

TICOR TITLE INSURANCE

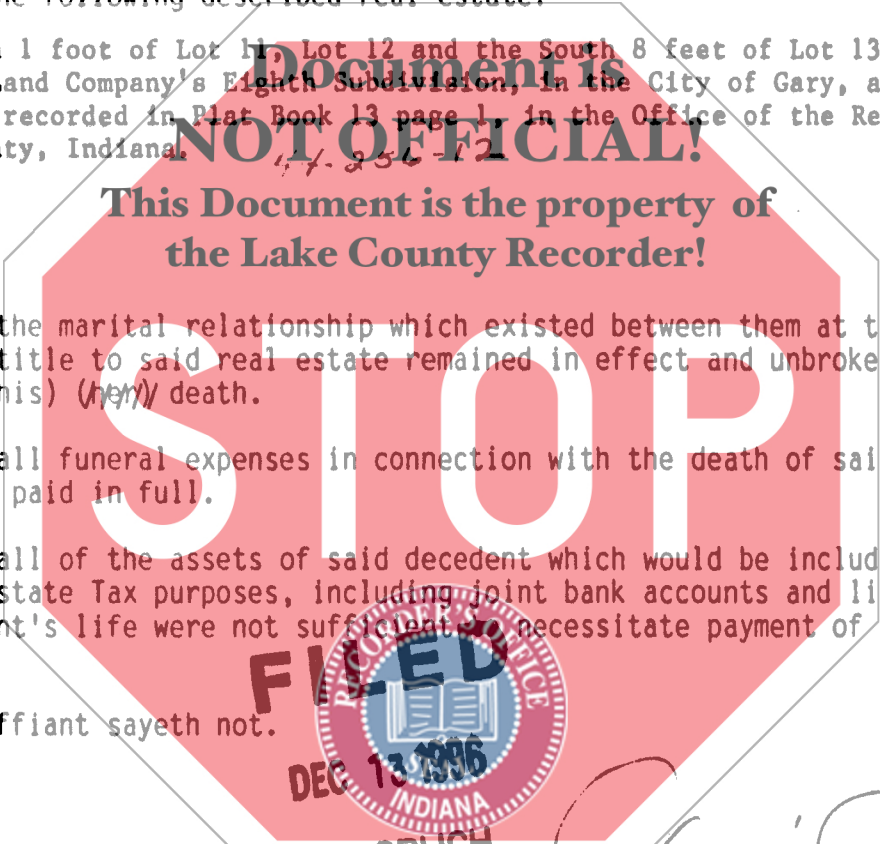
AFFIDAVIT

STATE OF INDIANA)
COUNTY OF LAKE) SS:

Jessie J. Cain, being first duly sworn upon oath, deposes and says:

1. That Herbert J. Cain died on 3-26-, 1980 at Gary, Ind.
2. That Jessie J. Cain and Herbert J. Cain were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

The North 1 foot of Lot 11, Lot 12 and the South 8 feet of Lot 13 in Block 7 in Gary Land Company's Eighth Subdivision, in the City of Gary, as per plat thereof, recorded in Plat Book 13 page 1, 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.

SAM ORLICH
AUDITOR LAKE COUNTY

Jessie J. Cain
Jessie J. Cain
Subscribed and sworn to before me, a Notary Public, this 10th day of December, 19 96.

Barbara J. Hall
Barbara J. Hall Notary Public

My Commission expires:

1-21-99

County of Residence:

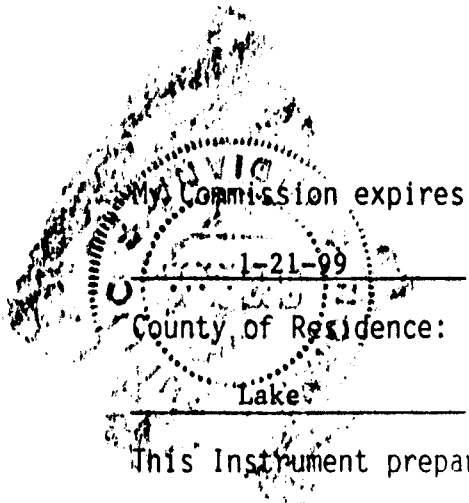
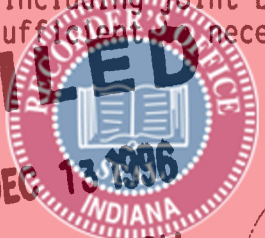
Lake

This Instrument prepared by Jessie J. Cain

96082119

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

MARGARETTE O'NEAL
RECORDER
96 DEC 16 AM 9:41



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11 M

80-0242

INDIANA STATE BOARD OF HEALTH
CORONER'S CERTIFICATE OF DEATH

State No.

DATE OF DEATH MONTH DAY YEAR

DECEASED—NAME FIRST MIDDLE LAST SEX
1. Herbert J. Caine Male 3-26-80

RACE—(White, Black, American Indian, etc.) (Specify)
6. Black AGE—Last Birthday (Mo.) Yr. 51
7a. Lake
7b. Lake
8. 5/1/1928
9. Lake

CITY, TOWN OR LOCATION OF DEATH HOSPITAL OR OTHER INSTITUTION—(Name if not at other, give street and number)
7c. Gary 129 N. Lake St.
7d. IF HOSP. OR INST.—(Specify Name, Street, City, State)

STATE OF BIRTH (If not in U.S. name country) CITIZEN OF WHAT COUNTRY MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SURVIVING SPOUSE (If wife, give maiden name) WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)
8. Mich. 9. U.S.A. 10. Married 11. Jessie Jones 12. YES

SOCIAL SECURITY NUMBER USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) KIND OF BUSINESS OR INDUSTRY
13. 369-24-2189 14. Owner 15. Julian's Grocery

RESIDENCE—STATE COUNTY CITY, TOWN OR LOCATION
16a. Indiana 16b. Lake 16c. Gary

STREET AND NUMBER IS RESIDENCE ON A FARM? INSIDE CITY LIMITS (SPECIFY YES OR NO)
16d. 129 N. Lake St. 16e. YES 16f. YES

IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC.
17a. YES NO

FATHER—NAME FIRST MIDDLE LAST MOTHER—MAIDEN NAME FIRST MIDDLE LAST
18. Stepney Cain 19. Bessie

INFORMANT—NAME (If spouse, give relationship) RELATIONSHIP MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP
19a. Jessie Cain (Wife) 19b. 129 N. Lake St. Gary, Indiana 46403

BURIAL, CREMATION, REMOVAL, OTHER (Specify) CEMETERY OR CREMATORY—FUNERAL HOME LOCATION CITY OR TOWN STATE
19c. Burial 19d. Evergreen Cemetery 19e. Hobart, Indiana

DATE (MONTH DAY YEAR) FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)
20a. 3/31/80 20b. Guy & Allen Funeral Directors 2959 W. 11th Ave. Gary, Ind.

On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the (check) cause stated.
DATE SIGNED (Mo., Day, Yr.) HOUR OF DEATH
21a. 3-28-80 21b. M

PRONOUNCED DEAD (Mo., Day, Yr.) ON 21c. 3-26-80 21d. AT 3:30 AM M

21e. Signature: Albert T. Willardo, M.D.
21f. NAME AND ADDRESS OF CERTIFIER (Print or Type)
21g. ALBERT T. WILLARDO, M.D., 2293 NORTH MAIN ST., CROWN POINT, IN. 46307

HEALTH OFFICER—SIGNATURE DATE RECEIVED BY LOCAL HEALTH OFFICER
22a. E. N. Caldwell, M.D. 22b. MAR 31 1980

23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE PER (a) AND (b)) Interval between onset and death
PART I (a) Laceration of left lung & heart Undetermined

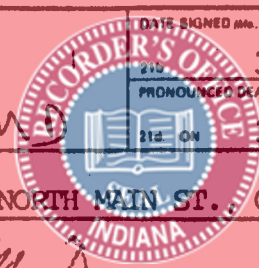
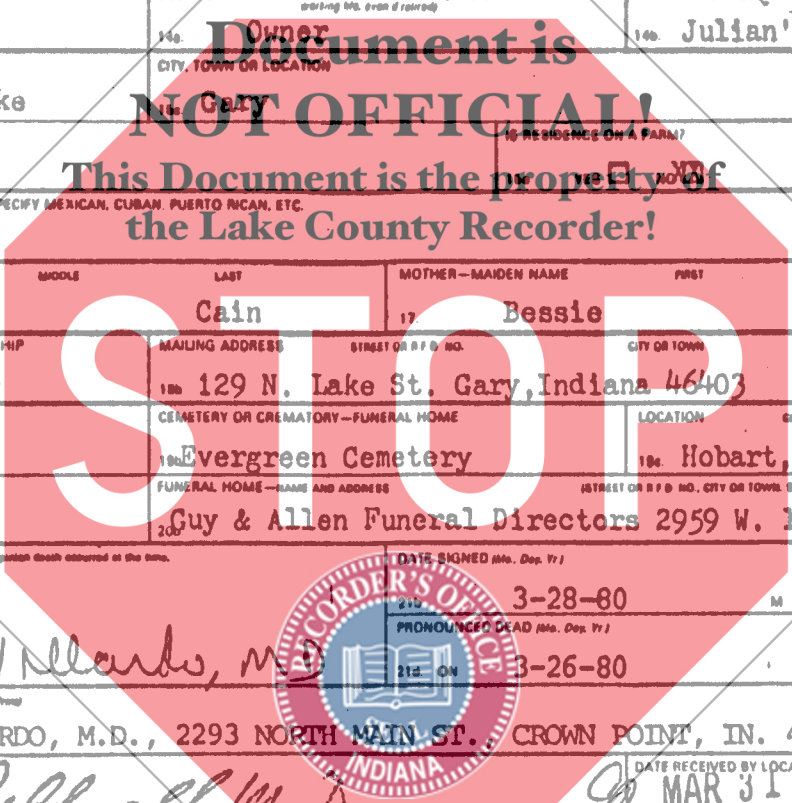
23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE PER (a) AND (b)) Interval between onset and death
(b) Due to gunshot wound

23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE PER (a) AND (b)) Interval between onset and death
(c) OTHER SIGNIFICANT CONDITIONS—(Conditions contributing to death but not related to cause given in PART I (a))

24. AUTOPSY (Specify Yes or No)
24. Yes

ACC. SUICIDE, HOMICIDE, UNDET. OR PENDING INVESTIGATION (Specify) DATE OF INJURY (Mo., Day, Yr.) HOUR OF INJURY (Mo., Day, Yr.) M
25a. Homicide 25b. 3-26-80 25c. M 25d. gunshot wound

INJURY AT WORK (Specify Yes or No) PLACE OF INJURY—(At home, farm, street, factory, office building, etc.) (Specify) LOCATION STREET OR R.F.D. NO. CITY OR TOWN STATE
25e. No 25f. House 25g. 129 N. Lake, Gary, In. 46403



FILED

DEC 13 1996

SAM ORLICH
AUDITOR LAKE COUNTY