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TICOR-HU  
203782



# TICOR TITLE INSURANCE

## AFFIDAVIT

STATE OF INDIANA )  
COUNTY OF LAKE ) SS:

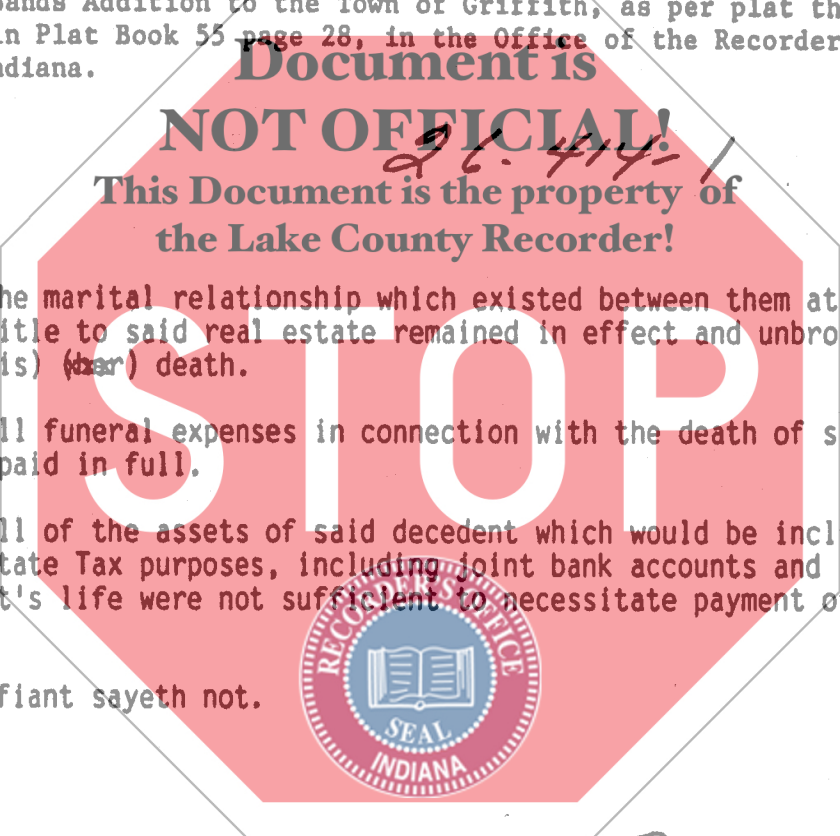
Joan M. Sands, being first duly sworn upon oath, deposes and says:

1. That Marc R. Sands died on Feb. 2, 1993 at 288 E. AVE D Griffith Ind.

2. That Marc R. Sands and Joan M. Sands were duly and legally married at the time they acquired title as husband and wife to the following described real estate:  
Lot 1 in Sands Addition to the Town of Griffith, as per plat thereof, recorded in Plat Book 55 page 28, in the Office of the Recorder of Lake County, Indiana.

- 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.



96058946  
96 SEP -4 AM 9:50  
MARGARETTE CLEVELAND  
RECORDER  
STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

Joan M. Sands  
Joan M. Sands

Subscribed and sworn to before me, a Notary Public, this 28th day of August, 1996

**FILED**  
SEP 3 1996

**SAMORLICH**  
**AUDITOR LAKE COUNTY**

Denise K. Zawada  
Notary Public

My Commission expires:  
8/13/98

County of Residence:  
Lake

This Instrument prepared by Joan M. Sands

000007

11.00  
TJ DP

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. ....

Cal No. 0246-93

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

TYPE/PRINT  
IN  
PERMANENT  
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

DRONER  
SE ONLY

|   |  |  |   |  |   |   |
|---|--|--|---|--|---|---|
| 1. DECEASED—NAME (First Middle Last)<br><b>Marc R. Sands</b>  |  |  |   | 2. SEX<br><b>Male</b>  | 3a. TIME OF DEATH<br><b>3:19 P.</b>                     | 3b. DATE OF DEATH (Month Day, Yr)<br><b>February 2, 1993</b>  |
| 4. SOCIAL SECURITY NUMBER<br><b>307-52-4945</b>   |  | 5a. AGE—Last Birthday (Years)<br><b>44</b>   | 5b. UNDER 1 YEAR<br>Months Days   | 5c. UNDER 1 DAY<br>Hours Minutes   | 6. DATE OF BIRTH (Month Day, Yr)<br><b>Nov 15, 1948</b> | 7. BIRTHPLACE (City and State or Foreign Country)<br><b>Hammond, Indiana</b>  |
| 8a. WAS DECEDENT A U.S. VETERAN?<br><b>YES</b>  | 8b. YEAR LAST SERVED IN U.S. ARMED FORCES?<br><b>UNK</b> | 9a. PLACE OF DEATH (Check only one. See instructions)<br>HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA<br>OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence |   |  |   |   |
| 9b. FACILITY NAME (If not mentioned, give street and number)<br><b>228 E. Ave. D</b>  |  |  | 9c. CITY, TOWN, OR LOCATION OF DEATH<br><b>Griffith</b>   |  | 9d. COUNTY OF DEATH<br><b>Lake</b>                      |   |
| 10. MARITAL STATUS (Specify)<br><b>Married</b>  |  | 11. SURVIVING SPOUSE (If wife, give maiden name)<br><b>Joan Hopkins</b>  |   | 12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)<br><b>Self Employed</b>        |   | 12b. KIND OF BUSINESS/INDUSTRY<br><b>Painter</b>  |
| 13a. RESIDENCE—STATE<br><b>Indiana</b>  |  | 13b. COUNTY<br><b>lake</b>   |   | 13c. CITY, TOWN, OR LOCATION<br><b>Griffith</b>  |   | 13d. STREET AND NUMBER<br><b>228 E. Ave. D</b>  |
| 13e. ZIP CODE<br><b>46319</b>   |  | 13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes  |   | 14. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>  |   | 15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.) |
| 13g. ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |  | 16. RACE—American Indian, Black, White, etc. (Specify)<br><b>White</b>   |   | 17. DECEDENT'S EDUCATION (Specify only highest grade completed)<br>Elementary/Secondary (9-12) <b>2</b><br>College (11-4 or 5+)          |   |   |
| 18. FATHER'S NAME (First Middle Last)<br><b>John Sands</b>  |  |  | 19. MOTHER'S NAME (First Middle Maiden Surname)<br><b>Norma Scrlock</b>   |  |   |   |
| 20a. INFORMANT'S NAME (Type/Print)<br><b>Joan Sands</b>   |  |  | 20b. MARRIAGE ADDRESS (Street and Number, First Name, Number, City or Town, State, Zip Code)<br><b>228 E. Ave. D, Griffith, Indiana</b> |  |   | 20c. Relationship<br><b>Wife</b>  |
| 21a. METHOD OF DISPOSITION <input type="checkbox"/> Entombment <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)   |  | 21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)<br><b>February 5, 1993<br/>Chapel Lawn Cemetery</b>   |   | 21c. LOCATION—City or Town, State<br><b>Schererville, Indiana</b>  |   |   |
| 22a. EMBALMER'S NAME<br><b>Edgar Gleim</b>  |  | 22b. EMBALMER'S LICENSE NO.<br><b>FDO 1016173</b>  |   | 23. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes                                   |   |   |
| 24a. SIGNATURE OF FUNERAL DIRECTOR<br><i>[Signature]</i>  |  | 24b. LICENSE NUMBER (of Licensee)<br><b>FDO 1014511</b>  |   | 25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME<br><b>Kuiper Funeral Home 9039 Kleinman Rd.<br/>Highland, Indiana FDH 300-7500</b> |   |   |
| 26. PART I. Enter the disease, injuries, or conditions 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.<br><b>Extensive fracture of skull and face</b><br><b>Laceration of brain</b><br><b>Due to (or as a consequence of) a shotgun wound</b>  |  |  |   |  |   | Approximate Interval Between Onset and Death<br><b>Unknown</b>  |
| 27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no)<br><b>No</b>   |  |  |   |  |   | 28a. WAS AN AUTOPSY PERFORMED? (Yes or no)<br><b>Yes</b>  |
| 28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)<br><b>Yes</b>   |  |  |   |  |   |   |
| 29a. CERTIFIER (Check only one) <input type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) as stated.<br><input checked="" type="checkbox"/> Chief Investigator <input type="checkbox"/> 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.<br><input checked="" type="checkbox"/> 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<br><i>William Huber</i>   |  |  |   | 29c. MEDICAL LICENSE NO.<br><b>N/A</b>   |   | 29d. DATE SIGNED (Month, Day, Year)<br><b>February 4, 1993</b>  |
| 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)<br><b>William Huber, Chief Investigator, 2293 North Main Street, Crown Point, Indiana 46307</b>  |  |  |   |  |   |   |
| 31. HEALTH OFFICER'S SIGNATURE<br><i>William Huber, MD</i><br><b>THIS CERTIFIES THAT ABOVE IS TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT</b>   |  |  |   |  |   |   |
| 33. MANNER OF DEATH<br><input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide   |  | 34a. DATE OF INJURY (Month, Day, Year)<br><b>Feb 2, 1993</b>   |   | 34b. TIME OF INJURY<br><b>Unknown</b>  | 34c. INJURY AT WORK? (Yes or no)<br><b>No</b>           | 34d. DESCRIPTION OF INJURY OCCURRED<br><b>Shotgun AUG 27 1996</b>   |
| 34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)<br><b>Home</b>   |  |  |   | 34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)<br><b>228 East Avenue D<br/>Griffith, Indiana</b>           |   |   |
| 34g. DATE PRONOUNCED DEAD (Month, Day, Year)<br><b>February 2, 1993</b>   |  | 34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian<br><b>No</b>  |   |  |   |   |