

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

99081859

99 OCT -5 AM 10:46

MORRIS W. CARTER
RECORDER

AFFIDAVIT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

DOROTHY M. RAWLINS, being first duly
sworn upon oath, deposes and says:

1. That Affiant's spouse, KENNETH A. RAWLINS
died (~~without leaving a will~~) (leaving a will) on November 10,
1997 at Indianapolis, 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:

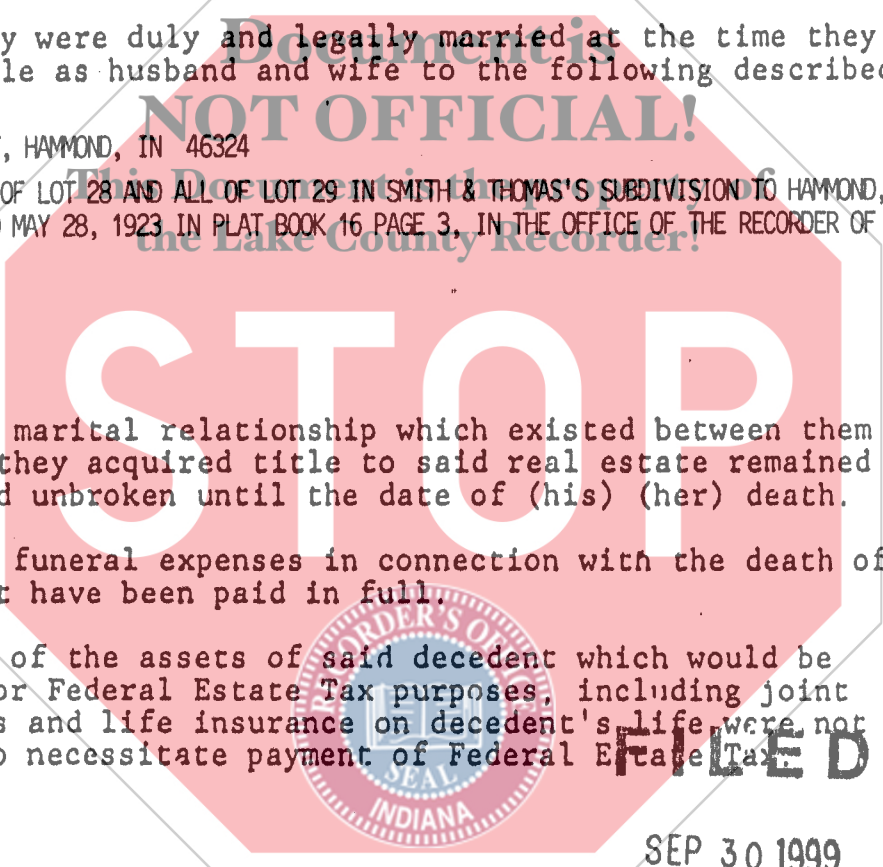
511 CHERRY STREET, HAMMOND, IN 46324

THE EAST 15 FEET OF LOT 28 AND ALL OF LOT 29 IN SMITH & THOMAS'S SUBDIVISION TO HAMMOND, AS PER PLAT
THEREOF, RECORDED MAY 28, 1923 IN PLAT BOOK 16 PAGE 3, IN THE OFFICE OF THE RECORDER OF LAKE
COUNTY, INDIANA.

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) (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.



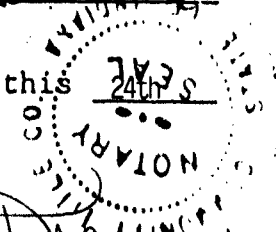
SEP 30 1999

Further affiant sayeth not.

PETER BENJAMIN
LAKE COUNTY AUDITOR

Dorothy M. Rawlins
DOROTHY M. RAWLINS

Subscribed and sworn to before me, a Notary Public, this 24th
day of SEPTEMBER, 19 99.



Tracie A. Kraszyk
Notary Public

COMMUNITY TITLE COMPANY
FILE NO 218352 ml

THIS INSTRUMENT PREPARED BY: PATRICK J. MCMANAMA
ATTORNEY I.D. NO.
9534-45

TRACIE A. KRASYK
Notary Public, State of Indiana
County of Porter
My Commission Expires Jan. 12, 2008

002230
11:50
029138

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

State No.

Local No. 2349-97

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) Kenneth A. Rawlins		2 SEX male		3a. TIME OF DEATH 605 A M		3b. DATE OF DEATH (Month, Day, Yr) November 10, 1997	
4. *SOCIAL SECURITY NUMBER 315-07-8769		5a. AGE—Last Birthday (Years) 78		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes	
6. DATE OF BIRTH (Mo, Day, Yr) November 30, 1918		7. BIRTHPLACE (City and State or Foreign Country) Calumet City, Illinois					
8a. WAS DECEDENT A U.S. VETERAN? yes		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1949		8c. 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 type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence			
9a. FACILITY NAME (If not institution, give street and number) 1231 Lincoln Highway Schererville, Indiana				9b. CITY, TOWN, OR LOCATION OF DEATH Schererville		9d. COUNTY OF DEATH Lake	
10. MARITAL STATUS married		11. SURVIVING SPOUSE (Specify) Dorothy Potapenko		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Instructor		12b. KIND OF BUSINESS/INDUSTRY Technical College	
13a. RESIDENCE—STATE Indiana		13b. COUNTY Lake		13c. CITY, TOWN, OR LOCATION Schererville		13d. STREET AND NUMBER 1231 Lincoln Highway	
13e. ZIP CODE 46375		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? USA		15. WAS DECEDENT OF HISPANIC ORIGIN? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	
13g. ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		16. RACE—American Indian, Black, White, etc. (Specify) white		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (10-12) College (1-4 or 5+) 8			
18. FATHER'S NAME (First, Middle, Last) Archibald Rawlins				19. MOTHER'S NAME (First, Middle, Maiden Surname) Florence M. Beck			
20a. INFORMANT'S NAME (Type/Print) Dorothy Rawlins				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1231 Lincoln Highway Schererville, Indiana 46375		20c. Relationship wife	
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 14, 1997 Calumet Park Cemetery			21c. LOCATION—City or Town, State Merrillville, Indiana		
22a. EMBALMER'S NAME Timothy J. Hoel		22b. EMBALMER'S LICENSE NO. FDO8800371		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
24a. SIGNATURE OF FUNERAL DIRECTOR <i>A. Kuiper</i>		24b. LICENSE NUMBER (of Licenses) FDO1014511		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Kuiper Funeral Home 9039 Kleinman Road Highland, Indiana 46322 FH83007500			
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. IMMEDIATE CAUSE (Final disease or condition resulting in death) ACUTE CARDIAC ARREST DUE TO (OR AS A CONSEQUENCE OF) CARDIOMYOPATHY CONDITIONS IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST ARTERIO SCLEROTIC HEART DISEASE							Approximate Interval Between Onset and Death
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I NUCLEAR PACEMAKER				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) n/a			
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>Charles D. Smith MD</i>				29c. MEDICAL LICENSE NO. 19054		29d. DATE SIGNED (Month, Day, Year) 11-10-97	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) CD Egnatz 1326 W US RT 30 Schererville IN 46375							
31. HEALTH OFFICER'S SIGNATURE <i>Alexander Williams MD</i>				32. DATE FILED (Month, Day, Year) November 17, 1997			
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)			34e. LOCATION (Street and Number or Rural Route Number, City or Town, State)		
34g. DATE PRONOUNCED DEAD (Month, Day, Year)				34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.			