

ESTATE AFFIDAVIT

RE: FA- 18169

Address: 4938 COLUMBIA AVE
HAMMOND, IN

Legal Description:

LOT 57 AND THE SOUTH 10 FEET OF LOT 58 IN STAFFORD AND TRANKLE'S
8th ADDITION TO THE CITY OF HAMMOND, AS SHOWN IN PLAT BOOK 9, PAGE 8,
IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

HOLD FOR FIRST AMERICAN TITLE

Deborah Peters, Affiant, states that:

96059457

EDITH L. LEDUC, deceased, died on the 1 day
of April, 1985

2. Affiant is: the surviving spouse of the deceased,
 the Personal Representative/Executor-trix of the
estate of the deceased;

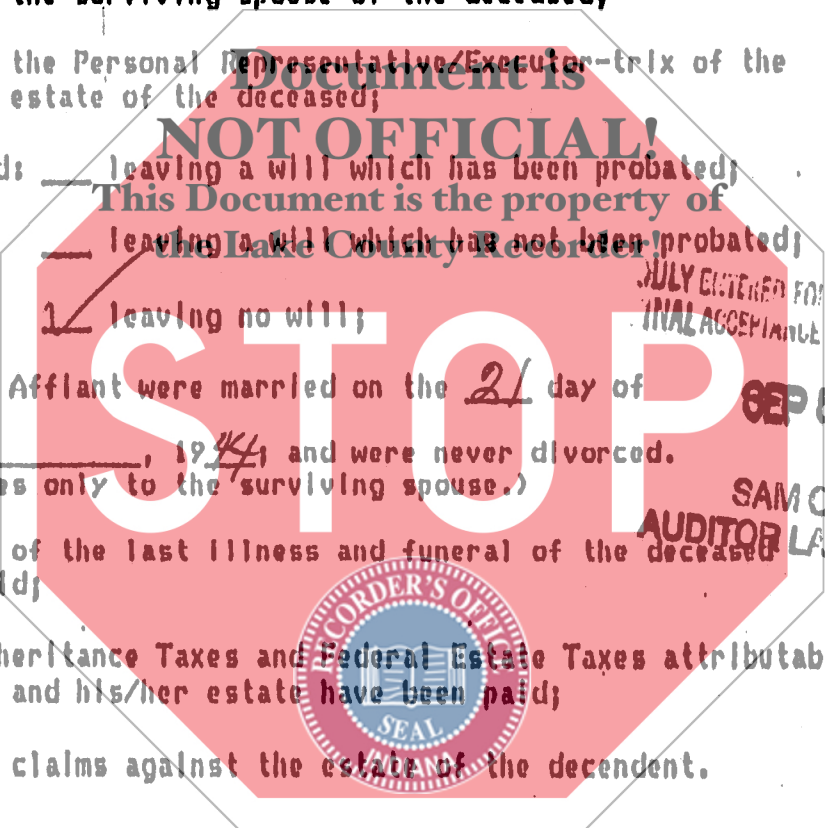
3. The deceased died: leaving a will which has been probated;
 leaving a will which has not been probated;
 leaving no will;

4. The deceased and Affiant were married on the 21 day of
Dec, 1944, and were never divorced.
(This item applies only to the surviving spouse.)

5. All expenses of the last illness and funeral of the deceased
have been paid;

6. All State Inheritance Taxes and Federal Estate Taxes attributable to
the deceased and his/her estate have been paid;

7. There are no claims against the estate of the decedent.



STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
96 SEP -5 AM 10:30
MARGARET CLEVER
RECORDER

JULY ENTERED FOR TAXATION SUBJECT TO
FINAL ACCEPTANCE FOR TRANSFER
SEP 5 1996

SAM ORLICH
AUDITOR LAKE COUNTY



This Affidavit is made to induce First American Title Insurance Company to issue a
policy of title insurance on the above-described real estate.

8/23/96
Date

Deborah Peters
Signature of Affiant

Deborah Peters
Printed Name of Affiant

State of Indiana, County of Lake

Subscribed and sworn to before me, this 23rd day of AUGUST, 1996.

CORINA CASTEL RAMOS
Printed Name of Notary

[Signature]
Signature of Notary

My Commission expires: 5/16/97

My County of Residence is: LAKE

Prepared By:

000235

11.00
FA
df

ATTENTION STATE: 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

THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.

Local No. 266

Date Issued APR 6 1995 Hammond Health Commissioner

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-10-3

TYPE PRINT

PERMANENT BLACK INK

DECEASED

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

Form containing fields for: DECEASED-NAME (Edith L. LeDuc), SOCIAL SECURITY NUMBER (374-26-1366), AGE (67), DATE OF BIRTH (March 7, 1928), PLACE OF BIRTH (Mabury, Wisconsin), FACILITY NAME (St. Margaret Mercy Hospital), CITY/TOWN (Hammond), COUNTY (Lake), MARITAL STATUS (Widowed), SURVIVING SPOUSE (N/A), OCCUPATION (Housewife), RESIDENCE (4938 Columbia Avenue), FATHER'S NAME (Edward B. Hayes), MOTHER'S NAME (Ruth Jones), INFORMANT (Russell LeDuc), ADDRESS (4766-18th Row, Escanaba, MI), METHOD OF DISPOSITION (Burial), PLACE OF DISPOSITION (Chapel Lawn Memorial Gardens), EMBALMER'S NAME (George J. Johnson), FUNERAL HOME (Virgil Huber Funeral Home), CAUSE OF DEATH (A.R.D.S., Lung Cancer with metastases, Arteriosclerosis), CERTIFIER (Dr. Paul N. Kelly), HEALTH OFFICER (Franklin J. Remuda, M.D.), MANNER OF DEATH (Natural), DATE OF INJURY, PLACE OF INJURY, LOCATION, DATE PRONOUNCED DEAD, MOTOR VEHICLE ACCIDENT.

