



COMMUNITY TITLE COMPANY

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

99065879

AFFIDAVIT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

JUDY HARTSOCK, being first duly sworn upon oath, deposes and says:

MOTHER

1. That Affiant's ~~spouse~~, RUTH FLYNN died (without leaving a will) ~~(XXXXXXXXXXXX)~~ on December 19 86 at Methodist Hospital-Southlake Campus

2. That ~~XXXX~~ DONALD A. FLYNN AND RUTH FLYNN were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

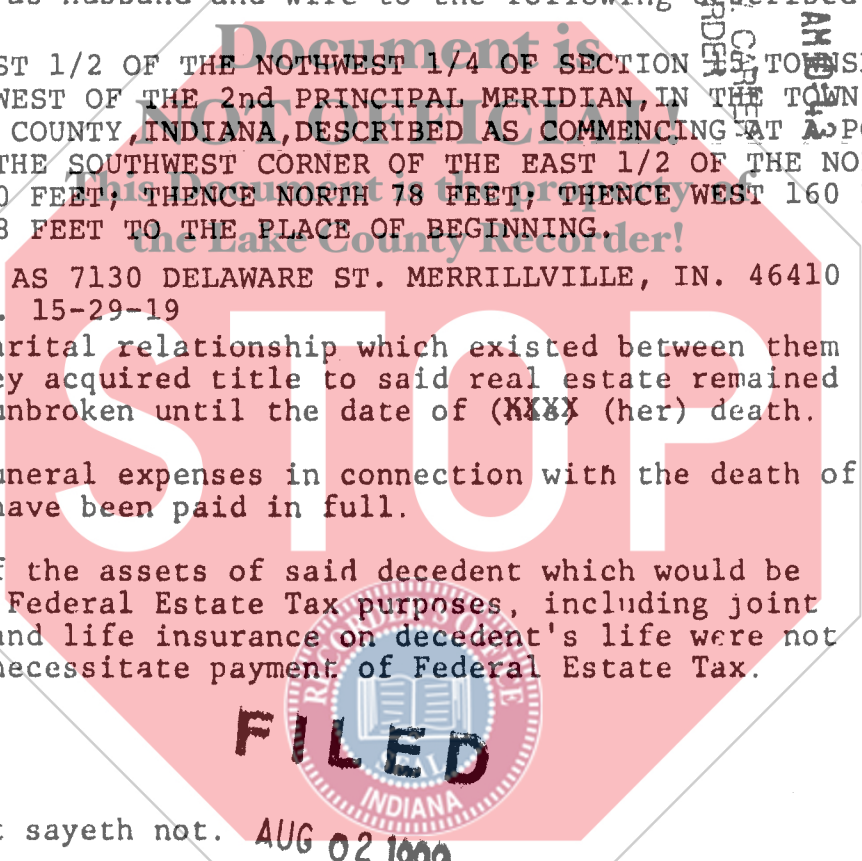
PART OF THE EAST 1/2 OF THE NORTHWEST 1/4 OF SECTION TOWNSHIP 18 NORTH, RANGE 8 WEST OF THE 2nd PRINCIPAL MERIDIAN, IN THE TOWN OF MERRILLVILLE, LAKE COUNTY, INDIANA, DESCRIBED AS COMMENCING AT A POINT 608 FEET NORTH OF THE SOUTHWEST CORNER OF THE EAST 1/2 OF THE NORTHWEST; THENCE EAST 160 FEET; THENCE NORTH 78 FEET; THENCE WEST 160 FEET; THENCE SOUTH 78 FEET TO THE PLACE OF BEGINNING.

COMMONLY KNOWN AS 7130 DELAWARE ST. MERRILLVILLE, IN. 46410 UNIT 8 KEY NO. 15-29-19

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 ~~(XXXX)~~ (her) 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. AUG 02 1999

PETER BENJAMIN
LAKE COUNTY AUDITOR
Judy Hartsock
JUDY HARTSOCK

Subscribed and sworn to before me, a Notary Public, this 27th day of July, 19 99.

Karen Gatons
KAREN GATONS Notary Public

My Commission expires:
11/04/06

County of Residence: LAKE

COMMUNITY TITLE COMPANY
FILE NO L18218 Sch

This Instrument prepared by PATRICK McMANAMA, ATTORNEY AT LAW
ID 9534-45

11:00
E.P.
Comm
#1007
000134

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

Below for State Office Use

- A _____
- B _____
- C _____
- D _____
- E _____
- F _____
- G _____
- H _____
- I _____
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- X _____
- Y _____
- Z _____

DEC 4 1986

946

JAMES F. BURNS

EMBALMER'S NAME

FUNERAL DIRECTOR'S
SIGNATURE

LICENSE No. *James T. Burns*
 FUNERAL DIRECTOR'S
 SIGNATURE
 LICENSE No. *1374*

FUNERAL HOME
 FDH 8600018
 No. _____

Local No. *314386* INDIANA STATE BOARD OF HEALTH
 MEDICAL CERTIFICATE OF DEATH State No. _____

DECEASED	1 DECEASED—NAME FIRST MIDDLE LAST RUTH SARAH (JOHNSON) FLYNN		SEX FEMALE	DATE OF DEATH MONTH DAY YEAR DECEMBER 2, 1986
	2 RACE— <i>White</i> WHITE	3 AGE—Last Birthday (Yrs.) 77 yrs.	4 UNDER 1 YEAR MOSE DAYS	5 UNDER 1 DAY HOURS MIN.
DECEASED	6 CITY, TOWN OR LOCATION OF DEATH MERRILLVILLE		7 HOSPITAL OR OTHER INSTITUTION METHODIST HOSPITAL—SOUTHLAKE CAMPUS	
	8 STATE OF BIRTH ILLINOIS	9 CITIZEN OF WHAT COUNTRY U.S.A.	10 MARRIED NEVER MARRIED WIDOWED DIVORCED MARRIED	11 SURVIVING SPOUSE DONALD A. FLYNN
DECEASED	12 SOCIAL SECURITY NUMBER 304-40-5505		13 USUAL OCCUPATION HOMEMAKER	
	14 RESIDENCE—STATE COUNTY INDIANA LAKE		15 KIND OF BUSINESS OR INDUSTRY AT HOME	
DECEASED	16 STREET AND NUMBER 7130 DELAWARE STREET		17 IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	18 IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		19 INSIDE CITY LIMITS (SPECIFY YES OR NO) YES	
PARENTS	20 FATHER—NAME FIRST MIDDLE LAST LOUIS ANDERSON		21 MOTHER—MAIDEN NAME FIRST MIDDLE LAST HILMA ERICKSON	
	22 INFORMANT—NAME (Full or given) RELATIONSHIP DONALD A. FLYNN— HUSBAND		23 MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP 7130 DELAWARE STREET, MERRILLVILLE, IN 46410	
DISPOSITION	24 BURIAL CREMATION, REMOVAL, OTHER BURIAL		25 CEMETERY OR CREMATORY—FUNERAL HOME LOCATION CITY OR TOWN STATE CALUMET PARK CEMETERY MERRILLVILLE, INDIANA	
	26 DATE MONTH DAY YEAR DECEMBER 5, 1986		27 FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP) BURNS FUNERAL HOME, 10101 BROADWAY, CROWN POINT, IN 46307	
M.D. OR D.O.	28 To the best of my knowledge, death occurred at the time, date and place and due to the causes stated. 29a Signature: <i>Raymond J. Doherty</i>		29b DATE SIGNED MONTH DAY YEAR 12-4-86	
	30 NAME OF ATTENDING PHYSICIAN (If not a Priest) DOHERTY, RAYMOND J., M.D.		31 HOUR OF DEATH M	
CAUSE	32 MAILING ADDRESS—PHYSICIAN 8695 CONNECTICUT ST., MERRILLVILLE, IN 46410		33 HEALTH OFFICER—SIGNATURE <i>Paul Johnson</i>	
	34 CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST PART I (a) Cardiac arrest (b) Food aspiration		35 DATE RECEIVED BY LOCAL HEALTH OFFICER AUG 02 1999	
CAUSE	36 OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a) PART II		37 PETER BENJAMIN LAKE COUNTY AUDITOR	
	38 AUTOPSY (Specify Yes or No) No		39	