•	eştate affidi	<u>WIT</u>	•		
RE: FA- 18169	A1-1	Address:	4938 COLUMBI HAMMOND, IN	IA AVE	, r 
					<del></del>
egal Description:	·	٠.	,		
LOT 57 AND TH	ie south 10 feet of	 LOT 58 IN 8	STAFFORD AND T	RANKLE's	
8th ADDITION	TO THE CITY OF HAM	MOND, AS SHO	OWN IN PLAT BO		8,
IN THE OFFICE	OF THE RECORDER O	F LAKE COUR	IX, INDIANA.		
	•			•	•
	<b>u.</b>	·	•		•
• •		•		_	
	• •			9	)
Jebarah ter	evs , affi	ant, states	that:	059	) :   •
				16	
EDITH L. LEDUC			,	ធា	
EDITH L. LEDOC	, decea	sed, died o	n the day	<b>~</b>	
of April	1285	•			
Afflant is: the survivir	ig <del>spouse</del> of the d	eceased.	•		·
Also Names			u mil Alim		
estate of the	Representative/Ene deceased;	MENTS TRI	x of the	96 SEP	巴
Nie deceased died: 10avi	<b>OTOFFI</b>	CIAL!	n to cla		_ U
This 1	Document is the	e property	of	8	·5.
. leavh	w Isakid Owkish y i	Roobilder,	probated		- TO
1 leavl	ng no will;	.11	ILY ELTERED FOR TAXA		
. The deceased and Affiant were			I ON!	MINSTR. 8	' ਲੋ
<i>J</i> ()			<b>62</b> 5 1	<b>39</b> 6	
(This item applies only to	P##1 and were nev	er divorced			•
All expenses of the last		A	SAM OHLI	COMME	
have been paid	NUMBER'S O	al of the p	aceased.	DOUNTY	•
All State Inheritance Tax	res and Federal Fe	Tayes	attributable i	n	• . •
All State Inheritance Tar the deceased and his/her	estate have been	paid;		, <b>w</b>	*
There are no claims again	ngt the octabands	Allo decende	nt.	en grande de la companya de la comp La companya de la companya dela companya de la companya de la companya de la companya dela companya dela companya de la companya dela companya de la companya dela companya	
					٠,
•					
ils Affidavit is made to induc	e First American T	Itle Insura	nce Company to	) Issue &	
olicy of title insurance on the	above-described	real estate	•	•	
8/23/96		out 1	Ceters		
ite	Signature of	Affiant		<del></del> -	
ACT PUBLISHED	7	0104			
	Printed Name	of Afflant	- 1000	, <del></del>	
				•	
tate of Indiana, County of Lake		ATTOTAM	1.1	, Ò¢	
ubscribed and sworn to before a	ne, this 23rd day o	f August	, 19	70 •*	
		(1 6			
CORINA CASTEL RAMOS			CA25		
rinted Name of Notary	Signature of	Notary			
y Commission expires: 5/16/97				0002	35
TARE	is the state of th				
ly County of Residence is:				110	0

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Prepared By:

ATTENTION ES 85# we need to p is voluntery and in	DUISUG OUI IGE	and selections	IN	DIANA S	TATE DEP	, PARTME	NT O	E HI	ÇOI	IMPLETE COPY OF	FOILOWING IS A TRUE ANDF DEATH ON FILE WITH THE
Local Rep	261	<i></i>	•••••	(	CERTIFICAT	The same of			Sta ACT	RL 1975 Hem	nmond Health Conumissioner
TYPERINT		-NAME (FUR MA		ONFIDENTIAL PER	A IC 10-1-10-3		2. SEX	<del></del>	So TIME OF DEAT	I S DATE OF D	EATH plan on DI.
ITP	, ,	th L.		Le	eDuc		Fema1		8:15 a. M		
PER NENT	4. PROCIAL BEG	CURTY NUMBER		GE—Last Birthday (sers)	SO UNDER I YEAR Manths Days		Moutes 6. D/	DATE OF B	BIRTH (Ma. Day. Yr)	7. BIRTHPLACE (GI)	ty and State or Foreign Country)
BLACK INK	Se WAS DECE	6-1366	TA VEARLA	67 ST SERVED IN			Ma	arch	7, 1928 DEATH (Check only one		Wisconsin
	No No		US ARMEI	N/A HOSMITAL M in		OTH		OTHER	R D Nursing Home	Other (Specify)	
DECE	1 _	NAME (If not institution	•		- 44	<u> </u> '			OCATION OF DEATH	M COUNTY O	
	IO MARITAL ST	TATUR	Mercy II SURVIVIN	Hospital	1. Hammond	Tien DECEDEN		Hamm	NONG NON (Give kind of work De not use retired)	Lake	JSINESS/INDUSTRY
	Widowe	ed	(# wde gw	ve meiden name) I/A	_!		Housew.		e not use retired)	Home	
	134 REBIDENCE	E-STATE	136 COUNTY	v I	ISE. CITY, TOWN, OR L	LOCATION			13d STREET AND NUI	MBER	
	Indian		Lake		Hamn					umbia Ave	
ı	130 ZIP CODE	IN INSIDE CITY		CITIZEN OF WHAT COUNTRY!		Yes (If yes as	PROINT specify Cuben.	Bloc	CE-American Indian. Ick. White, etc	(Specify en	CEDENT'S EDUCATION  nly highest grade completeds
y co <del>mpaga</del> t , colorer , sudino	46327	I 3g ON A FARM	J.Yes	U.S.A.	Docus	ican. etc)	1 15	Wh	pocally)  110  Eliferat Middle, Maiden S	Elementary/Seconder	ry (0-12) College (1-4 er 6 + )
PARENTS	18 PAIRENS No	AME (Fire Millio Edward		ves TO						Jonus	
INFORMANT	20s INFORMAN	TENAME (Type/		Venue	200 MAILING	ADDRESS (Se		er er et er et	Bout Number, City or T		20c. Relationship
Mr Oranou .	Russe		eDuc 🛺	hie Do		18th Rov	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	anab			Son
!	21s METHOD OF		C Entendine		216. DATE AND PLACE		ON (Name of Se			No. LOCATION—CRy	er Town. State
1		Cremetical Other (Speed)		rom time I	Chapel La	• _/ •	•			n-lanaryi	44 - Tudiana
DISPOSITION	27s. EMBALMER		/		Chapel La		rlar	THE RESERVE OF THE PERSON NAMED IN	WAS DEATH REPORT		lle, Indiana
NSPUBITION .		eorge J.	Johnso	on_	Q8900		T		XXIII D Yes		
J		E OF FUNERAL OF	REOFOR /	500	24b. LH	ICENSE NUMBER			E ADDRESS. AND LICE		
()	ha	Charle 2/VS4	处	here	1	(al Licensee) 1006049		824	Hoffman St		ome 8890003 nd, IN 46327
	20. PART L	Enter the disease	ies. Injuries or cor		and the deeth. Do not ente	er nonepecific ter	me, such as ce	irdiec or re	espiratory		Appreximete
1	1	grreet, effecti. 🛶 -	heart fellure. con	A P	each line.						Interval Between Onest and Death
	SAMEDIATE CAUG	<b>en</b>	0	DUE TO 10	AR A CONSEQUENCE	TON				7	
	resulting in death)		.6	uni	Cante	OR'SON	1.+/-	M	wear	aus	
	Conditions. If any, side to the immedial			$n_k$	OR AS A CONSCOUCHCE					7	
	stating the underlys square last				OR AS A CONSEQUENCE	(or	The state of the s				
	PART 8. Other sign	nfloant egnétions -	- Canditions conf	northeling to death but	Ver IND	DIANA	POLIPARIO (Yes or no)	UMI7	WAS AN A PERFORME (Yes or no)	ED? A	WERE AUTOPSY PINDINGS AVAILABLE PROFITO COMPLETION OF CAUSE OF DEATHS (Yee or no)
		<u></u>					No No	/ 1	008 No		NO
Ţ	20s. CERTIFIER	A3-CE	RTIFYING PHYS	SICIAN To the ber	est of my knowledge, death	in occurred at the	BEP.	See and	due to the causals) as		
	(Check enty ene)		ALTH OFFICER	On the basis of ar	xaminetion and/or investig		vion, death occur			and due to the couse(s) a	as stated.
1		□ <u>co</u>	MONER On the	a basis of examination	tion and/or investigation, in	n my opinien, deaf	th occurred py	ton.	halfulfulce por par	who cause(s) and man	mer es étated.
ERTIFIER	296 SIGNATURE	A TA	ull	////	OF DEATH (I) EM 281 (Typ	<u> </u>	OTTOR	11/8	Per GO Delvise in 24	D. 200 DA Apr	ril 6, 1995
1		ioness of pensi Rosenbe			or Death (a) tem 261 (Typ) O Hohman A	P-4					
EALTH PFFICER	31. HEALTH OFFIC				lu9.	· - · · · · · · · · · · · · · · · · · ·			<del></del>	·	'XPR''UE 1995'
[7	33 MANNER OF D	ÆATH	1 -	DATE OF INJURY		1	JRY AT WORK!	.7	344 DESCRIBE HOW,	NAVEN OCCURRED	
	□ Natural i	Pending	,	(Month. Day, Year)	INJURY	1100	or no)	1	000~		
	Accident	Pending Investigation  Could not be Determined		PLACE OF INJURY building, etc. (Specify	Y—At home, form, street, (	factory, office	34	# LOCAT	TION (Street and Number	er Rural Route Numbr	or, City or Town, Biole)
[3	34g DATE PRONO	UNCED DEAD (M	Jonth. Dey, Year)	34h MOTORY	VEHICLE ACCIDENTY	Yee or no) If ye	is. specify drive	er. pessenj	ger, pedestrien, etc.		