



COMMUNITY TITLE COMPANY

- An Indiana Corporation -
421 West 81st Avenue
Merrillville, Indiana 46410
219-736-2810

97070298

FILED

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

OCT 03 1997

**SAM ORLICH
AUDITOR LAKE COUNTY**

MYRTLE E. NELSON, being first duly sworn upon oath, deposes and says:

1. That Affiant's spouse, LOYAL D. NELSON died (without leaving a will) (leaving a will) on August, 1995 at Methodist Southlake Campus, Merrillville, 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:

THE NORTH 50 FEET OF LOT 24 AND ALL OF LOT 25 IN GLENELLEN, TOWN OF MERRILLVILLE, AS PER PLAT THEREOF, RECORDED MAY 19, 1994 IN PLAT BOOK 25 PAGE 46, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

COMMONLY KNOWN AS 6160 GLEN DR., MERRILLVILLE, IN. 46410

UNIT 8 KEY NO 15-182-24 & 25

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) ~~xxxx~~ 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.

14116

Further affiant sayeth not.

Myrtle E. Nelson
MYRTLE E. NELSON

Subscribed and sworn to before me, a Notary Public, this 18TH day of SEPTEMBER, 1997.

Jacqueline Bark
JACQUELINE BARK Notary Public

My Commission expires:
AUGUST 31, 1999

County of Residence:
LAKE

000262

This Instrument prepared by PATRICK McMANAMA, ATTORNEY AT LAW

2

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
97 OCT 15 AM 10:50
NOTARIS
RECORDER OF DEEDS

FILED

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State 66 T. Q. 3 1987

ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

Local No. 1757-95

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First Middle Last) Loyal Dale Nelson		2 SEX Male	3a TIME OF DEATH (Month, Day, Year) 7:40 p.m. August 3, 1995	
4 SOCIAL SECURITY NUMBER 345 10 3608		5a AGE—Last Birthday (Years) 76	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes
6 DATE OF BIRTH (MM/DD/YYYY) May 3, 1919		7 PLACE OF BIRTH (City or Town, State, and Country) Princeton, ILL		
8a WAS DECEDENT A U.S. VETERAN? No	8b YEAR LAST SERVED IN U.S. ARMED FORCES? no	8c PLACE OF DEATH (Check only one. See instructions.)		
9a FACILITY NAME (If not institution, give street and number) Methodist Southlake Campus		9b CITY, TOWN, OR LOCATION OF DEATH Merrillville IN	9c COUNTY OF DEATH Lake	
10 MARITAL STATUS (Specify) Married	11 SURVIVING SPOUSE (If wife, give maiden name) Myrtle Redshae	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Ret Locomotive Engr	12b KIND OF BUSINESS/INDUSTRY EJ & F Rwy	
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY, TOWN, OR LOCATION Merrillville	13d STREET AND NUMBER 6160 Glen Drive	
13e ZIP CODE 46410	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? USA	15 WAS DECEDENT OF HISPANIC ORIGIN? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes specify Cuban, Mexican, Puerto Rican, etc.)	16 RACE—American Indian, Black, White, etc. (Specify) WHITE
17 DECEDENT'S EDUCATION (Specify only highest grade completed) 10 yrs		18 FATHER'S NAME (First Middle Last) Lavy Nelson		
19 MOTHER'S NAME (First Middle Maiden Surname) Grace Dunbar		20a INFORMANT'S NAME (Type/Print) Myrtle Nelson		
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 6160 Glen Drive Merrillville, IN 46410		20c Relationship Wife		
21a 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) _____		21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) August 7, 1995 Calumet Park Cemetery		21c LOCATION—City or Town, State Merrillville, IN 46410
22a EMBALMER'S NAME Anthony S. Rendina Jr		22b EMBALMER'S LICENSE NO FD 01010402	23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a SIGNATURE OF FUNERAL DIRECTOR <i>Anthony Rendina Jr</i>		24b LICENSE NUMBER (of Licensee) FD01010402	25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Rendina Funeral Home FH83007819 5100 Cleveland St. Gary, IN 46408	
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. Renal failure. Congestive heart failure.				
THIS CERTIFICATE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT. Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last AUG 25 1995				
PART II Other significant conditions contributing to death but not previously stated in Part I Alexander B. Williams, MD LAKE COUNTY HEALTH COMMISSIONER				
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) <input checked="" type="checkbox"/> No		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) <input checked="" type="checkbox"/> No	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)	
29a. CERTIFIER (Check only one) <input checked="" 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 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>Najal Nazal MD</i>		
29c. MEDICAL LICENSE NO 01028410		29d. DATE SIGNED (Month, Day, Year) 8-7-95		
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) DR NAZZAL OBAID, 8895 BROADWAY, MERRILLVILLE, IN 46410				
31 HEALTH OFFICER'S SIGNATURE <i>Alexander B. Williams, MD</i>				32 DATE FILED (Month, Day, Year) August 8, 1995
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input 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)	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)		34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc. 000263		