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# COMMUNITY TITLE COMPANY

- An Indiana Corporation -

421 West 81st Avenue  
STATE OF INDIANA  
Merrillville, Indiana 46410  
FILED IN RECORD

97081541

97 DEC -1 AM 11:03

AFFIDAVIT  
MORRIS W. CARTER  
RECORDS

## FILED

NOV 24 1997

SAM ORLICH  
AUDITOR LAKE COUNTY

STATE OF INDIANA )  
                          ) SS:  
COUNTY OF LAKE )

MARY LOU SPURLOCK, being first duly sworn upon oath, deposes and says:

1. That Affiant's spouse, WILLIAM K. SPURLOCK died (without leaving a will) (leaving a will) on \_\_\_\_\_ 19\_\_\_\_ at \_\_\_\_\_

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 14 AND THE NORTH 1/2 OF LOT 13 IN BLOCK 2 IN STEENBERG'S ADDITION TO HAMMOND, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 9 PAGE 35, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.  
COMMONLY KNOWN AS 4750 COLUMBIA AVE., HAMMOND, IN. 46327  
UNIT 26 KEY NO. 36-156-12

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.

Mary Lou Spurlock  
MARY LOU SPURLOCK

Subscribed and sworn to before me, a Notary Public, this 12 day of August, 1997.

[Signature]  
Notary Public  
DELFINA MARTINEZ

My Commission expires:  
3-12-02

County of Residence:  
LAKE

001540

This Instrument prepared by RICHARD PARKS, ATTORNEY AT LAW

11:00  
3185

ATTENTION ESTATE: Disclosure of the... we need to pursue our responsibilities... is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Local No. 95-177

State No. ....

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-10-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First Middle Last) <b>WILLIAM K. SPURLOCK</b>		2 SEX <b>MALE</b>	3a TIME OF DEATH <b>9:15A</b>	3b DATE OF DEATH (Month Day Year) <b>JULY 7, 1995</b>	
4 SOCIAL SECURITY NUMBER <b>359-09-9947</b>	5a AGE—Last Birthday (Year) <b>79</b>	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (MM Day Yr) <b>AUGUST 11, 1917</b>	
7 BIRTHPLACE (City and State or Foreign Country) <b>ILLINOIS</b>	8a PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> OOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence				
8b WAS DECEDENT A U.S. VETERAN? <b>YES</b>	8c YEAR LAST SERVED IN U.S. ARMED FORCES? <b>1945</b>	9a FACILITY NAME (If not institution, give address and number) <b>ST. CATHERINE HOSPITAL</b>			
9b CITY, TOWN OR LOCATION OF DEATH <b>EAST CHICAGO</b>		9c COUNTY OF DEATH <b>LAKE</b>			
10 MARITAL STATUS (Specify) <b>MARRIED</b>	11 SURVIVING SPOUSE (If wife, give maiden name) <b>MARY LOU RIPPERDAN</b>	12a DECEASED'S USUAL OCCUPATION (Give and of more than one during major of working life. Do not give retired) <b>STORE OWNER SMALL BUSINESS</b>	12b KIND OF BUSINESS/INDUSTRY <b>RETAIL</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>4750 COLUMBIA AVE.</b>		
14a ZIP CODE <b>46327</b>	14b US OF CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 14c ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	15 CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	16 WAS DECEDENT OF MISHLENG OCCUPANT? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	17 RACE—American Indian, Black, White, etc. (Specify) <b>WHITE</b>	
17 DECEASED'S EDUCATION (Specify only highest grade completed) Summary/Secondary 10-12 <input type="checkbox"/> College 11-4 or 5 + <input type="checkbox"/> <b>12</b>		18 FATHER'S NAME (First Middle Last) <b>JOE SPURLOCK</b>			
19 MOTHER'S NAME (First Middle, Maiden Surname) <b>EDNA DAILY</b>		20a INFORMANT'S NAME (Type/Print) <b>KENNETH SPURLOCK</b>			
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>1613 SHEPHERD AVE. DYER, INDIANA</b>		20c Relationship <b>SON</b>			
21a METHOD OF DISPOSITION <input type="checkbox"/> Entombment <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) <b>JULY 8, 1995 CHAPEL LAWN MEMORIAL GARDENS</b>		21c LOCATION—City or Town, State <b>SCHERERVILLE, INDIANA</b>	
22a EMBALMER'S NAME <b>NONE</b>		22b EMBALMER'S LICENSE NO.	23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>		24b LICENSE NUMBER (of License) <b>FDO1008300</b>	25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME <b>LINCOLN RIDGE FUNERAL HOME 88800070 7607 W. LINCOLN HWY. CROWN POINT, IND. 463</b>		
26 PART I: Enter the disease, infection, or condition that caused the death. Do not enter non-specific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (flow disease or condition resulting in death) a. <b>Bowel infarction &amp; intestinal obstruction</b> b. <b>Intra-abdominal infection</b> c. <b>Sepsis</b> d. <b>Septic Dehydration</b> CONDITIONS IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, LISTING THE UNDERLYING CAUSE LAST e. <b>Septic Dehydration</b>					
PART II: Other significant conditions. Conditions contributing to death but not immediately causal in Part I.					
27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or No)		28a HAD AN AUTOPSY PERFORMED? (Yes or No) <b>No</b>	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			29c MEDICAL LICENSE NO. <b>01032690</b>	29d DATE SIGNED (Month Day Year) <b>July 10<sup>th</sup> 1995</b>	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH ITEM 26 (Type/Print) <b>AMADZAI SARI 6924 INDIANAPOLIS BLDG HAMMOND, INDIANA</b>					
31 HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>				32 DATE FILED (Month Day Year) <b>7-10-95</b>	
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Sudden <input type="checkbox"/> Could not be Determined		34a DATE OF INJURY (Month Day Year)	34b TIME OF INJURY	34c INJURY AT WORK? (Yes or No)	34d DESCRIBE HOW INJURY OCCURRED
35a PLACE OF INJURY—At home, farm, street, factory, office, building, and (Specify)			35b LOCATION (Street and Number or Rural Route Number, City or Town, State)		
36 DATE PRONOUNCED DEAD (Month Day Year)		37 MOTOR VEHICLE ACCIDENT? (Yes or No) If yes, specify driver, passenger, pedestrian, etc.			