

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

98029423

08 APR 27 AM 9:00

TICOR TITLE INSURANCE

217642

AFFIDAVIT

STATE OF INDIANA)
COUNTY OF LAKE) SS:

Betty Van Dan

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

1. That OLIVER VAN DAN died on AUGUST 26, 1997 at TYLERTONN, MS.
2. That OLIVER VANDAN and Betty VAN DAN were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

The East 27 rods of the South 29 2/3 rods of the Southeast 1/4 of the Southwest 1/4 of Section 23, Township 33 North, Range 8 West of the 2nd Principal Meridian, in Lake County, Indiana, except the East 3 acres thereof.

This Document is the property of the Lake County Recorder! K# 5-50-15

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 included 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.



SAM ORLICH
AUDITOR LAKE COUNTY

X Betty Van Dan

Subscribed and sworn to before me, a Notary Public, this Betty Van Dan day of April, 1998.

My Commission expires:
My Commission Expires May 15, 2001

State of Mississippi
County of Residence:

Walthall

This Instrument prepared by Betty Van Dan 001624

Alisa R. Leggett
Notary Public
Alisa R. Leggett

1200
K#
Ti

Assoc. R. 217642



**MISSISSIPPI STATE DEPARTMENT OF HEALTH
VITAL RECORDS**



TYPE OR PRINT WITH BLACK INK ✓		FILING DATE SEP 10 1997		CERTIFICATE OF DEATH STATE OF MISSISSIPPI		STATE FILE NUMBER 123-	
DECEASED		1. NAME Oliver Van Dan m		2. SEX m		3a. HOUR OF DEATH 0905am	
		3b. DATE OF DEATH (Month, Day, Year) 082697		4. RACE (Specify White, Black, American Indian, etc.) White		5a. AGE AT LAST BIRTHDAY 81 Years	
		5b. MOS		5c. DAYS		5d. HOURS	
		5e. MINS		6. DATE OF BIRTH (Month, Day, Year) Oct. 5, 1915		7a. COUNTY OF DEATH Forrest	
If death occurred in an institution, see HANDBOOK regarding completion of RESIDENCE items		7b. CITY OR TOWN OF DEATH Hattiesburg		7c. HOSPITAL OR OTHER INSTITUTION—NAME AND NUMBER (If not in either, give street address, route number or other location) Forrest General Hospital 18F		7d. IF IN HOSP. OR INST. SPECIFY INPT., OUTPT., EMER RM OR DOA inpt	
		7e. STATE OF BIRTH Wisconsin		8. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary School College		9. MARRIED NEVER MARRIED, 11. SURVIVING SPOUSE (If wife give 12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) Married Betty M. Creekmur No	
For RESIDENCE items, enter actual location of home rather than mailing address		13. ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.) American		14. SOCIAL SECURITY NUMBER 428-76-5494		15a. USUAL OCCUPATION (Kind of work done, most of working life) Farmer	
		15b. KIND OF BUSINESS OR INDUSTRY Agriculture		16a. RESIDENCE—STATE MS		16b. COUNTY Walthall	
		16c. CITY OR TOWN Tylertown		16d. INSIDE CITY LIMITS (Specify Yes or No) No		16e. STREET AND NUMBER OR RURAL LOCATION 372 Brockdale Road	
PARENTS		17. FATHER—NAME Aaron Van Dan		18. MOTHER—NAME Alice Myers			
INFORMANT		19a. INFORMANT—NAME (Type or print) Betty C. Van Dan		19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 372 Brockdale Rd., Tylertown, MS 39667			
DISPOSITION		20a. BURIAL, CREMATION, REMOVAL (Specify) Burial		20b. CEMETERY, CREMATORY—NAME Hillcrest Memorial		20c. LOCATION (City and State) Tylertown, MS	
		20d. FUNERAL HOME—NAME AND MISSISSIPPI I.D. NUMBER Capps Funeral Home 74-C		21. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) Box 192, Tylertown, MS 39667-0192			
PRONOUNCEMENT		22a. PERSON WHO PRONOUNCED DEATH—NAME AND TITLE (Type or print) ON		22b. PRONOUNCED DEAD (Month, Day, Year)		22c. PRONOUNCED DEAD (Hour) AT	
CERTIFIER		23a. CERTIFIER—NAME (Type or print) Howell CRAWFORD		23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 415 S. 28th Ave., Hattiesburg, MS			
Mississippi State Board of Health Form No 511 Revised 1-1-89		24a. SIGNATURE <i>Howell Crawford</i>		24b. DATE SIGNED (Month, Day, Year) 26 AUG 97		24c. STATE LICENSE NUMBER 10257	
		24d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)		24e. SIGNATURE		24f. TITLE	
				24g. DATE SIGNED (Month, Day, Year)			
CAUSE OF DEATH		25. PART I DEATH CAUSED BY IMMEDIATE CAUSE (Enter one cause only): Septic Shock		Interval between onset and death 27 hr			
Conditions: if any which gave rise to immediate cause stating the underlying cause last		25. PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in PART I: Chronic intestinal ischemia		Interval between onset and death Months			
		Atherosclerotic vascular disease		Interval between onset and death Years			
		26. PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in PART I		27. AUTOPSY (Yes or No) NO		28. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No)	
Use if death NOT due to natural causes:		29a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify)		29b. DATE OF INJURY (Month, Day, Year)		29c. HOUR OF INJURY	
		29d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED		29e. LOCATION (Street or route number, City or town, State)		29f. LOCATION (Street or route number, City or town, State)	

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE

F. E. Thompson Jr. MD
F. E. Thompson, Jr., M.D., M.P.H.
STATE HEALTH OFFICER

Nita Cox Gunter
Nita Cox Gunter
STATE REGISTRAR

SEP 10 97

WARNING:

A REPRODUCTION OF THIS DOCUMENT RENDERS IT VOID AND INVALID. DO NOT ACCEPT UNLESS EMBOSSED SEAL OF THE MISSISSIPPI STATE BOARD OF HEALTH IS PRESENT. IT IS ILLEGAL TO ALTER OR COUNTERFEIT THIS DOCUMENT.

