAME (If not institution, give street and number) 6632 MELTON ROAD		9b CITY, TOWN OR LOCATION OF DEATH GARY	9c COUNTY OF DEATH LAKE		
10 MARITAL STATUS (Specify) Married	11 SURVIVING SPOUSE (If wife, give maiden name) AGNES M. BARTH	12a DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) MEATCUTTER	12b KIND OF BUSINESS/INDUSTRY WILCO FOOD CENTER		
13a RESIDENCE—STATE INDIANA	13b COUNTY LAKE	13c CITY, TOWN OR LOCATION GARY	13d STREET AND NUMBER 6632 MELTON ROAD		
13e ZIP CODE 46403	13f 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 type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, American Puerto Rican, etc.)	16 RACE—American Indian, Black, White, etc. (Specify) WHITE	
17 DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12): 11 College (1-4 or 5+)		18 FATHER'S NAME (First Middle Last) PERRY COLGLAZIER			
19 MOTHER'S NAME (First Middle Maiden Surname) EDITH COLGLAZIER		20a INFORMANT'S NAME (Type/Print) AGNES M. COLGLAZIER			
20b MAILING ADDRESS (Street, Rural Route Number, City or Town, State, Zip Code) 6632 MELTON ROAD, GARY, IN 46403		20c Relationship Wife			
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) JAN 16, 1991 CALUMET PARK CEMETERY		21c LOCATION—City or Town, State MERRILLVILLE, INDIANA	
22a EMBALMER'S NAME JAMES W. GHOLSTON		22b EMBALMER'S LICENSE NO. FDO1004194	23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
24a SIGNATURE OF FUNERAL DIRECTOR <i>James J. Krause</i>		24b LICENSE NUMBER (of Licensee) FDO1006463	25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME REES FUNERAL HOME 600 W. OLD ROAD, HOUSTON, IN 46342		
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. Arteriosclerosis, Heart disease DUE TO (OR AS A CONSEQUENCE OF) Cerebral aneurysm DUE TO (OR AS A CONSEQUENCE OF) Insulin Dependent Diabetes mellitus DUE TO (OR AS A CONSEQUENCE OF) Hypertension, essential					
IMMEDIATE CAUSE (Final disease or condition resulting in death) Arteriosclerosis, Heart disease					
Conditions, if any, which gave rise to the immediate cause stating the underlying cause last Insulin Dependent Diabetes mellitus					
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) N/A		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 CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> 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. <input type="checkbox"/> 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>J.P. Mangahas, M.D.</i>		29c MEDICAL LICENSE NO. 010 23357	29d DATE SIGNED (Month, Day, Year) 1-15-91		
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) J.P. MANGAHAS MD, 4716 INDIANAPOLIS BOULEVARD, EAST CHICAGO, IN 46312					
31 HEALTH OFFICER'S SIGNATURE <i>Rebecca E. Austin, MD MPH/BA</i>				DATE FILED (Month, Day, Year) JAN 15 1991	
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> 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) 000971			
34g DATE PRONOUNCED DEAD (Month, Day, Year)		34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.			

DECEDENT

PARENTS

INFORMANT

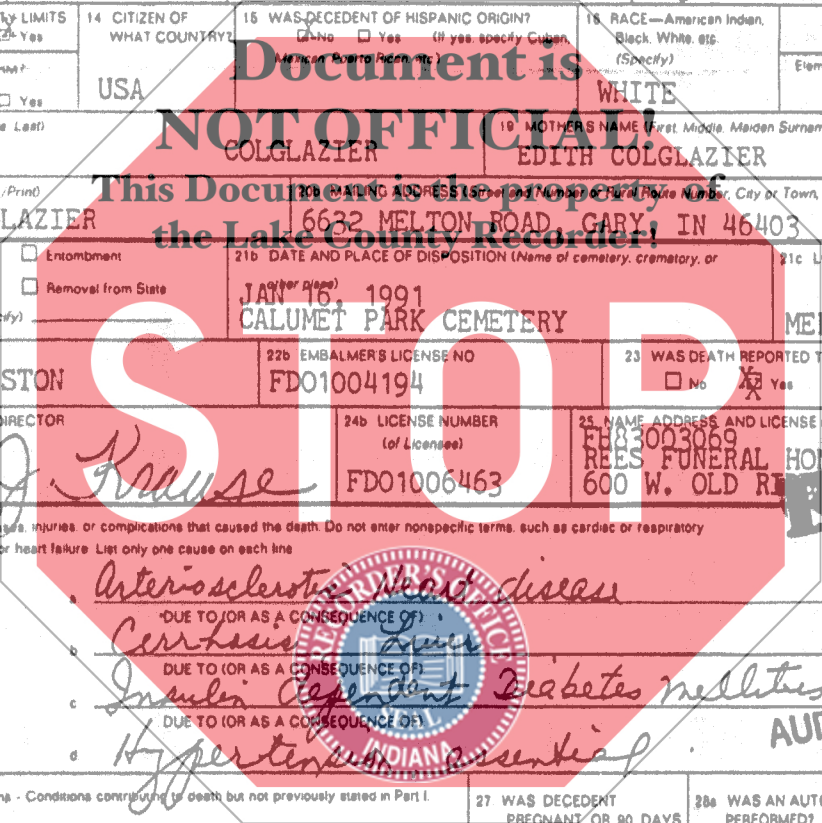
DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

CORONER USE ONLY



FILED
NOV 15 1995
SAM ORLICH
AUDITOR LAKE COUNTY