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STATE OF INDIANA LAKE COULTY FILED FOR RECORD

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State of Indiana County of Lake

MORRIS WILL STATER

APPIDAVIT OF REIRBHIP

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VEG	Crid H.	Carri	GAGEC (WEITG	nc, be	ing duly	PAOLII G	pon oacn,	DIECES.		
1.	That	the	Affiant 2	reside	s at	3430 W.	22nd Av	e. Gary	IN		
2.	That	the	Affiant :	is Mother			of Audrey Carneygee.				
						tiomhip)					
3.	That	the	Decedent	died	on _	12/10/94 Indiana			_ in the		
	arv			, Sta	te of	Indiana	•	(Attach	copy of		
COM	monly k	now	as <u>343</u>	OW.	22nd }	ng an in <u>ve. Gar</u> tment no.	IN_				
			Decedent cable .	died	leavi	ng (a/ no)	Will.	(Attach	copy of		
	That no oth			vas	marri	ed to the	follow	ring indi	viduals,		
			Name				Stat	us			
			None								

That the following children and no others were born to or adopted by the Decedent:

None

8. That to the best information and belief of the Affiant, no children were born to or fathered by the Decedent out of wedlock, except as follows:

None



FA 2218 GOLD FOR FIRST AMERICAN TITLE

ULY ENTERED FOR TAXATION SUBJECT MAI ACCEPTANCE TO PERMITED

DEC 02 1997

SEM ORLICH INTO AMECOUNT

- 9. That in the event the Decedent died without wife or child surviving, to the Affiant's best information and belief the following represents the Decedent's heirship (include names of all deceased descendants): None.
- 10. That the total value of the estate of the Decedent including the taxable interest in the aforesaid property is \$ _____.
- 11. That no claims have been filed against Decedent and that all expenses of illness and/or funeral expenses have been paid in full; or, that the following claims will be paid from the proceeds of the subject property: None.
- 12. That the Federal Estate Tax (has/has not) been paid, that the Illinois Inheritance Tax (has/has not) been paid; that no (Federal Estate Tax / Illinois Inheritance Tax) is due. No tax due.
- 13. That the Affiant makes this affidavit to induce First American Title Insurance Company (First American) to insure its policy of title insurance number <u>FA 22188</u> and with knowledge that First American will reply on the representations made and contained herein to insure title.

Further Affiant sayeth not.

REATHA M. CARNEYGEE

Subscribed and sworn to before me, this ________, 1927

Havy Mach



TTENTION ESTATE: Disclosure of the see we need to pursue our responsibilities voluntary and there will be no penalty for rusal."

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State	No.			
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THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

														
YPE/PRINT	DECEASED—NAME (FOR MACULE)				Fem:	ale		3. TIME OF DEATH		December 10, 1994				
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	Indiana						•					A		
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	7		//	(al Licenses)				25 NAME ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Ennols & Robinson Memorial Chapel						
	and Anthony 55 1017284 1900 W. 15th Ave., Gary, IN 46404													
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	MEALTH OFFICER. On the base of examination and/or investigation, in thy opinion, death occurred at the time, date, and due to the cause(a) so stated													
_		-	/											
TIFIER 2		signature unavaila			Lable				NO	January 18, 1995				
<u> </u>	C Lattra		40-			\			N/A			Janu	RIA TO' 1222	
	Donna Melyon, Depute Coroner, 1293 North Main Street, Crown Point, Indiana 46307													
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LTH ICER	I HEALTH OPPICERS SIGNATUR	3		Y		× ' ~	7				,	FEB	'Y"071995-'	
1	MANNER OF DEATH		346 DATE OF PLURY 346 TIME OF				34c INJURY AT WORKT			344 DESCRIBE HOW INJURY OCCUPPED				
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	Acceptant Processings	·												
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