Ticor Hobart 219128

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

98 JUN 29 AM 9:29

MORRIS W. CARTER
RECORDER

98048509

AFFIDAVIT

DOUGLAS C. HICKMAN, being first duly sworn upon his oath, deposes and says:

1. That he is the owner of the following described real estate located in Hobart, Indiana:

Lots 1 through 7, both inclusive, in Block 4, in Second South Side Addition to Hobart, as per plat thereof, recorded in Plat Book 4, page 12, in the Office of the Recorder of Lake County, Indiana, commonly known as 1307 South Lake Park Avenue, Hobart, Indiana.
K# 18-164-1, 2, 3, 4, 5, 6, + 7

Document is NOT OFFICIAL! This Document is the property of the Lake County Recorder!

2. That Lester C. Hickman and Pauline H. Hickman were his father and mother and that they were husband and wife at the time they purchased the above described real estate and remained so until Lester C. Hickman passed away on the 13th day of June, 19 88.

STOP

3. That Lester C. Hickman's estate was not subject to federal estate tax.

4. That Lester C. Hickman was a resident of Hobart, Indiana, at the time of his death.

That your affiant makes this Affidavit for the purpose of inducing the Ticor Title Company to issue a title policy under Committment No. COM 219128.

Affiant further saith not.

DOUGLAS C. HICKMAN

SUBSCRIBED AND SWORN TO BEFORE ME this 8th day of June, 1998.

FILED
JUN 26 1998
SAM ORLICH
AUDITOR LAKE COUNTY

NANCY VERPLANK
Notary Public
A Jasper County Resident

My Commission Expires:
February 8, 2001.

11.00
cm
Ti

Prepared by:

MARTIN H. KINNEY
Attorney at Law
500 East 86th Avenue
Merrillville, In. 46410

001913

Local No. 1294-88 CERTIFICATE OF DEATH State No. ....

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

Field	Value
1. Deceased—Name (First, Middle, Last)	LESTER C. HICKMAN
2. Sex	MALE
3. Date of Death (Mo., Day, Yr.)	JUNE 13, 1988
4. Social Security Number	313-07-4236
5a. Age—Last Birthday (Years)	80
5b. Under 1 Year (Months, Days)	
5c. Under 1 Day (Hours, Minutes)	
6. Date of Birth (Month, Day, Year)	8-12-1907
7. Birthplace (City and State or Foreign Country)	ROSELAWN, INDIANA
8. Year last served in U.S. Armed Forces?	NO
9a. Place of Death (Check only one)	HOSPITAL: ☒ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER: ☐ Nursing Home ☐ Residence ☐ Other (Specify)
9b. Facility Name	ST. MARY MEDICAL CENTER
9c. City, Town or Location of Death	HOBART
9d. County of Death	LAKE
10. Marital Status	MARRIED
11. Surviving Spouse (If wife, give maiden name)	PAULINE ARCHIBALD
12a. Decedent's Usual Occupation	ELECTRICAL ENGINEER
12b. Kind of Business/Industry	U. S. STEEL CORPORAT
13a. Residence—State	INDIANA
13b. County	LAKE
13c. City, Town or Location	HOBART
13d. Street and Number	1307 SOUTH LAKE PARK AVENUE
13e. Inside City Limits?	YES
13f. Farm	NO
13g. Zip Code	46342
14. Was decedent of Hispanic origin?	☒ No ☐ Yes
15. Race	WHITE
16. Decedent's Education (Elementary/Secondary (0-12), College (1-4 or 5+))	10th

PARENTS

Field	Value
17. Father's Name	CHARLES HICKMAN
18. Mother's Name (First, Middle, Maiden Surname)	

INFORMANT

Field	Value
19a. Informant's Name	PAULINE HICKMAN
19b. Mailing Address	1307 S. LAKE PARK AVE., HOBART, IND 46342
19c. Relationship	WIFE

DISPOSITION

Field	Value
20a. Method of Disposition	☐ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☒ Other (Specify) ENTOMBMENT
20b. Date and Place of Disposition	JUNE 16, 1988- GRACELAND CEMETERY
20c. Location—City or Town, State	VALPARAISO, INDIANA
21a. Signature of Funeral Director	Terrence B. Burns
21b. License Number (of Licensee)	123
22. Name, Address and License Number of Funeral Home	BURNS FUNERAL HOME #FDH 3002380, 701 E. 7th St., HOBART, IND 46342

PRONOUNCING PHYSICIAN ONLY

Complete items 23a-c only when certifying physician is not available at time of death to certify cause of death.

23a. To the best of my knowledge, death occurred at the time, date and place stated. Signature and Title
23b. License Number
23c. Date Signed (Month, Day, Year)

ITEMS 24-26 MUST BE COMPLETED BY PERSON WHO PRONOUNCES DEATH

24. Time of Death: M
25. Date Pronounced Dead (Month, Day, Year)
26. Was case referred to medical examiner/coroner? (Yes or no)

CAUSE OF DEATH

27. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

	Cause	Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) a.	CARDIO PULMONARY ARREST	IMME
DUE TO (OR AS A CONSEQUENCE OF) b.	ACUTE MASSIVE MYOCARDIAL INFARCTION	WEEK
DUE TO (OR AS A CONSEQUENCE OF) c.	CORONARY ARTERIOSCLEROSIS	
DUE TO (OR AS A CONSEQUENCE OF) d.		

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

28a. Was an autopsy performed? (Yes or no): NO
28b. Were autopsy findings available prior to completion of cause of death? (Yes or no)

FILED JUN 26 1988

SAM ORLICH AUDITOR LAKE COUNTY

CERTIFIER

29a. Certifier (Check only one)
☒ CERTIFYING PHYSICIAN (Physician certifying cause of death when another physician has pronounced death and completed Item 23) To the best of my knowledge, death occurred due to the cause(s) and manner as stated.
☐ PRONOUNCING AND CERTIFYING PHYSICIAN (Physician both pronouncing ...) To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
☐ MEDICAL EXAMINER ☐ CORONER ☐ 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) and manner as stated.

Field	Value
29b. Signature and Title of Certifier	John J. Reed MD
29c. License Number	15566
29d. Date Signed (Month, Day, Yr.)	6-17-88
30. Name and Address of Person who Completed Cause of Death (Item 27)	JOHN J. RDD, MD 10 Michigan Avenue, Hobart, Indiana 46342

HEALTH OFFICER

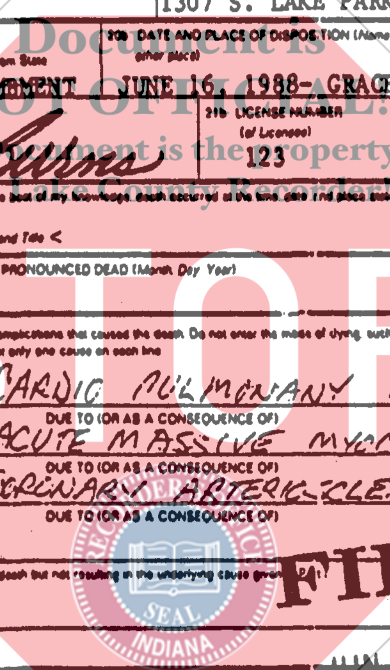
Field	Value
31. Health Officer Signature	[signature]
32. Date Filed (Month, Day, Year)	June 17

CORONER OR MEDICAL EXAMINER USE ONLY

33. Manner of Death: ☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide
34a. Date of Injury (Month, Day, Year)
34b. Time of Injury
34c. Injury at Work? (Yes or no)
34d. Describe How Injury Occurred
34e. Place of Injury—At home, farm, street, factory, office building, etc. (Specify)
34f. Location (Street and Number or Rural Route Number, City or Town, State)

SBH-CS-004 State Form 10110 Rev 10-87

001914


Document is NOT OFFICIAL! This Document is the property of the Lake County Recorder!
STOP
RECORDER'S SEAL INDIANA