



COMMUNITY TITLE COMPANY

- An Indiana Corporation -
421 West 81st Avenue
Merrillville, Indiana 46410
219-757-0911

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
97 OCT 10 AM 11:03
MORRIS W. CARTER
RECORDER

AFFIDAVIT

FILED

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

OCT 03 1997

FRANKLIN CHANCE AUDITOR SAM ORLICH, being first duly sworn upon oath, deposes and says that LAKE COUNTY

1. That Affiant's spouse, GLADYS E. CHANCE died (without leaving a will) ~~XXXXXXXXXXXXXXXXXXXX~~ on JUNE 26, 19 73 at ST. MARGARETS HOSPITAL, HAMMOND, INDIANA

2. That they were duly and legally married at the time they acquired title as husband and wife to the following described real estate: LOT 6 IN BLOCK 2 IN HOMEWEEKERS ADD. TO HAMMOND, AS PER PLAT THEREOF, RECORDED AUGUST 27, 1926 IN PLAT BOOK 20 PAGE 29, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

COMMONLY KNOWN AS: 7417 JACKSON AVENUE
HAMMOND, INDIANA 46324

13783

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 ~~XXXXXX~~ (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.

Franklin Chance
FRANKLIN CHANCE

Subscribed and sworn to before me, a Notary Public, this 23RD day of SEPTEMBER, 19 97.

Jacqueline Ruark
JACQUELINE RUARK Notary Public

My Commission expires:
AUGUST 31, 1999

County of Residence:
LAKE

000256

This Instrument prepared by PATRICK J. MCMANAMA
ATTORNEY ID NO 9534-45

Att 367
12.11

TYPE OR PRINT
PLAINLY WITH
UNFADING INK

THIS IS A
PERMANENT
RECORD

Below for State Office Use

A _____
B _____
C _____

THIS CERTIFIES THE ABOVE IS A TRUE AND
COMPLETE COPY OF THE CERTIFICATE OF DEATH
ON FILE WITH THE HAMMOND HEALTH DEPT.
JUN 27 1973
Date issued

EMBALMER'S NAME
William Huber

EMBALMER'S NAME
William Huber

FUNERAL DIRECTOR'S
SIGNATURE
C. J. Huber

FUNERAL DIRECTOR'S
LICENSE NO. 680

FUNERAL HOME
No. 285

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

Local No. 573 State No. _____

PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS

DECEASED—NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)

1. Gladys Chance 2. Female 3. June 26, 1973

RACE AGE—LAST BIRTHDAY (YEARS) UNDER 1 YEAR MOS. DAYS UNDER 1 DAY HOURS MIN. DATE OF BIRTH (MONTH, DAY, YEAR) COUNTY OF DEATH

4. White 5a. 38 5b. 5c. 6. 6-27-1931 7a. Lake

CITY, TOWN, OR LOCATION OF DEATH INSIDE CITY LIMITS (SPECIFY YES OR NO) HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)

7b. Hammond 7c. Yes 7d. St. Margaret's

STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)

8. Indiana 9. U.S.A. 10. WIDOWED DIVORCED 11. Franklin Chance

USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION. SOCIAL SECURITY NUMBER USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) KIND OF BUSINESS OR INDUSTRY

12. 13a. Clerk 13b. Rail Road

RESIDENCE—STATE COUNTY CITY, TOWN OR LOCATION INSIDE CITY LIMITS (SPECIFY YES OR NO) TOWNSHIP

14a. Indiana 14b. Lake 14c. Hammond 14d. Yes 14e. North

STREET AND NUMBER 14f. 7117 Jackson Ave. 14g. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 14h. YES NO

PARENTS FATHER—NAME FIRST MIDDLE LAST MOTHER—MAIDEN NAME FIRST MIDDLE LAST

15. Chester Drizzle 16. Linnie (Catal)

INFORMANT—NAME RELATIONSHIP MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

17a. Franklin Chance 17b. Husband 17c. 7117 Jackson Ave, Hammond, Indiana

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

18. IMMEDIATE CAUSE

(a) PNEUMONIA 2 WEEKS

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST

(b) FAR ADVANCED CARCINOMA FROM 6 MOS

(c) BREAST TO LUNG + BRAIN

PART II. OTHER SIGNIFICANT CONDITIONS GIVEN IN PART I (A) CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE AUTOPSY YES NO IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b. YES NO

DATE & TIME OF DEATH MONTH DAY YEAR HOUR DATE SIGNED MONTH DAY YEAR

20. 6 26 73 M. 21a. 6 26 73

PHYSICIAN'S NAME (TYPE OR PRINT) LAST IN ATTENDANCE SIGNATURE OF PHYSICIAN PHY. CODE NO.

22a. A.M. Branco M.D. 22b. A.M. Branco

MAILING ADDRESS—PHYSICIAN STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP

23. 7905 Calumet Avenue, Munster, Indiana 46321

BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY, CREMATORY, FUNERAL HOME LOCATION CITY OR TOWN STATE

24a. Burial 24b. Edwood 24c. Hammond- Indiana

DATE (MONTH, DAY, YEAR) FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

24d. 6-28-73 25a. C. J. Huber 722-165th St. Hammond, Indiana 46321

HEALTH OFFICER—SIGNATURE DATE RECEIVED BY LOCAL HEALTH OFFICER

25b. P. E. Frankowski M.D. 26b. JUN 27 1973