



COMMUNITY TITLE COMPANY

- An Indiana Corporation -
2000 West 8th Avenue
Merrillville, Indiana 46410
219-736-2810

STATE OF INDIANA
LAKE COUNTY
RECORDER

2000 MAR 17 AM 10:58

MORNING CHAMBER
REC'D

2000 018461

AFFIDAVIT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

VIOLET BOATMAN, being first duly sworn upon oath, deposes and says:

1. That Affiant's spouse, WILLIAM L. BOATMAN died (without leaving a will) (leaving a will) on FEBRUARY 14 ~~XXX~~ 2000 at 3117 E. 98TH PLACE, HIGHLAND, IN 46322

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

LOT 116 IN LAKESIDE 4TH ADDITION TO THE TOWN OF HIGHLAND, AS PER PLAT THEREOF, RECORDED MAY 13, 1965 IN PLAT BOOK 37 PAGE 3, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

COMMONLY KNOWN AS: 3117 EAST 98TH PLACE, HIGHLAND, IN 46322

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) ~~XXX~~ 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.



PETER BENJAMIN
LAKE COUNTY AUDITOR

Peter Boatman
VIOLET BOATMAN

Subscribed and sworn to before me, a Notary Public, this 8th day of March, 2000.

Karen Gatons
Notary Public

My Commission expires:

KAREN GATONS
Notary Public, State of Indiana
County of Lake
My Commission Expires 11/04/2006

County of Residence:

COMMUNITY TITLE COMPANY
FILE NO L19127SV

This Instrument prepared by PATRICK J. MCMANAMA, ATTORNEY AT LAW

ID NO. 9534-45

110m

Comm 1247

ATTENTION ESTATE: The Social Security # is requested by this state agency in order to fulfill its statutory responsibility. Disclosure is mandatory and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

File No. 0431-00

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

0531 E/PRINT IN PERMANENT INK

IDENT

NOTES

INFORMANT

POSITION

1

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First Middle Last) WILLIAM L. BOATMAN		2 SEX Male	3a TIME OF DEATH 8:50 A M	3b DATE OF DEATH (Month Day Yr) February 14, 2000
4 *SOCIAL SECURITY NUMBER 312-34-8099	5a AGE—Last Birthday (Years) 66	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo Day Yr) Dec. 10, 1933
7a WAS DECEDENT A U.S. VETERAN? Yes	7b YEAR LAST SERVED IN U.S. ARMED FORCES? 1956	7c PLACE OF DEATH (Check only one See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence		
8a FACILITY NAME (If not institution, give street and number) 3117 E. 98th Place		8b CITY, TOWN OR LOCATION OF DEATH Highland	8c COUNTY OF DEATH Lake	
10 MARITAL STATUS (Specify) Married	11 SURVIVING SPOUSE (If wife give maiden name) Violet Kvenich	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life Do not use retired) Salesman	12b KIND OF BUSINESS/INDUSTRY Valve Manufacturer	
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY, TOWN OR LOCATION Highland	13d STREET AND NUMBER 3117 E. 98th Place	
13e ZIP CODE 46322	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? U.S.A.	15 WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes specify Cuban Mexican Puerto Rican etc.)	16 RACE—American Indian, Black, White etc (Specify) White
17 DECEDENT'S EDUCATION (Specify only highest grade completed) 2		18 FATHER'S NAME (First Middle Last) Samuel C. Boatman		
19 MOTHER'S NAME (First Middle Maiden Surname) Floy Belle Scott		20a INFORMANT'S NAME (Type/Print) Violet Boatman		
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3117 E. 98th Place, Highland, IN 46322		20c Relationship Wife		
21a METHOD OF DISPOSITION <input type="checkbox"/> Entombment <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input checked="" type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place) February 15, 2000 Indiana University School of Medicine Indianapolis, Indiana		21c LOCATION—City or Town, State
22a EMBALMER'S NAME Larry D. Anthony		22b EMBALMER'S LICENSE NO. 01001447	23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
24a SIGNATURE OF FUNERAL DIRECTOR <i>Larry D. Anthony</i>		24b LICENSE NUMBER (of Licensee) 01001447	25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Anthony & Dziadowicz F.H. #83002916 9445 Calumet Ave, Munster, IN 46321	
26 PART I Enter the diseases, 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.				Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) Vascular collapse				Unknown
DUE TO (OR AS A CONSEQUENCE OF) Due to arteriosclerotic heart and vascular disease				
DUE TO (OR AS A CONSEQUENCE OF)				
DUE TO (OR AS A CONSEQUENCE OF)				
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I				
27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) No		28a WAS AN AUTOPSY PERFORMED? (Yes or no) No		28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)
29a CERTIFIER (Check only one) Deputy		CERTIFYING PHYSICIAN To the best of my knowledge death occurred at the time, date and place and due to the cause(s) as stated		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) as stated
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) and manner as stated		29b SIGNATURE AND TITLE OF CERTIFIER <i>Deputy</i>		29c MEDICAL LICENSE NO. N/A
29d DATE SIGNED (Month Day Year) February 15, 2000		30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Donna Melyon, Deputy Coroner, 2900 West 93rd Avenue, Crown Point, Indiana 46307		
31 HEALTH OFFICER'S SIGNATURE <i>Alexander S. Williams M.D.</i>		DATE FILED (Month Day Year) February 15, 2000		THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE ORIGINAL DEATH RECORD FILED WITH THE LAKE COUNTY HEALTH DEPT.
33 MANNER OF DEATH <input checked="" 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		34a DATE OF INJURY (Month Day Year)	34b TIME OF INJURY	34c INJURY AT WORK? (Yes or no)
34d PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)		34e LOCATION (Street and Number or Rural Route Number, City or Town, State)		
34g DATE PRONOUNCED DEAD (Month Day Year) February 14, 2000		34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc. LAKE COUNTY HEALTH COMMISSIONER		