

STATE OF INDIANA)

) SS:

COUNTY OF LAKE

2000 018479

STATE OF INDIANA
LAKE COUNTY
FILED RECORD

2000 MAR 17 AM 11:00

AFFIDAVIT OF SURVIVORSHIP/CONTINUITY OF MARRIAGE

WILLIAM R. NICHOLS, of Lake County, State of Indiana, the affiant herein, being duly sworn upon his oath, alleges and states:

That this affidavit is given for the purpose of clearing title in his name to the following described real estate:

The East 20 feet of Lot 55 and the West 40 feet of Lot 56,
Suburban Terrace Addition, in the Town of Dyer, in Lake
County, Indiana.

FILED

MAR 17 2000

COMMONLY KNOWN AS:
509 Coral Drive
Dyer, IN 46311

KEY NUMBER: PETER BENJAMIN
LAKE COUNTY AUDITOR

14-104-55

That the affiant and the decedent, MARGARET E. NICHOLS, his wife, were married and lived as husband and wife to the day of her death. That the decedent and the affiant were husband and wife at the time they acquired title to said real estate as husband and wife as tenants by the entireties by warranty deed dated July 13, 1973 and recorded in the office of the Lake County Recorder on July 17, 1973.

That the marital relationship which existed between the affiant and the decedent continued unbroken from the time they so acquired title to said real estate until the death of MARGARET E. NICHOLS, the decedent, on October 28, 1992, at which time this affiant acquired title to the real estate as surviving tenant by the entireties.

That the decedent died intestate; that her certificate of death, marked Exhibit "A", is attached hereto and made a part hereof.

That the gross value of the estate of the decedent, MARGARET E. NICHOLS, as determined for the purpose of Federal Estate Taxes was less than the value required for filing, and the decedent's estate was not subject to Federal Estate Tax. That the decedent's estate was not subject to Indiana Inheritance Taxes.

FURTHER, affiant sayeth not.

William R. Nichols
WILLIAM R. NICHOLS

SUBSCRIBED AND SWORN to before me, a Notary Public in and for said County of Lake, State of Indiana, this 14th day of March, 2000.

Susan W. Shaps
SUSAN W. SHAPS - Notary Public

My Commission Expires: 11/06/06
County of Residence: Lake

01232

PREPARED BY: HERBERT I. SHAPS, LAW FIRM OF MAYER & SHAPS
1205 W. Lincoln Hwy., Merrillville, IN 46410 (219) 760-8446

11.00
E.P.

2341

1104
+ U.F.T.

INDIANA STATE DEPARTMENT OF HEALTH

Local No. 2248-92

CERTIFICATE OF DEATH

State No.

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

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

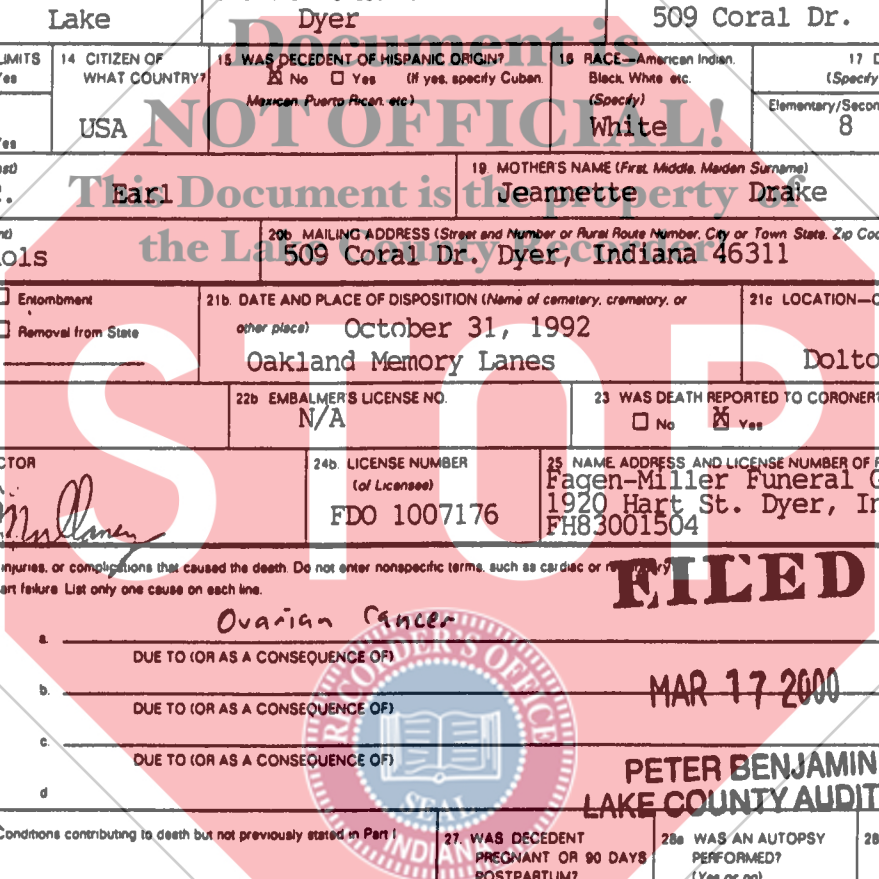
CAUSE OF
DEATH

CERTIFIER

HEALTH
OFFICER

CORONER
USE ONLY

1 DECEASED—NAME (First, Middle, Last) Margaret Evelyn Nichols				2 SEX Female		3a TIME OF DEATH 4:45 P		3b DATE OF DEATH (Month, Day, Yr) October 28, 1992				
4 SOCIAL SECURITY NUMBER 471-03-2645		5a AGE—Last Birthday (Years) 72		5b UNDER 1 YEAR Months Days		5c UNDER 1 DAY Hours Minutes		6 DATE OF BIRTH (Mo, Day, Yr) June 25, 1920		7 BIRTHPLACE (City and State or Foreign Country) St. Paul, Minnesota		
8a WAS DECEDENT A U.S. VETERAN? No		8b YEAR LAST SERVED IN U.S. ARMED FORCES?		9a PLACE OF DEATH (Check only one. See instructions.) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence								
9b FACILITY NAME (If not institution, give street and number) 509 Coral Dr.				9c CITY, TOWN OR LOCATION OF DEATH Dyer				9d COUNTY OF DEATH Lake				
10 MARITAL STATUS (Specify) Married		11 SURVIVING SPOUSE (If wife, give maiden name) William R. Nichols		12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Housewife				12b KIND OF BUSINESS/INDUSTRY Own Home				
13a RESIDENCE—STATE Indiana		13b COUNTY Lake		13c CITY, TOWN OR LOCATION Dyer		13d STREET AND NUMBER 509 Coral Dr.						
13e ZIP CODE 46311		13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14 CITIZEN OF WHAT COUNTRY? USA		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) Elementary/Secondary (0-12) 8 College (1-4 or 5+) 		
18 FATHER'S NAME (First, Middle, Last) Robert C.				19 MOTHER'S NAME (First, Middle, Maiden Surname) Jeannette Drake								
20a INFORMANT'S NAME (Type/Print) William R. Nichols				20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 509 Coral Dr. Dyer, Indiana 46311				20c Relationship Husband				
21a METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)				21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) October 31, 1992 Oakland Memory Lanes				21c LOCATION—City or Town, State Dolton, Illinois				
22a EMBALMER'S NAME Not Embalmed				22b EMBALMER'S LICENSE NO. N/A		23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes						
24a SIGNATURE OF FUNERAL DIRECTOR <i>Edward J. Mullany</i>				24b LICENSE NUMBER (of Licenses) FDO 1007176		25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Fagen-Miller Funeral Gardens Inc 1920 Hart St. Dyer, Indiana 46311 FH83001504						
26 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. Ovarian Cancer										Approximate Interval Between Onset and Death		
IMMEDIATE CAUSE (Final disease or condition resulting in death) 1992												
Conditions, if any, which gave rise to the immediate cause stating the underlying/acute last												
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) <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) as 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) as 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) and manner as stated.												
29b SIGNATURE AND TITLE OF CERTIFIER <i>R. S. D.</i>						29c MEDICAL LICENSE NO. 01031484		29d DATE SIGNED (Month, Day, Year) 10/29/92				
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Ray E. Drasga, M. D., 8127 Merrillville Road, Merrillville, Indiana 46410												
31 HEALTH OFFICER'S SIGNATURE <i>Alexander Williams, MD</i>								32 DATE FILED (Month, Day, Year) October 29, 1992				
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 61235				
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)								
34g DATE PRONOUNCED DEAD (Month, Day, Year)				34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.								



FILED
MAR 17 2000

**PETER BENJAMIN
LAKE COUNTY AUDITOR**