



# COMMUNITY TITLE COMPANY

- An Indiana Corporation -  
421 West 81st Avenue  
Merrillville, Indiana 46410  
219-736-2810

## AFFIDAVIT

STATE OF INDIANA )  
                          ) SS:  
COUNTY OF LAKE )

98047199

DONNA D. LYNCH, being first duly sworn upon oath, deposes and says:

1. That Affiant's spouse, JOHN EDWARD LYNCH died (~~XXXXXX~~) (leaving a will) on January 10, 19 87 at Community Hospital, Munster, Indiana

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

LOT 31 (EXCEPT THE SOUTH 4 FEET THEREOF) AND THE SOUTH 11 FEET OF LOT 32 IN BLOCK 3 IN ROXANA PARK 4TH ADDITION TO EAST CHICAGO, AS PER PLAT THEREOF, RECORDED MAY 23, 1952 IN PLAT BOOK 29 PAGE 47, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

COMMONLY KNOWN AS: 5531 READING AVENUE EAST CHICAGO, INDIANA 46312

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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) ~~XXXXXX~~ 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.

COMMUNITY TITLE COMPANY  
FILE NO 2 15474

Donna D. Lynch  
DONNA D. LYNCH

Subscribed and sworn to before me, a Notary Public, this 12TH day of JUNE, 19 98.

Jacqueline Quark  
JACQUELINE QUARK Notary Public

My Commission expires:

AUGUST 31, 1999

County of Residence:

LAKE

**FILED**

JUN 18 1998

SAM ORLICH  
AUDITOR LAKE COUNTY

This Instrument prepared by PATRICK J. McMANAMA, ATTORNEY AT LAW  
ATTORNEY ID NO. 9534-45

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OK 3290 com  
001482

TYPE OR PRINT  
PLAINLY, WITH  
UNFADING INK  
THIS IS A  
PERMANENT  
RECORD

Below for State Office Use

- A \_\_\_\_\_
- B \_\_\_\_\_
- C \_\_\_\_\_
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# INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

State No. \_\_\_\_\_

Local No. 65-87

001483

FUNERAL HOME No. 151  
 FUNERAL DIRECTOR'S LICENSE No. 2036  
 EMBALMER'S NAME Woodrow W. Donovan  
 FUNERAL DIRECTOR'S SIGNATURE John T. Guff  
 LICENSE No. 5313

TYPE OR PRINT OR PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION

PARENTS

DISPOSITION

M.D. OR D.O.

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE

DECEASED—NAME 1 <b>JOHN E. LYNCH</b>		SEX 2 <b>MALE</b>	DATE OF DEATH MONTH DAY YEAR 3 <b>JAN. 10, 1987</b>
RACE 4 <b>White</b>	AGE—Last Birthday (Yrs.) 5a <b>64</b>	UNDER 1 YEAR 5b UNDER 1 DAY 5c	DATE OF BIRTH (Mo. Day Yr.) 6 <b>DEC. 7, 1922</b>
CITY, TOWN OR LOCATION OF DEATH 7a <b>MUNSTER</b>		HOSPITAL OR OTHER INSTITUTION 7c <b>COMMUNITY HOSPITAL</b>	IF HOSP OR INST. Indicate DOA OP (Specify Date) (Specify Day)
STATE OF BIRTH (If not in U.S.) 8 <b>Indiana</b>	CITIZEN OF WHAT COUNTRY 9 <b>U.S.A.</b>	MARRIED NEVER MARRIED WIDOWED, DIVORCED, SEPARATED 10 <b>Married</b>	SURVIVING SPOUSE (If only give maiden name) 11 <b>Donna Cyrus</b>
SOCIAL SECURITY NUMBER 13 <b>314-16-0563</b>	USUAL OCCUPATION (Give kind of work done during years of working life, specify if seasonal) 14a <b>Retired Chief Radioman</b>	KIND OF BUSINESS OR INDUSTRY 14b <b>E. Chgo. Fire Department</b>	
RESIDENCE—STATE 15a <b>INDIANA</b>	COUNTY 15b <b>LAKE</b>	CITY, TOWN OR LOCATION 15c <b>EAST CHICAGO</b>	
STREET AND NUMBER 15d <b>5531 READING</b>		IS RESIDENCE ON A FARM? 15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	INSIDE CITY LIMITS (Specify Yes for No) 15f <b>Yes</b>
IS DECEASED OF SPANISH DESCENT? (If YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC.) 15g YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
FATHER—NAME (FIRST MIDDLE LAST) 16 <b>Thomas E. Lynch</b>		MOTHER—MAIDEN NAME (FIRST MIDDLE LAST) 17 <b>Johannah Collins</b>	
INFORMANT—NAME (First or given) RELATIONSHIP 18a <b>Donna Lynch - Wife</b>		MAILING ADDRESS (SHEET OR B D NO) CITY OR TOWN STATE ZIP 18b <b>5531 Reading Ave. East Chicago, IN 46312</b>	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a <b>Burial</b>		CEMETERY OR CREMATORY—FUNERAL HOME LOCATION CITY OR TOWN STATE ZIP 19b <b>St. Joseph Cemetery Hammond, Indiana</b>	
DATE (MONTH DAY YEAR) 20a <b>January 13, 1987</b>		FUNERAL HOME—NAME AND ADDRESS (STREET OR B D NO CITY OR TOWN STATE ZIP) 20b <b>FIFE FUNERAL HOME: 4201 Indpls. Bl. E.Chgo. IN 46312</b>	
To the best of my knowledge and belief I signed as the true, date and place of death of the deceased named. 21a (Signature) <b>Richard L. Good MD</b>		DATE SIGNED (Mo. Day Yr.) 21b <b>1-10-87</b>	HOUR OF DEATH 21c <b>2:37 A.M.</b>
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d <b>RICHARD L. GOOD, M.D.</b>			
MAILING ADDRESS PHYSICIAN 21e <b>7905 CALUMET AVE. MUNSTER, IND. 46321</b>			
HEALTH OFFICER—SIGNATURE 22a <b>Paul Johnson</b>		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b <b>1-13-87</b>	
23 IMMEDIATE CAUSE (WRITE ONLY ONE CAUSE PER LINE FOR (a) OR (b) OR (c)) PART I a <b>Cardio pulmonary Arrest</b> b <b>Coronary Artery Disease</b> PART II OTHER SIGNIFICANT CONDITIONS (Conditions contributing to death but not related to cause given in PART I) c <b>Renal Failure</b>			
			AUTOPSY (Specify Yes or No) 24 <b>No</b>

**FILLED**  
**JUN 18 1988**  
**SAM ORLICH**  
**INDIAN LAKE COUNTY**