

TICOR TITLE INSURANCE

AFFIDAVIT

Tennessee
STATE OF ~~INDIANAT~~
COUNTY OF ~~LAKE~~ } SS:
Montgomery

96058543

Evelyn M. Clark, being first duly sworn upon oath, deposes and says:

1. That Delphus Leon Hunt, aka Delphus L. Hunt died on April 1, 1989 at Dunmor, KY

2. That Evelyn M. Clark and Delphus Leon Hunt were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

2349 Burr St.
Gary, IN. 46406

Lot 8 in Block 1 in Midway Gardens Second Addition,
Recorded in Plat Book 27 page 39, in the Office of
Recorder of Lake County, Indiana.

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
66 SEP -3 AM 9:33
RECORDED

This Document is the property of
Lake County Recorder

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. *yes*

4. 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. *Correct*

Further affiant sayeth not



SAM ORLICH
AUDITOR LAKE COUNTY

Subscribed and sworn to before me, a Notary Public, this 7th day of August, 19 96

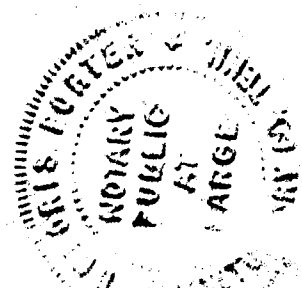
Doris Porter
Notary Public

My Commission expires:
10-12-99

County of Residence:

Montgomery

This instrument prepared by EVELYN M. CLARK



001782

TOTAL P.04

Ticor CP/20326

*1100

SW*

VERIFICATION
NOT A CERTIFIED COPY

CERTIFICATE OF DEATH

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 008111

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CERTIFIER

CAUSE OF DEATH

REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last) Delphus Leon Hunt				2. SEX Male	3. DATE OF DEATH (Month, Day, Year) 4-1-1989	
4. SOCIAL SECURITY NO. 405-34-1916	5a. AGE Last Birthday (Years) 60	5b. UNDER 1 YEAR (Months) (Days)	5c. UNDER 1 DAY (Hours) (Minutes)	6. DATE OF BIRTH (Month, Day, Year) 7-25-1928	7. BIRTHPLACE (City/State or Foreign Country) Beechcreek, Ky	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No) Yes		9a. PLACE OF DEATH (Check only one) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other				
9b. FACILITY NAME (If not institution, give street and number)		9c. CITY, TOWN, OR LOCATION OF DEATH Dunmore		9d. COUNTY OF DEATH Logan		
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Evelyn Shultz	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do Not use retired) Boiler Maker		12b. KIND OF BUSINESS/INDUSTRY Inland Steel		
13a. RESIDENCE - STATE Ky		13b. COUNTY Logan	13c. CITY, TOWN, OR LOCATION Dunmore		13d. STREET AND NUMBER	
13e. INSIDE CITY LIMITS? (Yes or No) Yes	13f. ZIP CODE 42339	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - if yes, specify Cuban, Mexican, Puerto Rican, etc.) Specify <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		15. RACE - American Indian, Black, White, etc. (Specify) White		
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elem/Secondary (0-12) 8th College (1-4 or 5-)						
17. FATHER'S NAME (First, Middle, Last) Ed Hunt			18. MOTHER'S NAME (First, Middle Maiden Surname) Marie Davis			
19a. INFORMANT'S NAME (Type/Print) Evelyn Hunt			19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) P.O. Box 37 Dunmore, Ky. 42339			
20a. 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			20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Old Hebron Cemetery		20c. LOCATION - (City, Town or State) Muhlenberg Co., Ky.	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE (Person acting as such) <i>Boyer Price</i>			21b. NAME AND ADDRESS OF FACILITY Price Funeral Home P.O. Box 299 Lewisburg, Ky. 42256			
22a. To the best of my knowledge, death occurred at the time, date and place stated.					22b. DATE SIGNED (Month, Day, Year) 4/3/89	
23. Signature and Title <i>Roy B. McEndre</i>			24. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 22) (Type/Print) Dr. Roy B. McEndre Lewisburg, Ky. 42256			
25. TIME OF DEATH M		26. DATE PRONOUNCED DEAD (Month, Day, Year)		27. WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? (Yes or No)		
28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) → Carcinoma of kidney with metastases DUE TO (OR AS A CONSEQUENCE OF): Sequitally list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. _____ DUE TO (OR AS A CONSEQUENCE OF): c. _____ DUE TO (OR AS A CONSEQUENCE OF): d. _____					Approximate Interval between onset and death. 4 months	
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.				28a. WAS AN AUTOPSY PERFORMED? (Yes or No)	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH (Yes or No)	
29. 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		30a. DATE OF INJURY (Month, Day, Year)	30b. TIME OF INJURY M	30c. INJURY AT WORK? (Yes or No)	30d. DESCRIBE HOW INJURY OCCURRED.	
30e. PLACE OF INJURY - At home, farm street, factory, office building, etc. (Specify)			30f. LOCATION (Street and number or Rural Route Number, City or Town) <i>Price</i>			
31. REGISTRAR'S SIGNATURE <i>Robert N. Hunter</i>				32. DATE FILED (Month, Day, Year) APR 05 1989		

