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TICOR TITLE INSURANCE

98029894

AFFIDAVIT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Joseph C. Chapman, being first duly sworn upon oath, deposes and says:

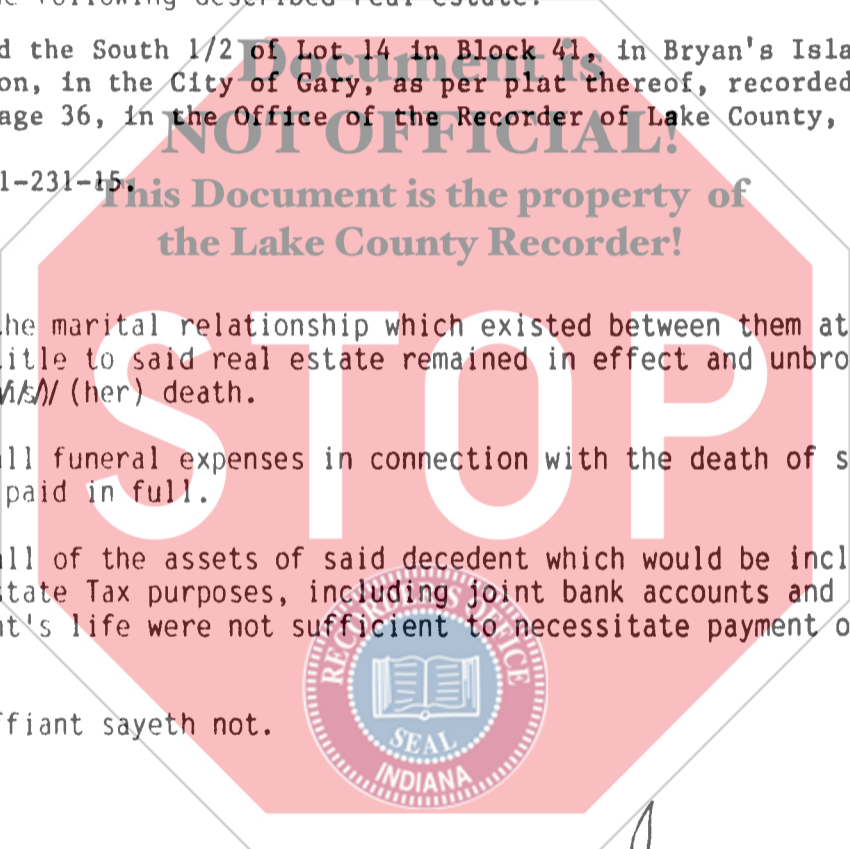
1. That Louise E. Chapman died on April 11, 1993 at St. Anthony's Hospital

98 APR 29 9:09 AM
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2. That Joseph C. Chapman and Louise E. Chapman were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

Lot 15 and the South 1/2 of Lot 14 in Block 41, in Bryan's Island Park Subdivision, in the City of Gary, as per plat thereof, recorded in Plat, Book 20 page 36, in the Office of the Recorder of Lake County, Indiana.

Key No. 41-231-15.



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 (M/M) (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.

Joseph C. Chapman
Notary Public

Subscribed and sworn to before me, a Notary Public, this 21st day of April, 1998.

APR 27 1998

SAM ORLICH
NOTARY LAKE COUNTY
Linda J. McBride
Notary Public

My Commission expires:

1-26-99

County of Residence:

Lake

This Instrument prepared by Joseph C. Chapman

001779

1200
fm
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INDIANA STATE DEPARTMENT OF HEALTH

Local No. 0831-93

CERTIFICATE OF DEATH

State No. 016

TYPE/PRINT IN PERMANENT BLACK INK

1 DECEASED—NAME (Full Name Last, First, Middle Initial) Louise E. Chapman		2 SEX Female	3 TIME OF DEATH 11:15 P	4 DATE OF DEATH April 16, 1993
5 SOCIAL SECURITY NUMBER 500-26-3034	6 AGE—Last Birthday (Years) 80	7 UNDER 1 YEAR Months Days 11 15	8 UNDER 1 DAY Hours Minutes 11 15	9 DATE OF BIRTH—(Mo. Day, Yr) April 4, 1913
10 WAS DECEASED A U.S. VETERAN? No	11 YEAR LAST SERVED IN U.S. ARMED FORCES N/A	12 PLACE OF BIRTH—(City, State and Zip or Approximate) Sioux City, Iowa		

DECEDENT

13 FACILITY NAME (If not institution give street and number) St. Anthony's Hospital	14 CITY/TOWN OR LOCATION OF DEATH Crown Point	15 COUNTY OF DEATH Lake
16 MARITAL STATUS Married	17 SURVIVING SPOUSE Joseph C. Chapman	18 DECEASED'S USUAL OCCUPATION (Give kind of work or profession, occupation, or business) Teacher
19 KIND OF BUSINESS INDUSTRY Gary Comm. School Con	20 RESIDENCE—STATE Indiana	

PARENTS

21 RESIDENCE—STATE Indiana	22 COUNTY Lake	23 CITY/TOWN OR LOCATION Gary	24 STREET AND NUMBER 2456 Jefferson Street
25 ZIP CODE 46407	26 INSIDE CITY LIMITS <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	27 CITIZEN OF WHAT COUNTRY USA	28 WAS DECEASED OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes specify Cuban, Mexican, Puerto Rican, etc.)
29 RACE—(American Indian, Alaska Native, or other race) Black	30 DECEASED'S EDUCATION (Specify only highest grade completed) High School		

INFORMANT

31 FATHER'S NAME (Full Name Last, First, Middle Initial) Charles A. Gross	32 MOTHER'S NAME (Full Name Last, First, Middle Initial) Laura Norris
33 INFORMANT'S NAME (Type Print) Joseph C. Chapman	34 MARRIAGE ADDRESS (Street and Number or Rural Route Number, City, State, and Zip Code) 2456 Jefferson Street Gary, Indiana 46407
35 RELATIONSHIP TO DECEASED Husband	36 SIGNATURE OF INFORMANT <i>Joseph C. Chapman</i>

DISPOSITION

37 METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input checked="" type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify)	38 DATE AND PLACE OF DEPOSITION (Include cemetery, if other than local) April 16, 1993 Holy Sepulchre Cemetery	39 LOCATION—City, State and Zip Code Worth, Illinois
40 EMBALMER'S NAME Roosevelt Allen Sr.	41 EMBALMER'S LICENSE NO. #01051701	42 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

CAUSE OF DEATH

43 SIGNATURE OF FUNERAL DIRECTOR <i>Roosevelt Allen Sr.</i>	44 LICENSE NUMBER (of License) 01051701	45 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Guy & Allen Funeral Directors, Inc. 2959 W. 11th Avenue Gary, Indiana 46404
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46 I, the undersigned, certify that the cause of death stated on this certificate is the result of a medical examination and is the cause of death as a consequence of:
 47 DUE TO (OR AS A CONSEQUENCE OF)
271993
271993
271993

48 SIGNATURE OF PHYSICIAN
Joseph C. Chapman
LAKE COUNTY HEALTH COMMISSIONER

49 WAS DECEASED PREGNANT OR SO SOON POSTPARTUM? (Yes or No)
no

50 SIGNATURE OF PHYSICIAN
Joseph C. Chapman
LAKE COUNTY HEALTH COMMISSIONER

CERTIFIER

51 SIGNATURE AND TITLE OF CERTIFIER <i>John T. Scully</i>	52 MED. COLL. LICENSE NO. In 17621	53 DATE SIGNED (Month, Day, Year) 15 April 93
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HEALTH OFFICER

54 NAME AND ADDRESS OF PERSON WHO COMPLETELY CAUSE OF DEATH (ITEM 26) (Type Print) John T. Scully, M.D. 8895 Broadway Merrillville, IN. 46411	55 HEALTH OFFICER'S SIGNATURE <i>John T. Scully</i>	56 DATE SIGNED (Month, Day, Year) April 21 1993
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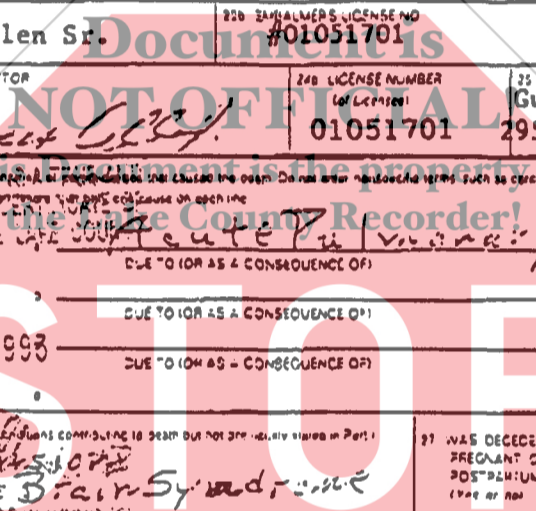
CORONER USE ONLY

57 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Foreign investigation <input type="checkbox"/> Accidents <input type="checkbox"/> Suicide <input type="checkbox"/> Cause not yet determined <input type="checkbox"/> Homicide	58 DATE OF INJURY (Month, Day, Year)	59 TIME OF INJURY	60 INJURY AT WORK? (Yes or No)	61 DESCRIBE HOW INJURY OCCURRED
62 PLACE OF INJURY—(If home term street, factory, office building, etc. (Specify))		63 LOCAL OR "FRESH" AND NUMBER OF Rural Route Number, City, or Town State.		
64 DATE PRONOUNCED DEAD (Month, Day, Year) (65 MOTOR VEHICLE ACCIDENT?) (Yes or No) (66 ADVERSE DRUG REACTION?) (Specify on RP)				

SD-26 004 State Form 10-76 (Rev. 1-92) 225-10840
 Charles Daugherty 6 E. 67th Ave
 Merr. 46410

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4/1-231-11



FILED
 MAY 20 1993