



TICOR TITLE INSURANCE

AFFIDAVIT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

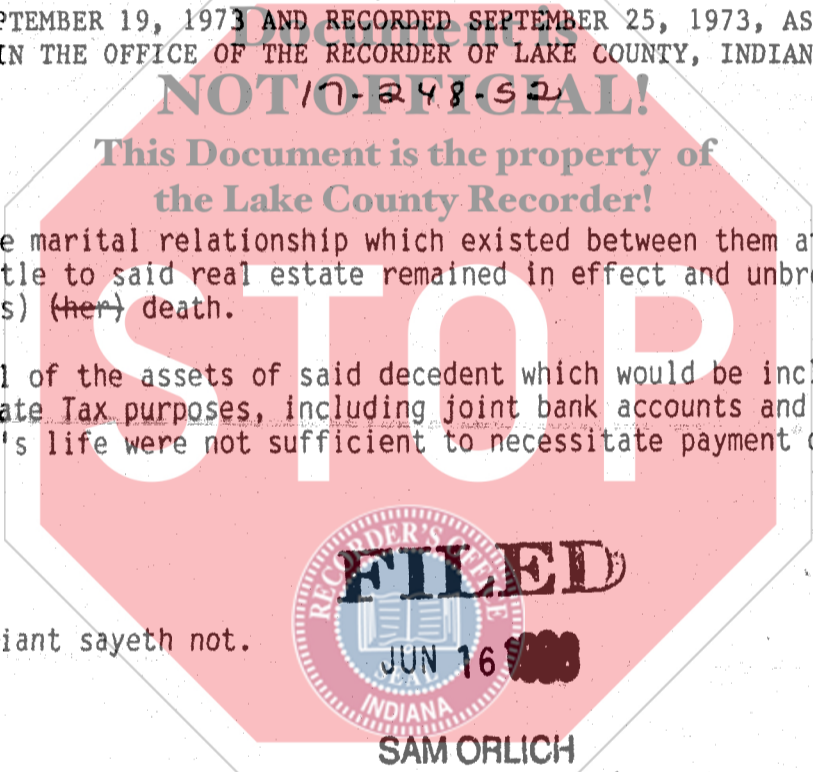
BARBARA A. MCDONALD, being first duly sworn upon oath, deposes and says:

1. That RONALD J. MCDONALD died on December 16, 1996 at 6:20 A.M.

2. That RONALD J. MCDONALD and BARBARA A. MCDONALD were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

LOT 52, CRESTWOOD TRACE, IN THE CITY OF HOBART, AS PER PLAT THEREOF RECORDED IN PLAT BOOK 42 PAGE 29, AND AMENDED BY CERTIFICATE OF CORRECTION DATED SEPTEMBER 19, 1973 AND RECORDED SEPTEMBER 25, 1973, AS DOCUMENT NO. 222192, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

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TICOR TITLE INSURANCE
Hobart, Indiana



98055278

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.

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
JUN 17 AM 9:24
DENNIS W. CARTER
RECORDER

Further affiant sayeth not.

SAM ORLICH
CLERK LAKE COUNTY

Barbara A. McDonald

BARBARA A. MCDONALD

Subscribed and sworn to before me, a Notary Public, this 12TH day of JUNE, 1998.

[Signature]
Notary Public

My Commission expires:

County of Residence:

JACALYN L. SMITH
NOTARY PUBLIC STATE OF INDIANA
Resident of Lake County
My Commission Expires December 8, 1999

This Instrument prepared by Barbara A. McDonald

11.00
CS
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INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

* ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

Local No. 5502-96
43428
TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First, Middle, Last) Ronald J. (R.J.) McDonald		2 SEX Male	3a TIME OF DEATH 6:20a.m.	3b DATE OF DEATH (Month, Day, Yr.) December 16, 1996	
4 SOCIAL SECURITY NUMBER 304-42-2606	5a AGE—Last Birthday (Years) 58	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr.) March 20, 1938	
7 BIRTHPLACE (City and State or Foreign Country) Gary, Indiana	8a WAS DECEDENT A U.S. VETERAN? No	8b YEAR LAST SERVED IN U.S. ARMED FORCES? --	9a PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence		
9b FACILITY NAME (If not institution, give street and number) St. Mary Medical Center		9c CITY, TOWN OR LOCATION OF DEATH Hobart	9d COUNTY OF DEATH Lake		
10 MARITAL STATUS (Specify) Married	11 SURVIVING SPOUSE (If wife, give maiden name) Barbara A. Schlarp	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Systems Analyst	12b KIND OF BUSINESS/INDUSTRY U.S. Steel Corp.		
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY, TOWN OR LOCATION Hobart	13d STREET AND NUMBER 2901 Walnut Lane		
13e ZIP CODE 46342	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? USA	15 WAS DECEDENT 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 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (10-12) College (1-4 or 5+) 12		18 FATHER'S NAME (First, Middle, Last) James McDonald			
19 MOTHER'S NAME (First, Middle, Maiden Surname) Eleanor Smith			20a INFORMANT'S NAME (Type/Print) Barbara A. McDonald		
20b MAILING ADDRESS (Street and Number, or Rural Route Number, City or Town, State, Zip Code) 2901 Walnut Lane, Hobart, IN 46342		20c Relationship Wife			
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <input 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) December 20, 1996 Calumet Park Cemetery		21c LOCATION—City or Town, State Merrillville, Indiana	
22a EMBALMER'S NAME Alexis Thanos		22b EMBALMER'S LICENSE NO. FD08600505		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a SIGNATURE OF FUNERAL DIRECTOR <i>Alexis Thanos</i>		24b LICENSE NUMBER (of Licensee) FD08600505		25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Geisen Funeral Home, Inc. FH83007762 7905 Broadway, Merrillville, IN 46410	
26 PART I Enter the diseases, 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 <i>carcinoma of colon with metastases</i> DUE TO (OR AS A CONSEQUENCE OF)				5 year	
b _____ DUE TO (OR AS A CONSEQUENCE OF)					
c _____ DUE TO (OR AS A CONSEQUENCE OF)					
d _____ DUE TO (OR AS A CONSEQUENCE OF)					
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I					
27 WAS DECEDENT 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) ---	
29a CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best 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>Donald M. Phillips MD</i>			29c MEDICAL LICENSE NO. 01020846	29d DATE SIGNED (Month, Day, Year) 12/20/96	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Dr. Donald M. Phillips, 1356 S. Lake Park Avenue, Hobart, Indiana, 46342					
31 HEALTH OFFICER'S SIGNATURE <i>Alexis Thanos M.D.</i> COMPLETE CO. DATE FILED (Month, Day, Year) DEATH ON FILE <i>December 23, 1996</i>					
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		34a DATE OF INJURY (Month, Day, Year)	34b TIME OF INJURY (Yr. or al.)	34d DESCRIBE HOW INJURY OCCURRED	
34e PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify) JUN 16 1996		34f LOCATION (Street and Number or Rural Route Number, City or Town, State) DEC 2 1996			
34g DATE PRONOUNCED DEAD (Month, Day, Year)		34h MOTOR VEHICLE ACCIDENT? (Yes or no) SAM ORLICH INDIAN LAKE COUNTY LAKE COUNTY HEALTH COMMISSIONER			