TICOR H.O. 204250-POPE

TICOR TITLE INSURANCE

AFFIDAVIT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

96063518

MILWIDA A. HAUER, being first duly sworn upon oath, deposes and says:

1. That GEORGE T. HAUER died on MARCH 26, 19 96 at LAKE COUNTY, INDIANA.

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

LOT 27 IN BLOCK 15 IN WICKER PARK, IN THE TOWN OF MUNSTER, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 20 PAGE 40, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY INDIANA

96 SEP 24 AM 9:43
MARGARETTE CLEVELAND
RECORDER

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

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.

Milwida A. Hauer
MILWIDA A. HAUER

Subscribed and sworn to before me, a Notary Public, this 19TH day of SEPTEMBER, 19 96.

Awilda Galvan
AWILDA GALVAN Notary Public

My Commission expires:

10-18-96

County of Residence:

LAKE

This Instrument prepared by MILWIDA A. HAUER

001253 1100 CP

being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Local No. 0637-96 State No. .....

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-13-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED—NAME (First, Middle, Last): George T. Hauer
2. SEX: Male
3a. TIME OF DEATH: 1:25A M
3b. DATE OF DEATH (Month, Day, Yr): March 26, 1996
4. SOCIAL SECURITY NUMBER: 307-03-4271
5a. AGE—Last Birthday (Years): 89
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Mo. Day, Yr): December 17, 1906
7. BIRTHPLACE (City and State or Foreign Country): Terre Haute, IN.
8a. WAS DECEDENT A U.S. VETERAN?: yes
8b. YEAR LAST SERVED IN U.S. ARMED FORCES?: 1945
8c. PLACE OF DEATH (Check only one. See instructions): HOSPITAL XX Inpatient / ER/Outpatient / DOA; OTHER / Nursing Home / Other (Specify) / Residence
9a. FACILITY NAME (If not institution, give street and number): Munster Community Hospital
9c. CITY, TOWN, OR LOCATION OF DEATH: Munster
9d. COUNTY OF DEATH: Lake
10. MARITAL STATUS (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Alice Mooney
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Engineer
12b. KIND OF BUSINESS/INDUSTRY: Steel
13a. RESIDENCE—STATE: IN
13b. COUNTY: Lake
13c. CITY, TOWN, OR LOCATION: Munster
13d. STREET AND NUMBER: 8504 Crestwood Ave
13e. ZIP CODE: 46321
13f. INSIDE CITY LIMITS: No / XX Yes
13g. ON A FARM?: XX No / Yes
14. CITIZEN OF WHAT COUNTRY?: USA
15. WAS DECEDENT OF HISPANIC ORIGIN?: XX 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+): 4

PARENTS

18. FATHER'S NAME (First, Middle, Last): Edward Hauer
19. MOTHER'S NAME (First, Middle, Maiden Surname): Theresa Ferguson

INFORMANT

20a. INFORMANT'S NAME (Type/Print): Alice "Milwida" Hauer
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 8504 Crestwood Ave, Munster, IN 46321
20c. Relationship: Wife

DISPOSITION

21a. METHOD OF DISPOSITION: XX Burial / Cremation / Removal from State / Donation / Other (Specify)
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): March 30, 1996 Calvary Cemetery
21c. LOCATION—City or Town, State: Terre Haute, IN
22a. EMBALMER'S NAME: Brian T. Burns
22b. EMBALMER'S LICENSE NO: 8601763
23. WAS DEATH REPORTED TO CORONER?: XX No / Yes
24a. SIGNATURE OF FUNERAL DIRECTOR: [signature]
24b. LICENSE NUMBER (of Licensee): 8601763
25. NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME: Burns-Kish FH 8415 Calumet Ave Munster, IN. 46321 #3004968

CAUSE OF DEATH

26. PART I. THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THIS CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY. Enter the chain of events that caused the death. Do not enter nonspecific terms such as cardiac or respiratory

Approximate Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death): Ruptured abdominal aneurysm

DUE TO (OR AS A CONSEQUENCE OF): Atherosclerotic heart disease

DUE TO (OR AS A CONSEQUENCE OF): Hypertension

DUE TO (OR AS A CONSEQUENCE OF):

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

MAR 28 1996

FILED

Alexander S. Williams, MD

LAKE COUNTY HEALTH COMMISSIONER

SEP 23 1996

PART II. Other significant conditions contributing to death but not previously stated in Part I

27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no): 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): N/A

CERTIFIER

29a. CERTIFIER (Check only one):
XX 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: R. Llobet
29c. MEDICAL LICENSE NO: 0103 8128
29d. DATE SIGNED (Month, Day, Year): 03/28/96

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): Dr. R. Llobet, M.D. 9133 Columbia Ave., Munster, IN. 46321

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE: Alexander S. Williams, MD
32. DATE FILED (Month, Day, Year): March 28, 1996

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 Ooccurred
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)

001254

34g. DATE PRONOUNCED DEAD (Month, Day, Year)
34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.