

AFFIDAVIT OF SURVIVORSHIP

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

Comes now PATRICK L. GAUGHAN, affiant, being duly sworn upon his oath, deposes and says as follows:

That PATRICK L. GAUGHAN is the owner in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

Lot 7, Block 10, as marked and laid down on the recorded plat of Sheffield Addition to the City of Hammond as per plat thereof recorded in Plat Book 14, page 6, in the Office of the Lake County Recorder

#36-28-7

That the decedent, ELIZABETH J. GAUGHAN, and PATRICK L. GAUGHAN acquired title, as joint tenants with right survivorship, to said real estate, by deed of conveyance on May 1985, and recorded in the Office of the Lake County Recorder as document 804376.

That the decedent, ELIZABETH J. GAUGHAN, and affiant jointly held title to said real estate until the death of ELIZABETH J. GAUGHAN on August 23, 1990, at which time this affiant acquired title to the real estate, pursuant to property law, as the surviving joint tenant.

Affiant further states that there has never been any administration upon the estate of said ELIZABETH J. GAUGHAN, that the gross value of the estate of said ELIZABETH J. GAUGHAN, deceased, taking into consideration in the evaluation thereof, the value of all her gifts in contemplation of death, including all gifts made by her in the three (3) years next preceding her death, together with the value of all her investments in joint properties and estates by the entirety, including the real estate above described, plus the proceeds of all insurance on her life, did not equal or exceed the sum of \$600,000.00 as a consequence of which her estate was not subject to federal estate tax.

This affidavit is made for the purpose of clearing the record title to the above described property.

FILED

Patrick L. Gaughan
PATRICK L. GAUGHAN

STATE OF INDIANA)
COUNTY OF LAKE)

Subscribed and sworn to before me a Notary Public on OCTOBER 22, 1997. I am a Lake County resident and my commission expires 8/3/00. SAM ORLICH

AUDITOR LAKE COUNTY

R. T. Moore
R. T. MOORE

This Instrument prepared by

ATTY ROGER T. MOORE, PC, #9289-64, 6195 Central Avenue, Portage, IN 46368
Telephone (219) 762-0402; Facsimile (219) 762-7525

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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

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INDIANA STATE BOARD OF HEALTH
CERTIFICATE OF DEATH

CERTIFIES THE FOLLOWING IS A TRUE & COMPLETE COPY OF DEATH ON FILE WITH HAMMOND HEALTH DEPARTMENT.

Local No. 704

St. Sept. 4, 1997
Date Issued Franklin J. Remuda
Hammond Health Commission

TYPE/PRINT
IN
PERMANENT
BLACK INK

1 DECEASED—NAME (First, Middle, Last) Elizabeth "Betty" J. Gaughan		2 SEX female	3a TIME OF DEATH 5:50a_M	3b DATE OF DEATH (Month, Day, Yr) -August 23, 1990
4 SOCIAL SECURITY NUMBER 319-01-4984	5a AGE—Last Birthday (Years) 74	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr) MARCH 17, 1916
7 BIRTHPLACE (City and State or Foreign Country) NEOGA, ILLINOIS	8a WAS DECEASET A US VETERAN? NO	8b YEAR LAST SERVED IN US ARMED FORCES? N/A	8c PLACE OF DEATH (Check only one. See instructions.) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence	
9a FACILITY NAME (If not institution, give street and number) 1826 DAVIS AVE		9b CITY, TOWN, OR LOCATION OF DEATH HAMMOND, P.P. WHITING		9c COUNTY OF DEATH LAKE
10 MARITAL STATUS (Specify) MARRIED	11 SURVIVING SPOUSE (If wife, give maiden name) PATRICK L. GAUGHAN	12a DECEASET'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) TELEPHONE OPERATOR		12b KIND OF BUSINESS/INDUSTRY SERVICE
13a RESIDENCE—STATE INDIANA	13b COUNTY LAKE	13c CITY, TOWN OR LOCATION HAMMOND (P.P. WHITING)	13d STREET AND NUMBER 1826 DAVIS AVE.	
13e ZIP CODE 46394	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 13g ON A FARM? <input type="checkbox"/> No <input type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? USA	15 WAS DECEASET OF HISPANIC ORIGIN? <input checked="" 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 DECEASET'S EDUCATION (Specify only highest grade completed) 12		18 FATHER'S NAME (First, Middle, Last) RALPH HIGGINS		
19 MOTHER'S NAME (First, Middle, Maiden Surname) MAE (MAIDEN NAME UNKNOWN) HIGGS		20a INFORMANT'S NAME (Type/Print) PATRICK L. GAUGHAN		
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1826 DAVIS AVE. WHITING IN 46394		20c Relationship HUSBAND		
21a METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" 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) 25 AUGUST 1990 OAKLAND MEMORY LANES, INC. DOLTON, ILLINOIS		21c LOCATION—City or Town, State
22a EMBALMER'S NAME N/A		22b EMBALMER'S LICENSE NO. N/A		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
24a SIGNATURE OF FUNERAL DIRECTOR <i>Thos. Owens</i>		24b LICENSE NUMBER (of Licensee) PDE 1001049	24c NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME FDH OWENS FUNERAL HOME 30072 816-119th STREET WHITING, INDIANA	
25 PART I Enter the disease, 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. Approximate Interval Between Onset and Death				
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Metastatic Cancer of the breast DUE TO (OR AS A CONSEQUENCE OF)				
b. _____ DUE TO (OR AS A CONSEQUENCE OF)				
c. _____ DUE TO (OR AS A CONSEQUENCE OF)				
d. FILED				
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I Aug 3 1997				
27 WAS DECEASET PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) NO		28a WAS AN AUTOPSY PERFORMED? (Yes or no) NO		28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) N/A
29a CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN On the basis 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>Salman Gailani</i>		29c MEDICAL LICENSE NO. 27970	29d DATE SIGNED (Month, Day, Year) August 8/24 1990	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 25) (Type/Print) S.D. Gailani, M.D., 9116 Columbia Avenue, Munster IN 46321				
31 HEALTH OFFICER'S SIGNATURE <i>Franklin J. Remuda M.D.</i>				32 DATE FILED (Month, Day, Year) AUG 24 1990
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"/> 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		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.		34i _____		

DECEASET

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

CORONER USE ONLY

36-28-7