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GTC

COMMUNITY TITLE COMPANY

- An Indiana Corporation -
421 West 81st Avenue
Merrillville, Indiana 46410
219-736-2810

COMMUNITY TITLE COMPANY
FILE NO. 2 11622

FILED

AFFIDAVIT

NOV 29 1995

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

SAM ORLICH
AUDITOR LAKE COUNTY

95072869

James R. Johnston, being first duly sworn upon oath, deposes and says:

1. That Affiant's spouse, Gloria Sue Johnston died (without leaving a will) (leaving a will) on May 20, 1994 at Methodist Hospital, Southlake

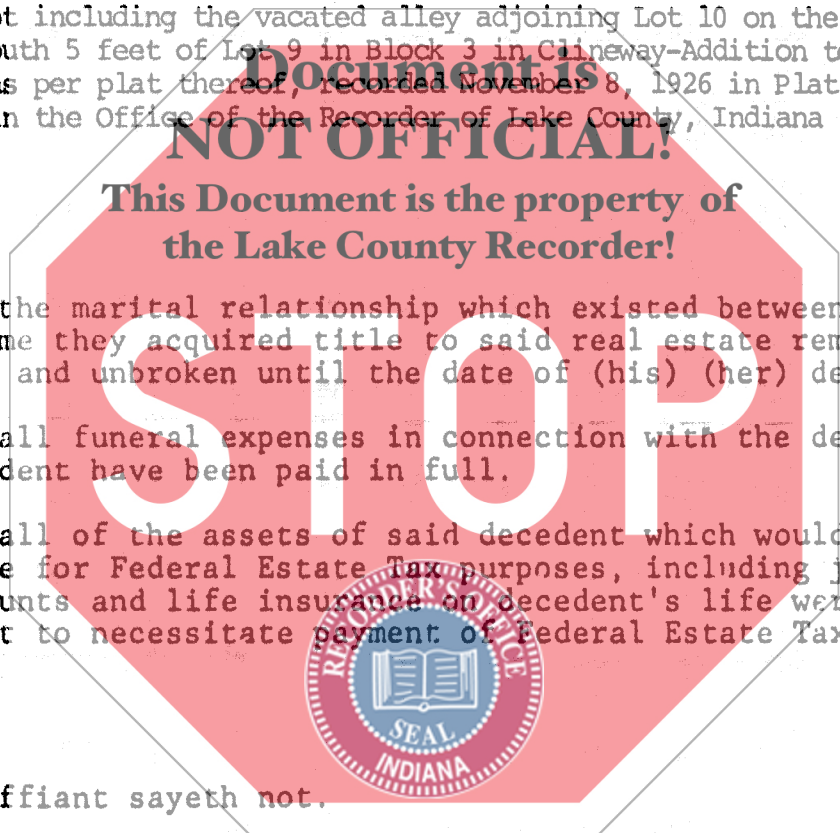
2. That they were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

Lot 10 (not including the vacated alley adjoining Lot 10 on the South) and the South 5 feet of Lot 9 in Block 3 in Clintway-Addition to Hammond, as per plat thereof, recorded November 8, 1926 in Plat Book Page 30, in the Office of the Recorder of Lake County, Indiana

MARGARETTE CLELAND
RECORDER

95 NOV 30 AM 9:08

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD



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.

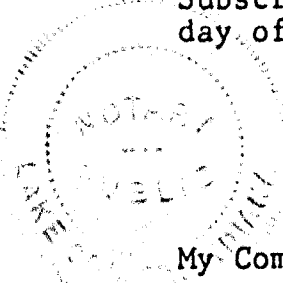
4. That all funeral expenses in connection with the death of said decedent have been paid in full.

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.

James R. Johnston
JAMES R. JOHNSTON

Subscribed and sworn to before me, a Notary Public, this 21st day of November, 1995.



Cynthia M. Washburn
Notary Public

My Commission expires: _____

CYNTHIA M. WASHBURN
NOTARY PUBLIC
STATE OF INDIANA
LAKE COUNTY
MY COMMISSION EXPIRES OCT. 31, 1997

County of Residence: _____

This Instrument prepared by James R. Johnston

11:00
SW

001632

ATTENTION ESTEE: Disclosure of the SS# we need to pursue our responsibilities is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Local No. 1170-54

State No.

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

TYPE/PRINT IN PERMANENT BLACK INK

Form with fields for: 1. DECEASED-NAME (Gloria Sue Johnston), 2. SEX (Female), 3a. TIME OF DEATH (11:20 A.M.), 3b. DATE OF DEATH (May 20, 1994), 4. SOCIAL SECURITY NUMBER (312-68-7113), 5a. AGE (38), 5b. UNDER 1 YEAR, 5c. UNDER 1 DAY, 6. DATE OF BIRTH (Mar. 10, 1956), 7. BIRTHPLACE (Hammond, Indiana), 8a. WAS DECEDENT A U.S. VETERAN? (NO), 8b. YEAR LAST SERVED IN U.S. ARMED FORCES? (N/A), 8c. PLACE OF DEATH (HOSPITAL: ER/Outpatient), 9b. FACILITY NAME (Methodist Hospital, Southlake), 9c. CITY, TOWN OR LOCATION OF DEATH (Merrillville), 9d. COUNTY OF DEATH (Lake), 10. MARITAL STATUS (Married), 11. SURVIVING SPOUSE (James Johnston), 12a. DECEDENT'S USUAL OCCUPATION (Home Maker), 12b. KIND OF BUSINESS/INDUSTRY (Own Home), 13a. RESIDENCE-STATE (Indiana), 13b. COUNTY (Lake), 13c. CITY, TOWN OR LOCATION (Hammond), 13d. STREET AND NUMBER (6440 Tennessee), 13e. ZIP CODE (46320), 14. CITIZEN OF WHAT COUNTRY (U.S.A.), 15. WAS DECEDENT OF HISPANIC ORIGIN? (No), 16. RACE (White), 17. DECEDENT'S EDUCATION (12), 18. FATHER'S NAME (Robert Deabenstot), 19. MOTHER'S NAME (Mildred Holler), 20a. INFORMANT'S NAME (James Johnston), 20b. MAILING ADDRESS (6440 Tennessee, Hammond, Indiana), 20c. Relationship (Husband), 21a. METHOD OF DISPOSITION (Burial), 21b. DATE AND PLACE OF DISPOSITION (May 23, 1994, Chapel Lawn Cemetery), 21c. LOCATION (Scherverville, Indiana), 22a. EMBALMER'S NAME (Ronald A. Reed), 22b. EMBALMER'S LICENSE NO. (FDO 1001081), 23. WAS DEATH REPORTED TO CORONER? (Yes), 24a. SIGNATURE OF FUNERAL DIRECTOR, 24b. LICENSE NUMBER (FDO 1014511), 25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME (Kuiper Funeral Home 9039 Kleinman Rd., Highland, Indiana FDH 300-7500), 26. PART I: IMMEDIATE CAUSE (Massive blunt force injuries), 27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (No), 28a. CERTIFIER (Deputy Coroner), 29a. SIGNATURE AND TITLE OF CERTIFIER (Kathy Philpot, Deputy Coroner), 29b. MEDICAL LICENSE NO. (N/A), 29c. DATE SIGNED (May 23, 1994), 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Kathy Philpot, Deputy Coroner, 2293 North Main St., Crown Point, Indiana 46307), 31. HEALTH OFFICER'S SIGNATURE (Alexander S. Williams, MD), 32. DATE FILED (May 23, 1994), 33. MANNER OF DEATH (Accident), 34a. DATE OF INJURY (May 20, 1994), 34b. TIME OF INJURY (Unknown), 34c. INJURY AT WORK? (No), 34d. DESCRIBE HOW INJURY OCCURRED (Automobile Accident), 34e. PLACE OF INJURY (Street), 34f. LOCATION (U.S. 30 and Cline Avenue, Scherverville, Indiana), 34g. DATE PRONOUNCED DEAD (May 20, 1994), 34h. MOTOR VEHICLE ACCIDENT? (Yes), 34i. (Passenger)

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

