

TICOR TITLE INSURANCE

AFFIDAVIT

STATE OF INDIANA)
COUNTY OF LAKE) SS:

Beth Hartwell, being first duly sworn upon oath, deposes and says:

1. That Gerald Hartwell died on December 15, 1977 at Crown Point, Ind.
2. That Gerald Hartwell and Beth Hartwell were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

See Attached legal description

Document is NOT OFFICIAL!
9-356-43

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 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 saith not



Beth Hartwell

Subscribed and sworn to before me, a Notary Public, this 16th day of January, 1998.

FILED

APR 22 1998

My Commission expires:

4/00

SAM ORLICH
CLERK OF COURT
CLERK OF LAKE COUNTY

County of Residence:

Lake

This instrument prepared by BETH HARTWELL

001433

See C.P. 21536-2
Hartwell

98028321

STATE OF INDIANA
LAKE COUNTY
CLERK OF COURT
FILED FOR RECORD
APR 22 AM 9:16
W. C. ORLICH

1412
21

Commitment No. COM 215562

LEGAL DESCRIPTION

PARCEL I: A part of the Northwest 1/4 of the Southeast 1/4 of Section 8, Township 34 North, Range 8 West of the 2nd Principal Meridian, in the City of Crown Point, in Lake County, Indiana, described as follows: Beginning at a point 320 feet East and 519 feet South of the Northwest corner thereof (said point being in the center line of East Street), thence East parallel with the North line a distance of 160 feet to an iron pipe; thence South parallel with the West line, 50 feet to an iron pipe; thence West parallel with the North line a distance of 160 feet to a point in the center line of East Street, 50 feet South of the point of beginning; thence North along the center line of East Street, a distance of 50 feet, to the place of beginning.

PARCEL II: Part of the Northwest 1/4 of the Southeast 1/4 of Section 8, Township 34 North, Range 8 West of the 2nd Principal Meridian, commencing at a point 514 feet South of the intersection of the center line of South Street and the center line of East Street and 160 feet East of the center line of East Street, thence South 55 feet to an iron pipe, thence East 195 feet, thence North 55 feet, thence West 195 feet to the place of beginning, in the City of Crown Point, Lake County, Indiana.

END OF SCHEDULE A

STOP



PERM
TH
INK

Also Use

Permit
No

EMBALMER'S NAME Bernard E. Little

FUNERAL DIRECTOR'S SIGNATURE Bernard E. Little

FUNERAL DIRECTOR'S LICENSE No. 4419
FUNERAL HOME LICENSE No. 319

Local No. 71-1804

PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS

71-1804

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No.

CO-202022-15113
Private - D. Little

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

1. GERALD HARTWELL Male December 15, 1971

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

4. White 3a. 67 5b. 5c. July 12, 1904 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. Gary 7c. yes 7d. St. Mercy Hospital

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

8. Indiana 9. U.S.A. 10. Beth Blanchard

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

12305-12-0687 13a. Attorney 13b. Title Company

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

14a. Indiana 14b. Lake 14c. Crown Point 14d. yes 14e. Center

STREET AND NUMBER 14g. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) IS RESIDENCE ON A FARM?

14f. 434 S. East St. 14h. YES NO

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

15. Ira Hartwell Iva Keller

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

17a. Beth Hartwell 17b. Wife 434 S. East St., Crown Point, Ind.

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) Central hemorrhage 12 hrs.

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

(b) Hypertension 2-3 years

(c)

PART II. OTHER SIGNIFICANT CONDITIONS GIVEN IN PART I (A) CONDITIONS CONTRIBUTING TO DEATH NOT REPORTED TO JURY

Myocardial degeneration

Emphysema

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

20. December 15, 1971 12:50pm 21a. Dec. 15, 1971

M. D. OR D. O. PHYSICIAN'S NAME (TYPE OR PRINT) LAST IN ATTENDANCE SIGNATURE OF PHYSICIAN (DEGREE OR TITLE)

22a. E. B. STEELE 22b. E. B. Steele, M.D.

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

23. 109 E. North St. Crown Point, Indiana 46307

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

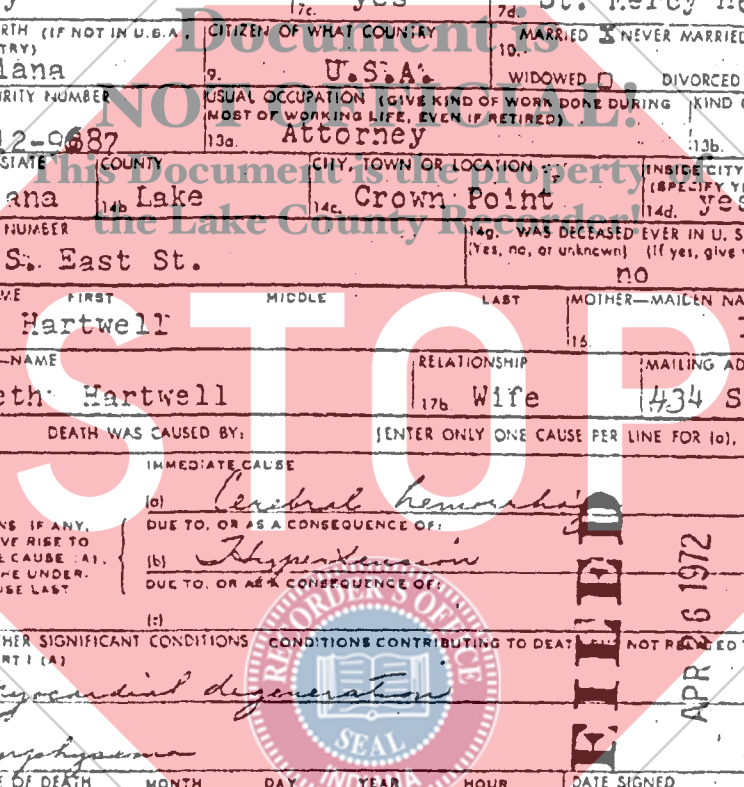
24a. Burial 24b. Maplewood Cemetery 24c. Crown Point, Indiana

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

24d. Dec. 18, 1971 25. Merriam Little Funeral Home Crown Point, Indiana 46307

HEALTH OFFICER'S SIGNATURE DATE RECEIVED BY LOCAL HEALTH OFFICER

25b. 12/18/71



FILED
APR 26 1972
Joe Chubbard
AUDITOR LAKE COUNTY

170
1:25:00
R.8
PL 516 556 518 T-34
7-14-34