

FA # 27270

LEGAL DESCRIPTION:

LOT 181, IN FIFIELD'S FOREST HILLS ADDITION, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 25, PAGE 3, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

PROPERTY ADDRESS:

41 Deerpath
Merrillville, IN 46410



ESTATE AFFIDAVIT

Eileen C. Huston, Affiant, states that:

1. William G. Chidsey, deceased, died on the 31st day of February, 1999.

2. Affiant is: the surviving spouse of the deceased, the Personal Representative/Executor-trix of the estate of the deceased; The daughter of the deceased

3. The deceased died: leaving a will which has been probated; leaving a will which has not been probated; leaving no will;

4. The deceased and Affiant were married on the 14th day of Feb., 1937; and were never divorced. (This item applies only to the surviving spouse.)

5. All expenses of the last illness and funeral of the deceased have been paid;

6. All State Inheritance Taxes and Federal Estate Taxes attributable to the deceased and his/her estate have been paid;

7. There are no claims against the estate of the decedent.

This Affidavit is made to induce First American Title Insurance Company to issue a policy of title insurance on the above-described real estate.

2/12/99
Date

Eileen C. Huston
Signature of Affiant Eileen C. Huston

Printed Name of Affiant

State of Indiana, County of Lake

Subscribed and sworn to before me, this 12th day of February, 19 99.

Kim A. Diaz
Printed Name of Notary

Kim A. Diaz
Signature of Notary

My Commission expires: 2/15/07

My County of Residence is: Lake

THIS INSTRUMENT WAS PREPARED BY: Eileen C. Huston F27270

HOLD FOR FIRST AMERICAN TITLE

FILED
APR 09 1999
MORNING
RECORDER
99 APR -9 AM 10:15

990147616
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

Document is NOT OFFICIAL
This Document is the property of the Lake County Recorder!
PETER BENJAMIN
LAKE COUNTY AUDITOR
FILED
FEB 17 1999
MORNING
RECORDER
99 FEB 17 AM 10:15
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

4/6/99 Re-recorded to correct typo in date of death.

000656
000941

15
1900
F27270

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.

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No. 2479-98

State No.

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

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF
DEATH

CERTIFIER

HEALTH
OFFICER

1. DECEASED—NAME (First, Middle, Last) WILLIAM G. CHIDSEY				2. SEX Male		3a. TIME OF DEATH 2:05 P.M.		3b. DATE OF DEATH (Month, Day, Yr) October 31, 1998					
4. SOCIAL SECURITY NUMBER 708-01-3201		5a. AGE—Last Birthday (Years) 83		5b. UNDER 1 YEAR Months: _____ Days: _____		5c. UNDER 1 DAY Hours: _____ Minutes: _____		6. DATE OF BIRTH (Mo., Day, Yr) May 5, 1915		7. BIRTHPLACE (City and State or Foreign Country) Joliet, Illinois			
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 type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Residence _____									
9b. FACILITY NAME (If not institution, give street and number) Towne Centre						9c. CITY, TOWN, OR LOCATION OF DEATH Merrillville			9d. COUNTY OF DEATH Lake				
10. MARITAL STATUS (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Dorothy Anderson		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Switchman				12b. KIND OF BUSINESS/INDUSTRY EJ & E Railroad					
13a. RESIDENCE—STATE Indiana		13b. COUNTY Lake		13c. CITY, TOWN, OR LOCATION Merrillville				13d. STREET AND NUMBER 41 Deerpath Road					
13e. ZIP CODE 46410		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		13g. ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? U.S.A.		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 (0-12) 10th College (1-4 or 5 +) _____	
18. FATHER'S NAME (First, Middle, Last) John Chidsey						19. MOTHER'S NAME (First, Middle, Maiden Surname) Ella Riley							
20a. INFORMANT'S NAME (Type/Print) Jack A. Chidsey				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 36 Deerpath Road, Merrillville, Indiana 46410				20c. Relationship Son					
21a. METHOD OF DISPOSITION <input type="checkbox"/> Entombment <input type="checkbox"/> Burial <input checked="" 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) NOVEMBER 3, 1998 N.W. INDIANA CREMATION SERVICES				21c. LOCATION—City or Town, State CROWN POINT, IN					
22a. EMBALMER'S NAME -----				22b. EMBALMER'S LICENSE NO. -----				23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
24a. SIGNATURE OF FUNERAL DIRECTOR <i>William C. Geisen</i>				24b. LICENSE NUMBER (of Licensee) FDO1003203		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Geisen Funeral Home, Inc. #FH8300776 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. CEREBRAL THROMBOSIS										Approximate Interval Between Onset and Death			
IMMEDIATE CAUSE (Final disease or condition resulting in death)										a. _____			
DUE TO (OR AS A CONSEQUENCE OF)										b. _____			
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last										c. _____			
DUE TO (OR AS A CONSEQUENCE OF)										d. _____			
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) 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>James H. Pruitt</i>								29c. MEDICAL LICENSE NO. 15267		29d. DATE SIGNED (Month, Day, Year) 11-9-98			
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) JACOB H. PRUITT 8777 BROADWAY MERRILLVILLE IN 46410													
31. HEALTH OFFICER'S SIGNATURE <i>Alexander S. Williams MD</i> THIS CERTIFIER VERIFIES THE ABOVE IS A TRUE AND CORRECT COPY OF THE COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT ON NOV 10, 1998													
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be Determined				34a. DATE OF INJURY (Month, Day, Year)		34b. TIME OF INJURY		34c. INJURY AT WORK? (Yes or no)		34d. 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) <i>Alexander S. Williams MD</i>	
										34e. DATE OF INJURY NOV 23 1998			
34g. DATE PRONOUNCED DEAD (Month, Day, Year)						34h. MOTOR VEHICLE ACCIDENT? (Yes or no) # yes, specify driver, passenger, bicyclist, pedestrian NO							