12069

COMMUNITY TITLE COMPANY

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

96030149

AFFIDAVIT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

WILMA J. CORNELL, being first duly sworn upon oath, deposes and says:

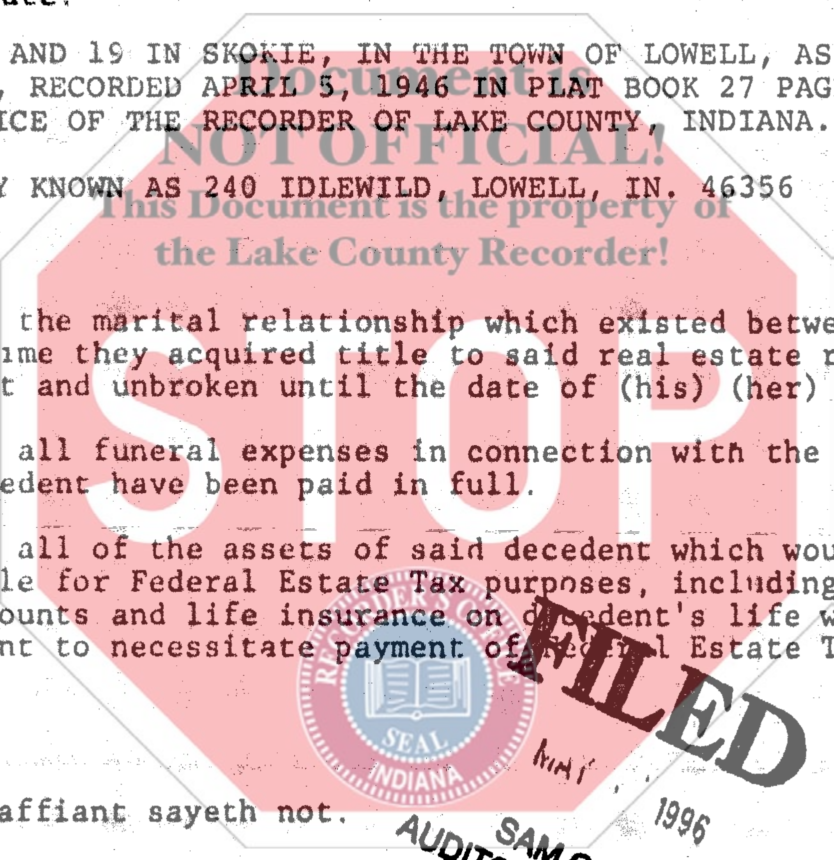
1. That Affiant's spouse, ROBERT L. CORNELL died (without leaving a will) (leaving a will) on February 16 19 94 at 240 Idlewild Place, Lowell, Indiana

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

LOTS 18 AND 19 IN SKOKIE, IN THE TOWN OF LOWELL, AS PER PLAT THEREOF, RECORDED APRIL 5, 1946 IN PLAT BOOK 27 PAGE 9, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

COMMONLY KNOWN AS 240 IDLEWILD, LOWELL, IN. 46356

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
96 MAY -7 AM 11:25
MARGARET ... RECORDER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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.

FILED
MAY ... 1996
SAM ORLICH
AUDITOR LAKE COUNTY

Further affiant sayeth not.

Wilma J. Cornell
WILMA J. CORNELL

Subscribed and sworn to before me, a Notary Public, this 30th day of April, 19 96.

Martha F. Ornelas
Martha F. Ornelas Notary Public

My Commission expires:
11/27/98

County of Residence: Porter

This Instrument prepared by RICHARD PARKS, ATTORNEY AT LAW

000274

ATTENTION ESTATE: 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. 0441-94 State No. ....

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED—NAME (First, Middle, Last): Robert L. Cornell
2. SEX: Male
3a. TIME OF DEATH: 04:08A M
3b. DATE OF DEATH (Month, Day, Yr): February 16, 1994
4. SOCIAL SECURITY NUMBER: 507-16-2081
5a. AGE—Last Birthday (Years): 72
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Mo, Day, Yr): Mar 5, 1921
7. BIRTHPLACE (City and State or Foreign Country): Lowell, IN
8a. WAS DECEDENT A U.S. VETERAN?: Yes
8b. YEAR LAST SERVED IN US ARMED FORCES?: 1946
9a. PLACE OF DEATH (Check only one. See instructions): HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER: ☐ Nursing Home ☐ Other (Specify) ☒ Residence
9b. FACILITY NAME (If not institution, give street and number): 240 Idlewild Pl.
9c. CITY, TOWN OR LOCATION OF DEATH: Lowell
9d. COUNTY OF DEATH: Lake
10. MARITAL STATUS (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Wilma Roy
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Retired Mechanic
12b. KIND OF BUSINESS/INDUSTRY: Auto Industry
13a. RESIDENCE—STATE: IN
13b. COUNTY: Lake
13c. CITY, TOWN OR LOCATION: Lowell
13d. STREET AND NUMBER: 240 Idlewild Pl.
13e. ZIP CODE: 46356
13f. INSIDE CITY LIMITS: ☐ No ☐ Yes
13g. ON A FARM?: ☒ No ☐ Yes
14. CITIZEN OF WHAT COUNTRY?: USA
15. WAS DECEDENT OF HISPANIC ORIGIN? ☐ No ☐ Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)
16. RACE—American Indian, Black, White, etc. (Specify): White
17. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+):

PARENTS

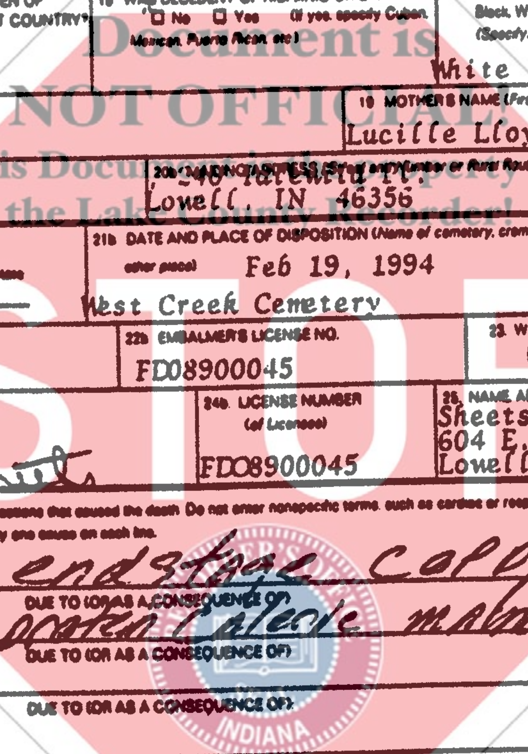
18. FATHER'S NAME (First, Middle, Last): Harold Cornell
19. MOTHER'S NAME (First, Middle, Maiden Surname): Lucille Lloyd

INFORMANT

20a. INFORMANT'S NAME (Type/Print): Wilma Cornell
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 240 Idlewild Pl. Lowell, IN 46356
20c. Relationship: Wife

DISPOSITION

21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Donation ☐ Other (Specify) ☐ Entombment ☐ Removal from State
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Feb 19, 1994 West Creek Cemetery
21c. LOCATION—City or Town, State: Lowell, IN
22a. EMBALMER'S NAME: Kenneth P. Sheets
22b. EMBALMER'S LICENSE NO.: FD08900045
23. WAS DEATH REPORTED TO CORONER? ☐ No ☑ Yes
24a. SIGNATURE OF FUNERAL DIRECTOR: Kenneth Sheets
24b. LICENSE NUMBER (of Licensee): FD08900045
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: Sheets Funeral Home, FD83004277 604 E. Commercial Ave. Lowell, IN



CAUSE OF DEATH

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.

	Cause	Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) a.	endstage copd	4 yrs
DUE TO (OR AS A CONSEQUENCE OF): b.	protein/calorie malnutrition	4 months
DUE TO (OR AS A CONSEQUENCE OF): c.		
DUE TO (OR AS A CONSEQUENCE OF): d.		

Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last.

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)
28a. WAS AN AUTOPSY PERFORMED? (Yes or no): NO
28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)

CERTIFIER

29a. CERTIFIER (Check only one):
☒ CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) as stated.
☐ 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.
☐ 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: Jon Misch
29c. MEDICAL LICENSE: 02000196
29d. DATE SIGNED (Month, Day, Year): 2/17/94

FILED

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): Jon Misch DO, 13963 Morse St. Cedar Lake, In 46303

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE: Alexander S. Williams, M.D.
32. DATE FILED (Month, Day, Year): February 22, 1994

SAM ORLICH AUDITOR LAKE COUNTY

33. MANNER OF DEATH: ☐ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be Determined
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)
34g. DATE PRONOUNCED DEAD (Month, Day, Year)
34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc.

000275

SDH06-004 State Form 10110 (R4/3-93) Deathcer/PD 1