



TICOR TITLE INSURANCE

AFFIDAVIT

STATE OF INDIANA)
COUNTY OF LAKE) SS:

William C. Vaught, being first duly sworn upon oath, deposes and says:

1. That Clara A. Vaught died on May 13, 19 96 at Dyer, Indiana.

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

Lot 9 in East Suburban First Addition to Dyer, as per plat thereof, recorded in Plat Book 31 page 81, in the Office of the Recorder of Lake County, Indiana.

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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.

William C. Vaught
William C. Vaught

Subscribed and sworn to before me, a Notary Public, this 19th day of March, 19 96.

FILED
MAR 7 1996

SAM ORLICH
NOTARY LAKE COUNTY

Awilda Galvan
Awilda Galvan Notary Public

My Commission expires: 10-18-96

County of Residence:

Lake

This Instrument prepared by William C. Vaught

96019791

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
MAR 28 AM 9:53
RECORDER



001456

02/11

INDIANA STATE BOARD OF HEALTH CORONER'S CERTIFICATE OF DEATH

State No. _____

Local No. 0288

TYPE OR PRINT
PLAINLY WITH
UNFADING INK
THIS IS A
PERMANENT
RECORD

FUNERAL HOME
No. 35

TYPE OR PRINT
PLAINLY WITH
UNFADING INK
FOR
INSTRUCTIONS
SEE
HANDBOOK

DECEASED

IF DEATH
OCCURRED IN
A HOSPITAL
OR OTHER
INSTITUTION
THIS SECTION
SHOULD BE
COMPLETED

DISPOSITION

IF DEATH
OCCURRED IN
A HOSPITAL
OR OTHER
INSTITUTION
THIS SECTION
SHOULD BE
COMPLETED

CAUSE

| | | | |
|--|--|--|--|
| DECEASED NAME Clara A. Vaught | | SEX Female | DATE OF DEATH May 13, 1986 |
| RACE White | AGE 36 | DATE OF BIRTH 4/19/1950 | COUNTY OF BIRTH Lake |
| CITY/TOWN OR LOCATION OF DEATH Dyer | | HOSPITAL OR OTHER INSTITUTION Our Lady of Mercy Hospital | |
| STATE OF BIRTH Indiana | CITIZEN OF WHAT COUNTRY U.S.A. | MARRIED NEVER MARRIED, WIDOWED, DIVORCED MARRIED | SURVIVING SPOUSE William C. Vaught |
| SOCIAL SECURITY NUMBER 306-58-9586 | | USUAL OCCUPATION Homemaker | HOME OF DECEASED Own Home |
| STATE Indiana | COUNTY Lake | CITY/TOWN OR LOCATION Dyer | RESIDENCE ON A FARM <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| STREET AND NUMBER 1537-215th Street | | RESIDENCE CITY, TOWN OR LOCATION Yes | |
| IF DECEASED OF SPANISH ORIGIN? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | |
| FATHER'S NAME Frank Wilcox | MOTHER - MAIDEN NAME Clara | | |
| DECEASED NAME William C. Vaught (Husband) | RELATIONSHIP | MAILING ADDRESS 1537-215th St. Dyer, Indiana 46311 | |
| DISPOSITION Burial | | CEMETERY OR CREMATORY - FUNERAL HOME Mount Union Cemetery | LOCATION Martin County, Indiana |
| DATE May 17, 1986 | | FUNERAL HOME - NAME AND ADDRESS Queen-Lee Funeral Home, P.O. Box 128, Shoals, IN 47581 | |
| DATE SIGNED 5/14/86 | | HOURS OF DEATH 2:45 A. | |
| SIGNATURE <i>[Signature]</i> | | PROMOUNCED DEAD 5/13/86 | |
| NAME AND ADDRESS OF LISTENER DANIEL C. THOMAS, M.D., 2293 NORTH MAIN ST., CROWN POINT, IN. 46307 | | DATE RECEIVED BY LOCAL HEALTH OFFICE 5-14-86 | |
| PART I CAUSE Massible subarachnoid hemorrhage involving both hemispheres; Hemoperitoneum (1000 cc); Compound fracture of right tibia & fibula. Due to blunt force | | | Undetermined |
| PART II MANNER OF DEATH Accident | | | Yes |
| ALL CAUSES OF DEATH No | DATE OF INJURY 5/13/86 | HOUR OF INJURY Highway | DESCRIBE HOW INJURY OCCURRED Auto/pedestrian accident |
| PLACE OF INJURY Highway | | LOCATION Rte #41, Schererville, IN | |

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717
LICENSE NO. 1062
FUNERAL DIRECTOR'S SIGNATURE

EMBALMER'S NAME: EDWARD...
FUNERAL DIRECTOR'S SIGNATURE

[Signature]
LAKE COUNTY HEALTH COMMISSIONER

SAM ORLICH
AUDITOR LAKE COUNTY

Disposition Permitted
Provisional Certificate
 Yes No

001457