

2000-015458

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

TIGOR TITLE INSURANCE

MORRIS W. CARTER,
RECORDER
AFFIDAVIT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Olyc Quarles, being first duly sworn upon oath, deposes and says:

1. That Affiant's spouse, T. Z. Quarles died (without leaving a will) (leaving a will) on OCTOBER 3 1987 at BROADWAY METHODIST HOSPITAL, MERRILLVILLE, 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: LOTS 12 AND 13 IN BLOCK 8 IN RE-SUBDIVISION OF GARY LAND COMPANY'S THIRD SUBDIVISION, IN THE CITY OF GARY, AS PER PLAT THEREOF RECORDED IN PLAT BOOK 13 PAGE 8, 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.

Further affiant sayeth not.



FILED

MAR 03 2000

PETER BENJAMIN
LAKE COUNTY AUDITOR

Olyc Quarles
Olyc Quarles

Subscribed and sworn to before me, a Notary Public, this 25th day of February, 2000.

Debra K. Franks
Debra K. Franks
Notary Public

My Commission expires:
8-20-00

County of Residence: Porter

This Instrument prepared by JOANN BLAIR

920000634
TIGOR TITLE INSURANCE
Crown Point Indiana

Return to
Bank One
115 S. Court Street
Crown Point 46307

00540

11.00
E.P.
T.

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 _____
- J _____
- K _____
- L _____
- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____
- 7 _____
- 8 _____
- 9 _____
- 10 _____
- 11 _____
- 12 _____

EMBALMER'S NAME..... ANDREW SMITH
 FUNERAL DIRECTOR'S SIGNATURE.....
 LICENSE No. 1012356
 FUNERAL HOME No. 000120356
 FUNERAL DIRECTOR'S LICENSE No. 1012356

Local No. 87-0623

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. _____

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

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

PARENTS

DISPOSITION

M.D. OR D.O.

CAUSE

1 DECEASED—NAME T. Z. QUARLES		SEX MALE	DATE OF DEATH OCTOBER 3, 1987
2 RACE BLACK	3 AGE 70	4 DATE OF BIRTH 3-8-17	5 COUNTY OF DEATH LAKE
6 CITY, TOWN OR LOCATION OF DEATH MERRILLVILLE		7 HOSPITAL OR OTHER INSTITUTION BROADWAY METHODIST	8 IF HOSP OR INST. name and address
9 STATE OF BIRTH MISS.	10 COUNTRY OF BIRTH US	11 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED MARRIED	12 SURVIVED SPOUSE OLYC THERKIELD
13 SOCIAL SECURITY NUMBER 304-22-8757		14 US STEEL	
15a RESIDENCE—STATE INDIANA	15b COUNTY LAKE	15c CITY, TOWN OR LOCATION GARY	
16 STREET AND NUMBER 620 LINCOLN STREET		17 IS RESIDENCE ON A FARM NO	18 INSIDE CITY LIMITS YES
19 IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. NO			
20 FATHER—NAME JESSIE QUARLES		21 MOTHER—Maiden Name KITTY BLAKE	
22 INFORMANT—NAME AND RELATIONSHIP OLYC QUARLES - WIFE		23 MARITAL ADDRESS 620 LINCOLN STREET GARY, INDIANA	
24 BURIAL, CREMATION, REMOVAL, OTHER BURIAL		25 CEMETERY OR CREMATORY—FUNERAL HOME FERN-OAKS CEMETERY	
26 DATE OCTOBER 5, 1987		27 FUNERAL HOME—NAME AND ADDRESS ANDREW SMITH F.H. 934 E. 21st. AVE. GARY, INDIANA	
28 NAME OF ATTENDING PHYSICIAN Barbara R. Fuller, MD		29 DATE SIGNED 10/6/87	30 HOUR OF DEATH M
31 SIGNATURE OF PHYSICIAN James I. Hedrick, M.D.		32 DATE RECEIVED BY LOCAL HEALTH OFFICER OCT 7 1987	
33 PART I CAUSE Aspiration pneumonia		34 DURATION OF ILLNESS 3 weeks	
35 PART II CAUSE Carcinoma of the Esophagus		36 DURATION OF ILLNESS 19 months	
37 OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause shown on PART I and II			

25X