ICOR TITLE INSURANCE

AF	FIDAVIT		96
STATE OF INDIANA)			02
COUNTY OF LAKE)			024629
ELIZABETH BALON sworn upon oath, deposes and say	S:	, being first duly	, , , 9
1. That LEONARD E. BALON JUNE 16	, 1994 at 9:40pm A	died on AT VENCOR HOSPITAL	LA GRANGE
2. That LEONARD E. BALON were duly and legally married at wife to the following described	the time they acquired		71 ED 28
LOT 28 IN BLOCK 6 IN PARK ADDITION AS PER PLAT THEREOF, RECORDED IN RECORDER OF LAKE COUNTY, INDIANA	PLAT BOOK 5 PAGE 32, IN	THE OFFICE OF THE	6 MM 9:
	ent is the property County Recorder!	of ć:	27 AB
3. That the marital relationshi arguired title to said real esta date of (his) (her) death.	p which existed between te remained in effect ar	them at the time to the unbroken until to	they the
4. That all of the assets of sa Federal Estate Tax purposes, inc on decedent's life were not suff Tax.	luding joint bank accoun	its and life insura	nce state
Further affiant sayeth not.	SEAL MOIANAMENT		
Subscribed and sworn to before me APRIL , 19	e, a Notary Public, this	Deth Colon abeth Balon day	of
My Commission expires: APR 1 APRIL 19, 1999	6 1232	PEREZ Notary Publ	ic 3
County of Residence: LAKE AUDITOR	ORLICH LAKE CCUNTY		
This Instrument prepared by	YVONNE M. PEREZ	T 81.00 St S	

4,010007

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Lagrange County Certificate of Death

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0		314-26-	8962	(\rearg)	ST STATE TYPE	AR SC UNDER I	DAY 6. DATE OF BU	9:40P	M Juni	8 16 100 <i>i</i>
•		SA WAS DECEDENT		63	Months Da	re Hours M	nues	ITH (Me Day, Yr)	I I. BUTTHELAGE	(City and State or Foreign
-		A U.S. VETERANT	1"	YEAR LAST SERVED IN U.S. ARMED FORCEST			July	19,1930	East	Obdes
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≿	1	PO FACILITY NAME (I'M	of Promotion of	W 2000		/Outpatient DOA	VIHER	LI Nursing Home	Other (Specify)	
LaGRANGE COUNTY	1	Vencor H	Ocale	To street and number)		Osepatori U DOA	CIEN SO	Residence	- Sent (Specify)	
3]	10. MARITAL STATUS	Dabit	al LaGrand	je		CITY, TOWN, OR LOCA	TION OF DEATH	ME COUNTY	Of Death
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E 17	0	13e ZIP COOE 13/. INSI	DE CITY LIMIT	8 14 CITIZEN OF	East Ch	1Cago		12 Fir		
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EM!	511	20L INFORMANTS NAME (41- H	OTHERS NAME (FIRE)	Adde. Meiden Surna	rne)	
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V		214 METHOD OF DISPOSITI	Balo	n the Lal	414211F	ty Reco	Mumber or Aural Rouse N	umber. City or Town	State Zm Code	
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ما							Frurip-	BS. AND LICENSE N	UMBER OF FUNERA	L HOME
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