

2

2000 014101

2000 MAR 1 11:10:36

FA# F30829
LEGAL DESCRIPTION:



The South 3 acres of the West half of the Southwest quarter of the Southwest quarter of the Southeast quarter of Section 2, Township 35 North, Range 8 West of the Second Principal Meridian, in Lake County, Indiana, except that part described as follows: Beginning at the Southwest corner of the Southeast quarter of said Section 2; thence North along the West line of the Southeast quarter of said Section 2, a distance of 75.00 feet to a point; thence East on a line parallel with the South line of said Southeast quarter a distance of 20.00 feet to a point; thence Southeasterly to a point on a line 30.00 feet North of and parallel with the South line of the Southeast quarter of said Section 2, (said point being 50.00 feet East of the West line of said Southeast quarter); thence East along the last described line a distance 200.00 feet to a point; thence South parallel with the West line of said Southeast quarter a distance of 30.00 feet to the South line of the Southeast quarter of said Section 2; thence West along the last described line a distance of 250.00 feet to the point of beginning.

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PROPERTY ADDRESS:
3980 West 61st Avenue, Hobart, IN 46342

ESTATE AFFIDAVIT

Betty Saylor, Affiant, states that:

1. Anna Edgington, deceased, died on the 8th day of August, 1997;
2. Affiant is: the surviving spouse of the deceased,
 the Personal Representative/Executor-trix of the estate of the deceased;
 daughter
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 *12th* day of *June* 1940; 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 have been no claims against the estate of the decedent.

FILED

MAR 01 2000

PETER BENJAMIN
LAKE COUNTY AUDITOR

This Affidavit is made to induce First American Title Insurance Company to issue a policy of title insurance on the above-described real estate.
February 22, 2000

Date

Signature of Affiant

Betty Saylor
Printed Name of Affiant

State of Indiana, County of Porter

Subscribed and sworn to before me, this 22nd day of February, 2000.

Margaret E. Lawhead
Printed Name of Notary

My Commission expires: 9-21-00

HOLD FOR FIRST AMERICAN TITLE

My County of Residence is: Porter

THIS INSTRUMENT WAS PREPARED BY: Betty Saylor

11.00
EP
FA

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. 162-97

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-10-3

TYPE/PRINT
41399
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEDENT - NAME (Print, include last)		2. SEX	3a. TIME OF DEATH	3b. DATE OF DEATH (Month, Day, Year)
ANNA EDGINGTON		FEMALE	6:15 A.	AUGUST 8, 1997
4. FEDERAL SECURITY NUMBER	5a. AGE - Last Birthday (Years)	5b. UNDER 1 YEAR	5c. UNDER 1 DAY	6. DATE OF BIRTH (Month, Day, Year)
316-03-5449	76			JAN. 21, 1921
7. PLACE OF BIRTH (City and State or Foreign Country)	8. PLACE OF DEATH (Street and Number or Post Office Box)			
PITTSBURGH, PENNSYLVANIA				HOBART
9a. WAS DECEDENT A US VETERAN?	9b. YEAR LAST SERVED IN US ARMED FORCES?	10. FACILITY NAME (If not available give street and number)		
NO		3980 W. 61ST AVENUE, HOBART		
11. SURVIVING SPOUSE		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life)		12b. KIND OF BUSINESS/INDUSTRY
CLARENCE EDGINGTON		HOMEMAKER		AT HOME
13a. RESIDENCE - STATE	13b. COUNTY	13c. CITY, TOWN, OR LOCATION	13d. STREET AND NUMBER	
INDIANA	LAKE	HOBART	3980 W. 61ST AVENUE	
14a. EP CODE	14b. INSIDE CITY LIMITS	14c. CITIZEN OF WHAT COUNTRY?	14d. WAS DECEDENT OF HISPANIC ORIGIN?	14e. RACE - American Indian, Black, White, etc. (Specify)
46342	<input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes	U.S.A.	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	WHITE
15. FATHER'S NAME (Print, include last)		15. MOTHER'S NAME (Print, include maiden surname)		
FRANK BALDAUF		IRENE GREENE		
16a. INFORMANT'S NAME (Type/Print)		16b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)		16c. Relationship
CLARENCE EDGINGTON		3980 W. 61ST AVENUE, HOBART, IN. 46342		HUSBAND
17a. METHOD OF DISPOSITION		17b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place)		17c. LOCATION - City or Town, State
<input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		AUGUST 10, 1997 NW INDIANA CREMATION SERVICE		CROWN POINT, INDIANA
18a. EMBALMER'S NAME		18b. EMBALMER'S LICENSE NO.		18c. WAS DEATH REPORTED TO CORONER?
N/A				<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
19a. SIGNATURE OF FUNERAL DIRECTOR		19b. LICENSE NUMBER (of Licensee)		19c. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME
<i>James E. Burns</i>		01009461		BURNS FUNERAL HOME FDB#83002380 701 E. 7TH STREET, HOBART, IN. 46342
20. PART I: Enter the disease, 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)				
Bacterial pneumonia				
DUE TO (OR AS A CONSEQUENCE OF)				
Gastric metastasis				
DUE TO (OR AS A CONSEQUENCE OF)				
lung cancer				
DUE TO (OR AS A CONSEQUENCE OF)				
21. PART II: Other significant conditions - Conditions contributing to death but not previously stated on Part I				
22. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no)		23. WAS AN AUTOPSY PERFORMED? (Yes or no)		24. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)
NO		NO		
25. 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) so 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) so 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) so stated.				
26. SIGNATURE AND TITLE OF CERTIFIER		27. MEDICAL LICENSE NO.	28. DATE SIGNED (Month, Day, Year)	
<i>A. Fadul</i>		765-74	8-8-97	
29. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 26) (Type/Print)				
ARMAND FADUL, M.D. 699 CONNECTICUT STREET, HERRILLVILLE, INDIANA 46410				
30. HEALTH OFFICER'S SIGNATURE				
<i>Alexander D. Hollins</i>				
31. MANNER OF DEATH		32a. DATE OF INJURY (Month, Day, Year)	32b. TIME OF INJURY	32c. INJURY AT WORK? (Yes or no)
<input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide				
33. PLACE OF INJURY - (At home, farm, shop, factory, office, railroad, etc.) (Specify)		34. LOCATION (Street and Number or Rural Route Number, City or Town, State)		
		JUN 22 1999		
35. DATE PRONOUNCED DEAD (Month, Day, Year)		36. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, position.		
		<i>Alexander D. Hollins</i> M.D. LAKE COUNTY HEALTH COMMISSIONER		