

97020139

97 APR -4 AM 11:55

STATE OF INDIANA)

) SS:

MORRIS W. CARTER
RECORDER

COUNTY OF LAKE)

AFFIDAVIT OF SURVIVORSHIP

Ronald H. Throw being first duly sworn upon his oath, deposes and says as follows:

1. That this Affidavit is made with reference to the Real Estate commonly known as 5619 W. 109th Avenue, Crown Point, Lake County, Indiana, and legally described as follows, to wit:

Part of the East 1/2 of the Northwest 1/4 of Section 12 Township 34 North, Range 9 West of the 2nd Principal Meridian, in Lake County, Indiana, described as follows: Beginning at the Northeast corner thereof thence South along the East line of the Northwest 1/4 of said Section 12 distance of 300 feet; thence West parallel to the North line of said Section 12, a distance of 101.6 feet; thence Northerly 300.16 feet more or less to a point on the North line of said Section 12 and 89.45 feet West of the Northeast corner of the Northwest 1/4 of said Section 12; thence East 89.45 feet to the point of beginning. (Key No: 7-31-77)

APR 04 1997

FILLED

SAM O'RLEIGH
AUDITOR LAKE COUNTY

2. That your Affiant is the husband of the Deceased and is familiar with the affairs of the said Marian M. Throw, a/k/a Marian Throw and the death of said Decedent.

3. That the aforementioned Marian M. Throw, a/k/a Marian Throw died on December 29, 1988, a resident of Crown Point, Lake County, Indiana, and her residence at the time of her death was 1099 S. Main Street, Apt. No. 330, Crown Point, Indiana.

4. That the Decedent died with a will but the Decedent's Estate, including the above described real estate, was not subject to probate administration and was not subject to Federal Estate Tax.

5. That the said Ronald H. Throw and Marian M. Throw, a/k/a

NORTHWEST INDIANA TITLE SERVICES, INC.
162 Washington Street
Lowell, Indiana 46356
769-8727 or 696-0121

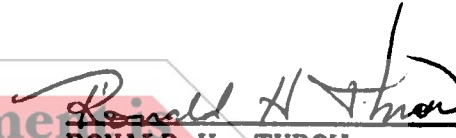
000276

1400
va

Marian Throw, were husband and wife at the time they acquired the title to the above described real estate and remained so until the death of the aforementioned Marian M. Throw, a/k/a Marian Throw.

6. That attached hereto and incorporated herein by reference is a certified copy of the Death Certificate of Marian M. Throw, a/k/a Marian Throw.

Further your Affiant says not.



RONALD H. THROW

Subscribed and sworn to before me, a Notary Public, this
2nd day of April, 1997.
This Document is the property of the Lake County Recorder!

My Commission Expires:

County of Residence:

Notary Public:


RICHARD A ZUNICA
NOTARY PUBLIC STATE OF INDIANA
LAKE COUNTY
MY COMMISSION EXP SEPT 12, 1998



This Instrument Prepared By: David J. Sims, Attorney At Law, 11108 W. 133rd Avenue, P.O. Box 88, Cedar Lake, IN, 46303

INDIANA STATE BOARD OF HEALTH

CERTIFICATE OF DEATH

Local No. 2675-88

State No.

TYPE/PRINT
IN
PERMANENT
BLACK INK

1 DECEASED—NAME FIRST MIDDLE LAST Marian Throw	2 SEX Female		3 DATE OF DEATH (Mo Day Yr) Dec. 29, 1988	
4 SOCIAL SECURITY NUMBER 312-28-9872	5a AGE—Last Birthday (Years) 55	5b UNDER 1 YEAR Mornings Days	5c UNDER 1 DAY Hours Mins	6 DATE OF BIRTH (Month Day Year) April 13, 1933
7 BIRTHPLACE (City and State or Foreign Country) Gary, Indiana	8 YEAR LAST SERVED IN U.S. ARMED FORCES? No			
9a PLACE OF DEATH (Check only one See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER, Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)				
9b FACILITY NAME (If not institution give street and number) 1099 S. Main Street Apt. # 330		9c CITY TOWN OR LOCATION OF DEATH Crown Point		9d COUNTY OF DEATH Lake
10 MARITAL STATUS—Married (Never Married Widowed Divorced (Specify)) Married	11 SURVIVING SPOUSE (If wife give maiden name) Ronald H. Throw	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life Do not use retired) Musician		12b KIND OF BUSINESS/INDUSTRY Self-Employed
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY TOWN OR LOCATION Crown Point	13d STREET AND NUMBER 1099 S. Main Street Apt#330	
13e INSIDE CITY LIMITS? (Yes or no) Yes	13f FARM No	13g ZIP CODE 46307	14 WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes specify Cuban Mexican Puerto Rican etc) <input type="checkbox"/> No <input type="checkbox"/> Yes Specify	15 RACE—American Indian Black White etc (Specify) White
16 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5 +)				
17 FATHER'S NAME (First Middle Last) Donato Macchia			18 MOTHER'S NAME (First Middle Maiden Surname) Antonette Ippolito	
19a INFORMANT'S NAME (Type Print) Ronald Throw		19b MAILING ADDRESS (Street and Number or Rural Route Number City or Town State Zip Code) 1099 S. Main St. Apt#330 Crown Point, In.		19c Relationship Husband
20a METHOD OF DISPOSITION <input 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) December 31, 1988 Calumet Park Cemetery		20c LOCATION—City or Town State Merrillville, Indiana
21a SIGNATURE OF FUNERAL DIRECTOR <i>Keith A. Dillon</i>		21b LICENSE NUMBER (of Licensee) FDE1012056	22 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Geisen Funeral Home, Inc. FDH3007762 7905 Broadway Merrillville, In. 4641	
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 9:30 A.	25 DATE PRONOUNCED DEAD (Month Day Year) DECEMBER 29, 1988		26 WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? (Yes or no) No	
27 PART I Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death				
IMMEDIATE CAUSE (Final disease or condition resulting in death) Metastatic ovarian cancer				
DUE TO (OR AS A CONSEQUENCE OF)				
SEQUENTIALLY LIST CONDITIONS IF ANY LEADING TO IMMEDIATE CAUSE. ENTER UNDERLYING CAUSE (Disease or injury that related events resulting in death) LAST				
PART II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I				
28a WAS AN AUTOPSY PERFORMED? (Yes or no) No			28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)	
29a SIGNATURE AND TITLE OF CERTIFIER SAM ORLICH AUDITOR LAKE COUNTY			29b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) No LAKE COUNTY HEALTH COMMISSIONER	
29c LICENSE NUMBER 01031667	29d DATE SIGNED (Month, Day, Year) 12/29/88			
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type/Print) Pimpa J. Tara M.D. 8127 Merrillville Rd. Merrillville, In. 46410				
31 HEALTH OFFICER'S SIGNATURE <i>Paul Johnson</i>				31 DATE FILED (Month Day Year) DEC 30, 88
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide	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) 000277	

DECEDENT

PARENTS

INFORMANT

DISPOSITION

PRONOUNCING PHYSICIAN ONLY

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

SEE INSTRUCTIONS

CAUSE OF DEATH

SEE INSTRUCTIONS

CERTIFIER

HEALTH OFFICER

CORONER OR MEDICAL EXAMINER USE ONLY