



# TICOR TITLE INSURANCE

## AFFIDAVIT

STATE OF INDIANA )  
COUNTY OF LAKE ) SS:

GWENDOLYN J. SHIRK, being first duly sworn upon oath, deposes and says:

1. That JOSEPH B. SHIRK died on September 28, 1993 at 1:20 pm.
2. That JOSEPH B. SHIRK and GWENDOLYN J. SHIRK were duly and legally married at the time they acquired title as husband and wife to the following described real estate:  
SEE ATTACHED

96073908

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NOV 5 1996

**STOP**

RECORDER'S OFFICE  
SEAL  
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 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.

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

96 NOV - 5 AM 9:59

EMPLOYEE: GWENDOLYN SHIRK

Further affiant sayeth not.

GWENDOLYN J. SHIRK  
GWENDOLYN J. SHIRK

Subscribed and sworn to before me, a Notary Public, this 1ST day of NOVEMBER, 1996.

JACALYN L. SMITH  
Notary Public  
JACALYN L. SMITH

My Commission expires:

12-08-99

County of Residence:

LAKE

This Instrument prepared by GWENDOLYN J. SHIRK

000191

1300  
22  
52

Part of the Southwest 1/4 of the Southeast 1/4 of Section 30, Township 36 North, Range 7 West of the 2nd Principal Meridian, in the City of Hobart, Lake County, Indiana, described as follows: Beginning at a point on the East line 450 feet North of the Southeast corner thereof; thence West parallel to the South line; thereof 157.25 feet, more or less, to a point on the East line of a public alley; thence North along said East line of said alley 60 feet; more or less; to a point 510 feet North, as measured along said East line, from the South line of said 1/4 1/4 Section; thence East parallel to the South line thereof 157.25 feet to the East line thereof, thence South 60 feet, more or less, to the point of beginning.



1200

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Local No. 2339-93

State No. ....

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First, Middle, Last) <b>JOSEPH B. SHIRK SR.</b>				2 SEX <b>MALE</b>	3a TIME OF DEATH <b>1:20 P.M.</b>	3b DATE OF DEATH (Month, Day, Year) <b>SEPTEMBER 28, 1993</b>
4 SOCIAL SECURITY NUMBER <b>357-30-3007</b>		5a AGE—Last Birthday (Years) <b>59</b>	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr) <b>SEPT 3, 1934</b>	7 BIRTHPLACE (City and State or Foreign Country) <b>GARY, INDIANA</b>
8a WAS DECEDENT A U.S. VETERAN? <b>NO</b>	8b YEAR LAST SERVED IN U.S. ARMED FORCES? <b>N/A</b>	9a PLACE OF DEATH (Check only one. See instructions) <b>HOSPITAL</b> <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> OOA <b>OTHER</b> <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Other (Specify) <b>Alley</b> <input type="checkbox"/> Residence				
9b FACILITY NAME (If not institution, give street and number) <b>27 N. CONNECTICUT STREET</b>				9c CITY/TOWN OR LOCATION OF DEATH <b>HOBART</b>	9d COUNTY OF DEATH <b>LAKE</b>	
10 MARITAL STATUS (Specify) <b>MARRIED</b>	11 SURVIVING SPOUSE (If wife, give maiden name) <b>GWENDOLYN CARPENTER</b>		12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>SUPERVISOR</b>		12b KIND OF BUSINESS/INDUSTRY <b>U.S. STEEL</b>	
13a RESIDENCE—STATE <b>INDIANA</b>	13b COUNTY <b>LAKE</b>	13c CITY/TOWN OR LOCATION <b>HOBART</b>		13d STREET AND NUMBER <b>44 N. ASH STREET</b>		
13e ZIP CODE <b>46342</b>	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 13g ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? <b>USA</b>	15 WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)		16 RACE—American Indian, Black, White, etc. (Specify) <b>WHITE</b>	17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>15</b> College (1-4 or 5+)
18 FATHER'S NAME (First, Middle, Last) <b>HENRY A. SHIRK</b>			19 MOTHER'S NAME (First, Middle, Maiden Surname) <b>JANNETTE GALLAGHER</b>			
20a INFORMANT'S NAME (Type/Print) <b>GWENDOLYN J. SHIRK</b>		20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>44 N. ASH STREET, HOBART, INDIANA 46342</b>			20c Relationship <b>WIFE</b>	
21a METHOD OF DISPOSITION <input type="checkbox"/> Entombment <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>OCTOBER 2, 1993 CALUMET PARK CEMETERY</b>			21c LOCATION—City or Town, State <b>MERRILLVILLE, INDIANA</b>	
22a EMBALMER'S NAME <b>JAMES J. KRAUSE</b>		22b EMBALMER'S LICENSE NO. <b>FDO1006463</b>	23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
24a SIGNATURE OF FUNERAL DIRECTOR <i>James J. Krause</i>		24b LICENSE NUMBER (of Licensee) <b>FDO1006463</b>	24c NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>FH83003069 REES FUNERAL HOME, INC. 600 W. OLD RIDGE RD., HOBART, IN 46342</b>			
26 PART I Enter the diseases, injuries, or complications 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. <b>Severe coronary atherosclerosis</b> DUE TO (OR AS A CONSEQUENCE OF) <b>Cardiomegaly</b> DUE TO (OR AS A CONSEQUENCE OF) <b>Cirrhosis of liver</b>						Approximate Interval Between Onset and Death <b>Unknown</b>
PART II Other significant conditions - Conditions that contributed to death but not previously stated in Part I <b>COMPLETE COPY OF THIS CERTIFICATE TO BE FILED WITH THE LAKE COUNTY HEALTH DEPARTMENT</b>						
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) <b>N/A</b>		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) <b>YES</b>		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <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. <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. <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 <i>Daniel D. Thomas, M.D.</i>				29c. MEDICAL LICENSE NO. <b>16120</b>	29d. DATE SIGNED (Month, Day, Year) <b>October 4, 1993</b>	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>Daniel D. Thomas, M.D., Coroner, M2293 North Main Street, Crown Point, Indiana 46307</b>						
31. HEALTH OFFICER'S SIGNATURE <i>Alexander S. Williams, M.D.</i>					32. DATE FILED (Month, Day, Year) <b>October 4, 1993</b>	
33. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> 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 OCCURRED	
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)			
34g. DATE PRONOUNCED DEAD (Month, Day, Year) <b>September 28, 1993</b>		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc. <b>00015</b>				