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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

99089029

99 OCT 28 AM 10: 25

MICHAEL W. CARTER  
RECORDER

STATE OF INDIANA )  
                          )  
COUNTY OF LAKE )

RE: DOLORES P. HAFNER  
DATE OF DEATH: NOV. 3, 1978

**AFFIDAVIT AS TO  
TENANCY BY ENTIRETIES**

MARY K. MYERS, being first duly sworn upon oath, deposes and says:

That she is an adult and the named Administratrix of the Estate of James F. Hafner, who died on March 18, 1994.

That she has personal knowledge that the decedent James F. Hafner and his wife, Dolores P. Hafner, who predeceased him, were owners by the entireties of the following described real estate, to wit:

Parcel I:

The West 188 feet of the Southwest Quarter (SW 1/4) of the Southeast Quarter (SE 1/4) of Section Three (3), Township 35 North, Range 9 West of the Second P.M. in Lake County, IN (a/k/a 950 W. Ave. H, Griffith, IN - Key # 26-04-33)

and

Parcel II:

That part of Out Lot "E", Schilling's Edgewood Addition, as per plat thereof recorded in Plat Book 28, page 5, in the Office of the Recorder of Lake County, Indiana, described as follows: Commencing at the Northeast corner of Out Lot "E" aforesaid; thence South along the East line of Out Lot "E" to Schilling Drive; thence Southwesterly along Schilling Drive 100 feet to the point of beginning; thence Southwesterly along Schilling Drive 100 feet; thence due North to the North Line of Out Lot "E"; thence East to a point North of the point of beginning; thence South to the point of beginning, (a/k/a 1216 Schilling Drive, Dyer, IN - Key # 13-87-5)

**FILED**

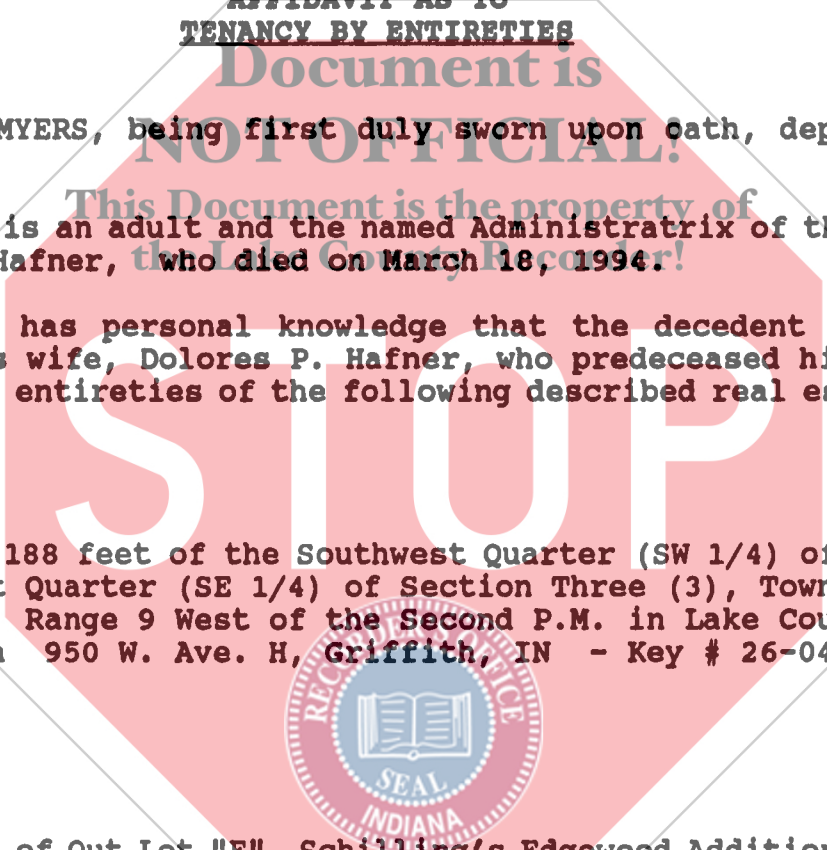
OCT 28 1999

PETER BENJAMIN  
LAKE COUNTY AUDITOR

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13.00  
E.P.  
001910 FA

HOLD FOR FIRST AMERICAN TITLE



That said parties were husband and wife when they took title to the above described real estate; and that both remained in title and lived continuously together as husband and wife until her death, intestate, on the date above given.


Affiant further states that she knows of her own knowledge that the value of the gross estate of the above decedent, Dolores P. Hafner, at the time of her death, within the meaning of the Federal Estate laws, was less than that required for the filing of a Federal Estate Tax Return, and that the estate of said decedent was not subject to any Federal Estate taxes.

Affiant further states that all outstanding debts and obligations of the decedent, Dolores P. Hafner, including funeral expenses and expense of last illness were fully paid and discharged and that there is no estate proceeding pending and there are no outstanding claims or obligations against said decedent.

  
\_\_\_\_\_  
MARY K. MYERS  
Affiant

STATE OF INDIANA )  
                          ) ss:  
COUNTY OF Jasper )

Subscribed and sworn to before me, a Notary Public in and for said County and State, this 18th day of October, 1999.

  
\_\_\_\_\_  
Melissa A. Schultz  
Notary Public

My Commission Expires: 4-20-2007  
My County of Residence: Jasper

**This Instrument Prepared By:**

JOHN F. HILBRICH #7513-45  
HILBRICH, CUNNINGHAM & SCHWERD  
2637 - 45th Street  
Highland, IN 46322  
Phone: (219) 924-2427

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

Below for State Office Use

A \_\_\_\_\_  
B \_\_\_\_\_  
C \_\_\_\_\_  
D \_\_\_\_\_  
E \_\_\_\_\_

THIS CERTIFIES THE ABOVE IS A TRUE AND  
COMPLETE COPY OF THE MEDICAL CERTIFICATE OF  
DEATH ON FILE WITH THE LAKE COUNTY  
HEALTH DEPT.

MAR 23 1994

*Cleveland D. ...*  
LAKE COUNTY HEALTH COMMISSIONER

Disposition Permit  
Issued / /  
Provisional  
Certificate  
 Yes  No

FUNERAL HOME No. 275  
LICENSE No. 601  
FUNERAL DIRECTOR'S LICENSE No. 1522  
EMBALMER'S NAME *L. A. ...*  
FUNERAL DIRECTOR'S SIGNATURE *L. A. ...*

Local No. 1429-78

# LAKE COUNTY BOARD OF HEALTH

## MEDICAL CERTIFICATE OF DEATH

State No.

1. DECEASED—NAME <i>DOLores</i>		LAST NAME <i>HAFNER</i>		SEX <i>FEMALE</i>	DATE OF BIRTH <i>Nov 3, 1978</i>
2. RACE— <i>WHITE</i>		AGE— <i>45</i>	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH
3. CITY, TOWN OR LOCATION OF DEATH <i>Dyer</i>			HOSPITAL OR OTHER INSTITUTION <i>OUR LADY OF MERCY HOSP</i>		
4. STATE OF BIRTH <i>IND</i>		COUNTRY OF BIRTH <i>U.S.A.</i>		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED, SINGLE <i>MARRIED</i>	
5. SOCIAL SECURITY NUMBER <i>303-36-3458</i>		14. USUAL OCCUPATION <i>HOUSEWIFE</i>		11. SPOUSE'S NAME <i>JAMES HAFNER</i>	
6. USUAL RESIDENCE WHERE DECEASED LIVED IF BEING ACCOMPANIED IN HIS TOWN OR CITY IN RESIDENCE BEFORE ADMISSION <i>IND</i>		7. RESIDENCY—STATE <i>IND</i>		8. CITY, TOWN OR LOCATION <i>LAKE</i>	
9. STREET AND NUMBER <i>950 W AVE N</i>		10. RESIDENCY ON A FARM <input type="checkbox"/>		12. CITY, TOWN OR LOCATION <i>GRIFFITH</i>	
13. IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
16. FATHER—NAME <i>JOHN</i>		MIDDLE <i>PICALIK</i>		17. MOTHER—NAME <i>CATHERINE WETZEL-HOUSE</i>	
18. DECEASED—NAME <i>JAMES HAFNER</i>		19. MAILING ADDRESS <i>950 W AVE N. GRIFFITH IND 46788</i>			
20. BURIAL, CREMATION, REMOVAL, OTHER <i>BURIAL</i>		21. CEMETERY OR CREMATORY—FUNERAL HOME <i>CHAPEL LAWN</i>		22. LOCATION <i>SCARLETTON RD</i>	
23. DATE <i>Nov 6, 1978</i>		24. FUNERAL HOME—NAME AND ADDRESS <i>FAGEN-HILLER FUNERAL GARAGE GRIFFITH IND</i>		25. DATE SIGNED <i>Nov 6, 1978</i>	
26. NAME OF ATTENDING PHYSICIAN <i>Cal Street</i>		27. ADDRESS—PHYSICIAN <i>3313 49th St. Highland Ind 46737</i>		28. HEALTH OFFICER'S SIGNATURE <i>Peter J. ... M.D.</i>	
29. CAUSE <i>Metastatic Carcinomatosis</i>		30. CAUSE <i>Bladder Carcinomatosis</i>		31. PART I <i>GRACIAS - ARREST</i>	

SBN 08-003  
REV. 12/77

**FILED**  
OCT 28 1999  
PETER BENJAMIN  
LAKE COUNTY AUD

001911