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2000 MAR 16 AM 9:03

TICOR TITLE INSURANCE

AFFIDAVIT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Betty J. Junkens, being first duly
sworn upon oath, deposes and says:

1. That Richard E. Junkens died on
March 26, 19 88 at Merrillville, IN.

2. That Betty J. Junkens and Richard E. Junkens
were duly and legally married at the time they acquired title as husband and
wife to the following described real estate:

Lot 12, except the South 10 feet thereof, in Block 2 in Country Club Second
Addition, Section "A" as per plat thereof, recorded in Plat Book 29 page 64, 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.

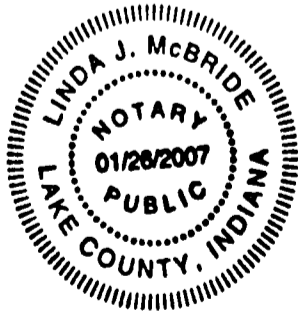
4. That all funeral expenses in connection with the death of said decedent
have been paid in full.

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.

Betty J. Junkens
Betty J. Junkens

Subscribed and sworn to before me, a Notary Public, this 10th day of
March, 2000.



Linda J. McBride
Linda J. McBride Notary Public

My Commission expires:

1-26-07

County of Residence:

Lake

This Instrument prepared by Betty J. Junkens

FILED

MAR 15 2000

PETER BENJAMIN
LAKE COUNTY AUDITOR

11am
TI

01073

INDIANA STATE BOARD OF HEALTH
CERTIFICATE OF DEATH

Local No. 670-89

State No.

TYPE/PRINT
IN
PERMANENT
BLACK INK

1 DECEASED—NAME FIRST MIDDLE LAST RICHARD E. JUNKENS		2 SEX Male	3 DATE OF DEATH (Mo Day Yr) March 26, 1988
4 SOCIAL SECURITY NUMBER 305-20-4170	5a AGE—Last Birthday (Years) 60	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes
6 DATE OF BIRTH (Month Day Year) Jan. 17, 1928	7 BIRTHPLACE (City and State or Foreign Country) Hammond, Indiana		
8 YEAR LAST SERVED IN U.S. ARMED FORCES? 1954	9a PLACE OF DEATH (Check only one See instructions) <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Inquest <input type="checkbox"/> Eri/Outquest <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)		
9b FACILITY NAME (If not institution, give street and number) Methodist Hospital Southlake Campus		9c CITY, TOWN OR LOCATION OF DEATH Merrillville	9d COUNTY OF DEATH Lake
10 MARITAL STATUS—Married Never Married, Widowed, Divorced (Specify) married	11 SURVIVING SPOUSE (If wife, give maiden name) Betty Jean Buege	12a DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) [retired] Sergeant	12b KIND OF BUSINESS/INDUSTRY Hammond Police Dept.
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY, TOWN OR LOCATION Merrillville	13d STREET AND NUMBER 1900 W. 61st Avenue
13e INSIDE CITY LIMITS? (Yes or no) yes	13f FARM no	13g ZIP CODE 46410	14 WAS DECEASED OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) NO
15 RACE—American Indian, Black, White, etc. (Specify) White		16 DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (10-12) <input type="checkbox"/> College (1-4 or 5+) secondary	
17 FATHER'S NAME (First, Middle, Last) Ralph E. Junkens		18 MOTHER'S NAME (First, Middle, Maiden Surname) Icy Robinson	
19a INFORMANT'S NAME (Type/Print) Mrs. Betty J. Junkens		19b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1900 W. 61st Avenue Merrillville, Ind. 46410	19c Relationship WIFE
20a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) March 29, 1988 Chapel Lawn Memorial Gardens	
20c LOCATION—City or Town, State Schererville, Indiana		21a SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>	
21b LICENSE NUMBER (of Licensee) PDE1013507		21c NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Booker Funeral Home, Inc. FDH3002801 7042 Kennedy Ave. Hammond, Ind. 46323	
22a. To the best of my knowledge, death occurred at the time, date, and place stated. Signature and Title < <i>[Signature]</i>		22b. LICENSE NUMBER	22c. DATE SIGNED (Month, Day, Year)
24. TIME OF DEATH 4:15 a.m. M		25. DATE PRONOUNCED DEAD (Month, Day, Year) March 26, 1988	
26. WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? (Yes or no) no		27. PART I Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. I.G.Z. Myocardial infarction due to (or as a consequence of) Proliferated atherosclerosis	
IMMEDIATE CAUSE (Final disease or condition resulting in death)		b. Proliferated atherosclerosis DUE TO (OR AS A CONSEQUENCE OF)	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		c. Carcinoma of the lung with metastasis DUE TO (OR AS A CONSEQUENCE OF)	
PART II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Carcinoma of the lung with metastasis		28. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) no LAKE COUNTY HEALTH COMMISSIONER	
29a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN (Physician certifying cause of death when another physician has pronounced death and completed item 23) To the best of my knowledge, death occurred due to the cause(s) and manner as stated. <input type="checkbox"/> PRONOUNCING AND CERTIFYING PHYSICIAN (Physician both pronouncing death and certifying cause of death) To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. <input type="checkbox"/> MEDICAL EXAMINER <input type="checkbox"/> CORONER <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) and manner as stated.		29b. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>	
29c. LICENSE NUMBER 010336020		29d. DATE SIGNED (Month, Day, Year) 3/28/1988	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type/Print) Ibrahim G. Zabaneh, M.D. 6111 Harrison Suite 215 Merrillville, Indiana 46410			
31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>		32. DATE FILED (Month, Day, Year) March 28, 1988	
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY
34c. INJURY AT WORK? (Yes or no)		34d. DESCRIBE HOW INJURY OCCURRED	
34e. PLACE OF INJURY—At home farm street factory office building etc. (Specify)		34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

DECEDENT

PARENTS

INFORMANT

DISPOSITION

PRONOUNCING
PHYSICIAN ONLY

ITEMS 24-28 MUST
BE COMPLETED BY
PERSON WHO
PRONOUNCES DEATH

SEE INSTRUCTIONS

CAUSE OF
DEATH

SEE
INSTRUCTIONS

CERTIFIER

HEALTH
OFFICER

CORONER OR
MEDICAL
EXAMINER USE
ONLY