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S 1586684N  
Notary Public  
Intercounty Title Co.  
2050 45th Avenue  
Highland, IN 46322

STATE OF Indiana  
COUNTY OF Lake  
S. S. MORRIS W. CARTER  
RECORDER

On this 1-19-2000 before me personally appeared \_\_\_\_\_  
(insert date)

Lucille DeMure

to me personally known, who being duly sworn on oath did say that:

1. Affiant resides at the address given below affiant's signature;

2. Affiant is WIDOWED \_\_\_\_\_;  
(state interest of affiant in the above premises as "owner," "son of owner," etc.)

3. Said premises were formerly owned as joint tenants or as tenants by the entireties by  
Lucille DeMure and Pat DeMure \_\_\_\_\_;

4. Said Pat DeMure aka Patsy DeMure \_\_\_\_\_  
(fill in name of co-tenant who died)

died on Nov. 21, 1978 \_\_\_\_\_

leaving No \_\_\_\_\_ will;  
(insert "a" or "no"; if will left, attach a copy)

5. The legal description of the premises in question is:

Lot No. 6, a Subdivision of Lot 4, of Mina F. Becker Subdivision in Hammond, as shown in Plat Book 21, page 46, in Lake County, IN.

6. To the best of affiant's knowledge there is no Federal or State estate or inheritance tax liability by reason of the death of said decedent;

7. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced? No

(If answer is "Yes," identify the divorce proceedings: \_\_\_\_\_)

8. Affiant's relationship to the deceased was SURVIVING SPOUSE \_\_\_\_\_

Signature: Lucille L. DeMure  
Lucille L. DeMure

Address: 8679 MANOR AV  
HUNSTER, IN.

Subscribed and sworn to before me by the affiant

this 19 day of Nov, 2000  
(insert date)

Janice L. Maddox  
Notary Public

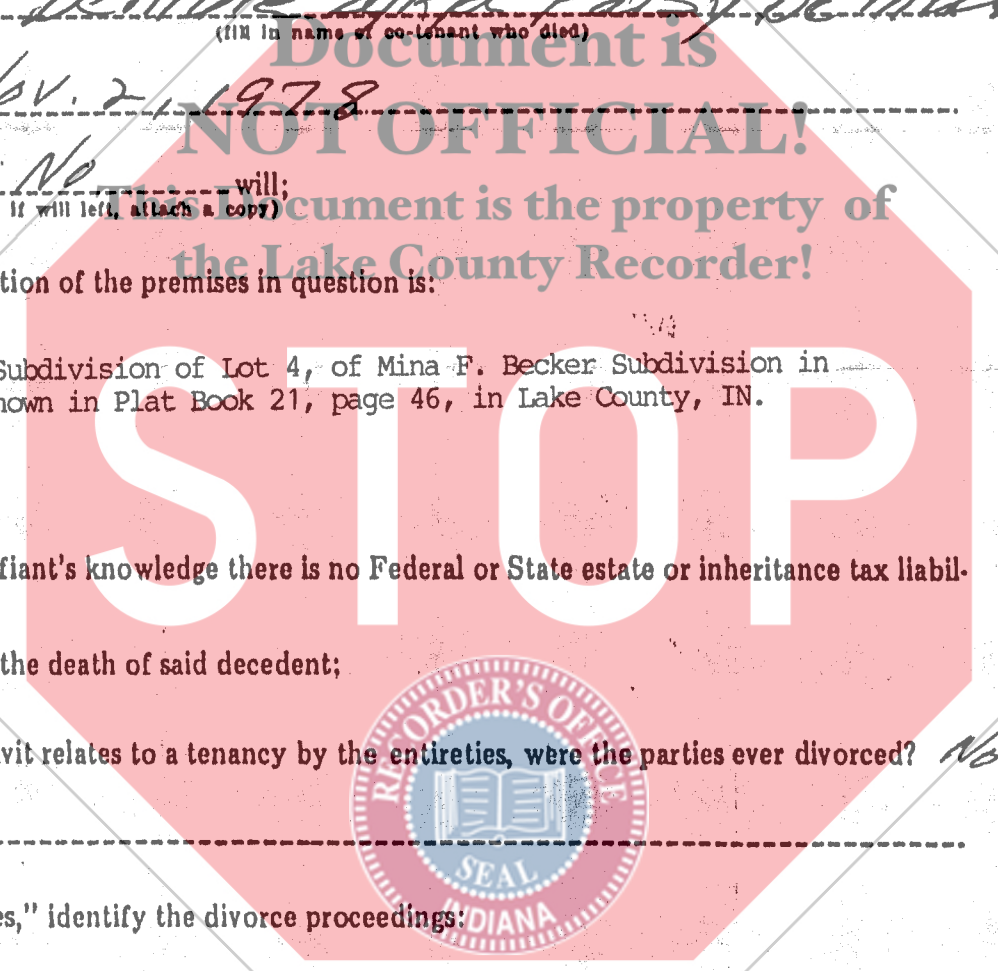
My Commission Expires 1-26-08  
Reisent of Lake County, IN

Lucille L. DeMure

This instrument prepared by \_\_\_\_\_

192

12.00  
E.P.  
01692  
V#200514



INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

State No. \_\_\_\_\_

Local No. 825

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

DISPOSITION

M.D. OR D.O.

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE

FUNERAL HOME No. 282  
FUNERAL DIRECTOR'S LICENSE No. 211  
EMBALMER'S NAME Anthony Solan  
LICENSE No. 5184  
FUNERAL HOME FUNERAL HOME  
LICENSE No. 211  
SIGNATURE Anthony Solan

1. DECEASED—NAME FIRST MIDDLE LAST <b>Pat DeMure</b>		SEX <b>Male</b>	DATE OF DEATH (MONTH, DAY, YEAR) <b>Nov. 2, 1978</b>
2. RACE—(Ind. White, Black, American Indian, etc.) <b>White</b>	3. AGE—(Last birthday) Mo. <b>8</b> Days <b>1</b> Hours <b>5</b> Mins <b>00</b> <b>62</b>	4. DATE OF BIRTH (Mo., Day, Yr.) <b>Mar. 1, 1916</b>	5. COUNTY OF DEATH <b>Lake</b>
6. CITY, TOWN OR LOCATION OF DEATH <b>Hammond</b>	7. HOSPITAL OR OTHER INSTITUTION—(Name of inst., city, state and number) <b>St. Margaret Hospital</b>	8. IF HOSP. OR INST. (Indicate DGA, OP/Inst. No., Institution) (Specify) <b>Inpatient</b>	
9. STATE OF BIRTH (If not in U.S.A. name country) <b>Indiana</b>	10. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	12. SURVIVING SPOUSE (If with, give maiden name) <b>Lucille (Davis)</b>
13. SOCIAL SECURITY NUMBER <b>346-07-6387</b>		14. USUAL OCCUPATION (Give kind of work done during most of last year, even if temporary) <b>Metallurgist</b>	15. KIND OF BUSINESS OR INDUSTRY <b>Inter-Lake Steel Inc.</b>
16. RESIDENCE—STATE <b>Indiana</b>	17. COUNTY <b>Lake</b>	18. CITY, TOWN OR LOCATION <b>Hammond</b>	19. STREET AND NUMBER <b>7519 Jefferson Avenue</b>
20. IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 15a. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. IS RESIDENCE ON A FARM? 15b. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	22. INSIDE CITY LIMITS (Specify Yes or No) 15c. <b>yes</b>
16. FATHER—NAME FIRST MIDDLE LAST <b>Alphons DeMure</b>		17. MOTHER—MAIDEN NAME FIRST MIDDLE LAST <b>Lydia Carsella</b>	
18. INFORMANT—NAME (Type or print) <b>Lucille DeMure</b>		19. MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP <b>7519 Jefferson Ave., Hammond, Indiana 46324</b>	
20. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>		21. CEMETERY OR CREMATORY—FUNERAL HOME <b>Chapel Lawn Cemetery</b>	22. LOCATION CITY OR TOWN STATE <b>Schererville, Ind.</b>
23. DATE (MONTH, DAY, YEAR) <b>Nov. 4, 1978</b>		24. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) <b>Solan Funeral Home, 7109 Calumet Ave., Hammond, Ind. 46324</b>	
25. To the best of my knowledge, death occurred on the same date and time and due to the causes stated. 21a. (Signature) <u>James H. Greenwald, M.D.</u>		26. DATE SIGNED (Mo., Day, Yr.) <b>Nov. 2, 1978</b>	27. HOUR OF DEATH <b>5:07 A.M.</b>
28. NAME OF ATTENDING PHYSICIAN (Type or print) <b>James H. Greenwald, M. D.</b>		29. MAILING ADDRESS PHYSICIAN <b>5231 Hohman Ave., Hammond, Indiana 46320</b>	
30. HEALTH OFFICER'S SIGNATURE <u>[Signature]</u>		31. DATE RECEIVED BY LOCAL HEALTH OFFICER <b>NOV 3 1978</b>	
32. IMMEDIATE CAUSE (Indicate only one cause if possible, but list all) <b>Diabetes mellitus</b>		33. Interval between onset and death	
34. PART I a. <b>End Stage Renal Disease</b> b. <b>Coronary Heart Failure</b>		34. Interval between onset and death	
35. PART II OTHER SIGNIFICANT CONDITIONS—(Conditions contributing to death but not related to those given in PART I (a))		36. AUTOPSY (Specify Yes or No) <b>no</b>	

WRITE OR PRINT PLAINLY WITH UNFADING INK THIS IS A PERMANENT

THIS CERTIFICATE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPT. NOV 3 1978 Anthony Solan HAMMOND HEALTH COMMISSIONER Date Issued

Disposition Permit Issued / /  
Provisional Certificate  
 Yes  No