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# TICOR TITLE INSURANCE

## AFFIDAVIT

STATE OF INDIANA )  
COUNTY OF LAKE ) SS:

James O. Bates, being first duly sworn upon oath, deposes and says:

1. That Juanita Bates died on November 26, 1988 at Hammond, Indiana.

2. That James O. Bates and Juanita Bates were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

The East 1/2 of Lot 10 in Block 3 in Columbia Gardens, in the City of Hammond as per plat thereof, recorded in Plat Book 15 page 2, in the Office of Recorder of Lake County, Indiana. 32-164-12

**This Document is the property of the Lake County Recorder!**

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 says that

**FILED**

FEB 26 1997

Subscribed and sworn to before me a Notary Public, this 24th day of February 1997

**SAM OBLICH**  
**AUDITOR LAKE COUNTY**

James O. Bates  
James O. Bates

Gloria Miller  
Gloria Miller  
Notary Public

My Commission expires:  
10/24/2000

County of Residence:  
Lake

This Instrument prepared by James O. Bates

001201

Home Ind. 207439 J. Bates

97012187

97 FEB 27 AM 9:44

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

BORRIS W. CARTER  
RECORDER

1100  
24  
33

**INDIANA STATE BOARD 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. 959

Sta MAY 15 1989  
Date Issued Hammond Health Commissioner

TYPE/PRINT  
IN  
PERMANENT  
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

PRONOUNCING  
PHYSICIAN ONLY

ITEMS 24-26 MUST  
BE COMPLETED BY  
PERSON WHO  
PRONOUNCES DEATH

SEE INSTRUCTIONS

SEE  
INSTRUCTIONS

CERTIFIER

HEALTH  
OFFICER

CORONER OR  
MEDICAL  
EXAMINER USE  
ONLY

1 DECEASED—NAME FIRST MIDDLE LAST <b>JUANITA BATES</b>				2 SEX <b>Female</b>	3 DATE OF DEATH (Mo Day Yr) <b>November 26, 1988</b>	
4 SOCIAL SECURITY NUMBER <b>415-56-5622</b>		5a AGE—Last Birthday (Years) <b>52</b>	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Month Day Year) <b>May 6, 1936</b>	
8 YEAR LAST SERVED IN U.S. ARMED FORCES? <b>NO</b>		9a PLACE OF DEATH (Check only one See instructions) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)				
9b FACILITY NAME (If not institution, give street and number) <b>St. Margaret's Hospital</b>			9c CITY, TOWN, OR LOCATION OF DEATH <b>Hammond</b>	9d COUNTY OF DEATH <b>Lake</b>		
10 MARITAL STATUS—Married Never Married Widowed. Divorced (Specify) <b>married</b>		11 SURVIVING SPOUSE (If wife, give maiden name) <b>James Bates</b>	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life Do not use retired) <b>Housewife</b>		12b KIND OF BUSINESS/INDUSTRY <b>Homemaker</b>	
13a RESIDENCE—STATE <b>Indiana</b>	13b COUNTY <b>Lake</b>	13c CITY, TOWN, OR LOCATION <b>Hammond</b>		13d STREET AND NUMBER <b>1133 Spruce Street</b>		
13e INSIDE CITY LIMITS? (Yes or no) <b>yes</b>	13f FARM <b>no</b>	13g ZIP CODE <b>46324</b>	14 WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes. If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Specify	15 RACE—American Indian, Black, White, etc (Specify) <b>White</b>	16 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>12</b> College (1-4 or 5+)	
17 FATHER'S NAME (First Middle Last) <b>Emmett P. Anderton</b>			18 MOTHER'S NAME (First Middle Maiden Surname) <b>Maggie Mullins</b>			
19a INFORMANT'S NAME (Type/Print) <b>James Bates</b>		19b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>1133 Spruce St, Hammond, Indiana 46324</b>		19c Relationship <b>Husband</b>		
20a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>November 29, 1988 Franklin County Memorial Gardens</b>		20c LOCATION—City or Town, State <b>Winchester, Tenn.</b>		
21a SIGNATURE OF FUNERAL DIRECTOR <i>Mary Solan</i>		21b LICENSE NUMBER (of Licensee) <b>FD# 1004097</b>	22 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>SOLAN FUNERAL HOME FH# 3002893 7109 Calumet Ave., Hammond, Ind. 46324</b>			
23a To the best of my knowledge, death occurred at the time, date, and place stated Signature and Title <		23b LICENSE NUMBER	23c DATE SIGNED (Month, Day, Year)			
24 TIME OF DEATH <b>7:40 A.</b>		25 DATE PRONOUNCED DEAD (Month, Day, Year) <b>November 26, 1988</b>		26 WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? (Yes or no) <b>Yes</b>		
27 PART I. Enter the disease, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure, but only one cause on each line. <span style="float:right">Approximate Interval Between Onset and Death</span>						
IMMEDIATE CAUSE (Final disease or condition resulting in death)		<b>Massive intracranial hemorrhages; Fracture of skull.</b>			<b>Unknown</b>	
Sequitely list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		DUE TO (OR AS A CONSEQUENCE OF)				
		DUE TO (OR AS A CONSEQUENCE OF)				
		DUE TO (OR AS A CONSEQUENCE OF)				
PART II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.						
<b>Hepatomegaly with fatty changes</b>				28a WAS AN AUTOPSY PERFORMED? (Yes or no)	28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)	
<b>FILED</b>						
29a. CERTIFIER (Check only one)		<input type="checkbox"/> CERTIFYING PHYSICIAN (Physician certifying cause of death when another physician has pronounced death and completed item 23). To the best of my knowledge, death occurred due to the cause(s) and manner as stated.				
		<input type="checkbox"/> PRONOUNCING AND CERTIFYING PHYSICIAN (Physician both pronouncing death and certifying cause of death). To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.				
		<input type="checkbox"/> MEDICAL EXAMINER <input checked="" type="checkbox"/> CORONER <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) and manner as stated.				
29b. SIGNATURE AND TITLE OF CERTIFIER <i>Daniel Thomas</i>		29c. LICENSE NUMBER <b>16120</b>	29d. DATE SIGNED (Month, Day, Year) <b>Nov. 28, 1988</b>			
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type/Print) <b>Coroner, Daniel Thomas, M.D. 2293 N. Main Street, Crown Point, Ind. 46307</b>						
31. HEALTH OFFICER'S SIGNATURE <i>Franklin D. Remuda, M.D.</i>				31b. LICENSE NUMBER <b>001202</b>	32. DATE FILED (Month, Day, Year) <b>NOV 29 1988</b>	
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month, Day, Year) <b>Nov. 23, 1988</b>	34b. TIME OF INJURY <b>No</b>	34c. INJURY AT WORK? (Yes or no)	34d. DESCRIBE HOW INJURY OCCURRED <b>Fall down stairs</b>	
34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) <b>Home</b>				34f. LOCATION (Street and Number or Rural Route Number, City or Town, State) <b>1133 Spruce St., Hammond, IN</b>		