ICOR TITLE INSURANCE

AFFIDAVIT

| STATE OF INDIANA) | | | |
|---|---|--|--|
| COUNTY OF LAKE) | | | |
| | | | |
| BARBARA A. MCDONA | | , be | ing first duly |
| swarn upon oath, depose | | | |
| 1. That RONALD J. MCD December 16,2 | 0NALD , 1996 | at 6:20 A.M. | _died on |
| | | | NAT D |
| were duly and legally makes to the following of | narried at the time t | | |
| LOT 52, CRESTWOOD TR RECORDED IN PLAT BOO DATED SEPTEMBER 19, 222192, IN THE OFFIC | K 42 PAGE 29, AND AMI 1973 AND RECORDED SE | ENDED BY CERTIFICA PTEMBER 25, 1973, LAKE COUNTY, INDI | TE OF CORRECTION AS DOCUEMENT NO. ANA. |
| | | | |
| | Document is the page 12 to 12 | | |
| 3. That the marital reacquired title to said date of (his) (her) dea | elationship which exi real estate remained | sted between them | |
| 4. That all of the ass Federal Estate Tax purp on decedent's life were Tax. | oses, including join | it bank accounts ar | id life this uniffered. The property of the second |
| | TODER'S | | |
| | FIL | ED | NITY CORD |
| Further affiant sayeth | not. JUN 16 | 5/100 | iii is o P |
| | THE WOLLD STATE | | |
| | SAM OR | LICH | |
| | UDITOR LAK | E COUSIT Leve | Alleburale |
| Subscribed and sworn to | before me. a Notary | BARBARA A. MC | DONALD 12TH day of |
| JUNE | , 19 <u>98</u> | *************************************** | |
| | | | |
| | | | |
| | | DANINAT. | |
| | | 1000119 | Notary Public |
| My Commission expires: | | | None was |
| | JACALYN L. SMITH NOTARY PUBLIC STATE OF | INDIANA | |
| County of Residence: | Resident of Lake County My Commission Expires Dece | | |
| | | | 11.00 |
| This Instrument prepare | d by Rayland | a mate | 7 |

12 CC

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

| S t | - | - | M | ^ |
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| 1 DECEASED-NAM | VE (First Mid | ICHE LEBES | | | | 2 SEX | | 34 TIME OF DEA | TH 36 0/ | ATE OF DEATH (Man | eh Day Yrj |
|--|--|--|--|--|--|--|---|--|--|--|--|
| Ronald | J. | (R. | .J.) | McDonald | | Ma: | le | 6:20a. | u Dec | ember 16 | 5, 1996 |
| 4. *SOCIAL BECURIT | | 54 | AGE-Last Birthday (Years) | 5b UNDER 1 YEAR Months Days | | DAY 6. | DATE OF B | HRTH (Mg. Day, Yr) | 7 BIRTHE | LACE (City and Stat | te or Foreign Country |
| 304-42-2 | | | 58 | | | 1 | | 20, 1938 | | ry, India | ana |
| MAS DECEDENT | | | LAST SERVED IN | HOSPITAL D Inpe | | 90 | 1 | DEATH (Check only or | | | |
| No | ĺ | - | | | Outpations 🔲 D | OA. | OTHER | Nursing Home Residence | Li Other (| Specify) | |
| 96 FACILITY NAME | (If not institution | × 9×1 # | rest and number) | <u> </u> | | The second second | OWN. OR LO | OCATION OF DEATH | 94 (| OUNTY OF DEATH | |
| St. Mar | y Medi | lcal | Center | | | Hoba | art | | | Lake | |
| 10. MARITAL STATU | JS | · (If web | /IVING SPOUSE s. give meiden name) | | 12e DECEDEN | TS USUAL | OCCUPATI | ION (Give kind of work o not use retired) | 12b KI | ND OF BUSINESS/I | NOUSTRY |
| Married | | Bart | oara A. So | chlarp | Syste | | Analy | | U. | S. Steel | Corp. |
| 134 RESIDENCE-S | TATE | 136 COL | JNTY | 13c. CITY, TOWN, OR | LOCATION | | | 13d. STREET AND N | | | |
| Indiana | | | ake | Hobart | | | | 2901 Wal n | ut La | | |
| 13e. ZIP CODE 13f | INSIDE CLTA | | 14 CITIZEN OF WHAT COUNTRY | 15 WAS DECEDENT | OF HISPANIC O | | | CE—American Indian, ck: White, etc | | 17. DECEDENT'S Specify only highest | |
| 46342 | ON A FARM | 47 | USA / | Mexican Puerto | Rican, etc.) | Carry or system | | necity) | | y/Secondary (0-12) | College (1-4 or 5 |
| 40342 | X No C | Yes | USA | Door | 100.041 | 4: | | ite | 12 | <u> </u> | <u> </u> |
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| Jam | | | Donald | OTOI | | | Elean | | | | |
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| | Other (Specif) | | VISITION SHIP | Calumet | ♂ | | | | Mer | rillville | e. India |
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| Alexis | | nos | | FD08600 | | | | No D | | | |
| 24s SIGNATURE OF | | | | | LICENSE NUMBE | A . | | E ADDRESS AND LIC | | | |
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