

2000 019950

2000 MAR 23 AM 10:17

FA# F31028

LEGAL DESCRIPTION:

Lot 86, and the Northerly one-half, by parallel lines, of Lot 87, in Suburban Gardens,  
an Addition to the Town of Dyer, as per plat thereof recorded in Plat Book 24, page  
83, in the Office of the Recorder of Lake County, Indiana.



First American Title  
Insurance Company

PROPERTY ADDRESS:

1305 Madison Avenue, Dyer, IN 46311

**ESTATE AFFIDAVIT**

EMILY A. BARTON

, Affiant, states that:

1. **WARREN B. BARTON**, deceased, died on the \_\_\_\_\_ day  
of \_\_\_\_\_;
2. Affiant is:  the surviving spouse of the deceased,  
 the Personal Representative/Executor-trix of the  
estate of the deceased;

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 18 day  
of April, 1948; 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.

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

Date 3/20/2000

Emily A. Barton  
Signature of Affiant

EMILY A. BARTON  
Printed Name of Affiant

State of Indiana, County of **LAKE**

Subscribed and sworn to before me, this **21** day of **MARCH**

2000

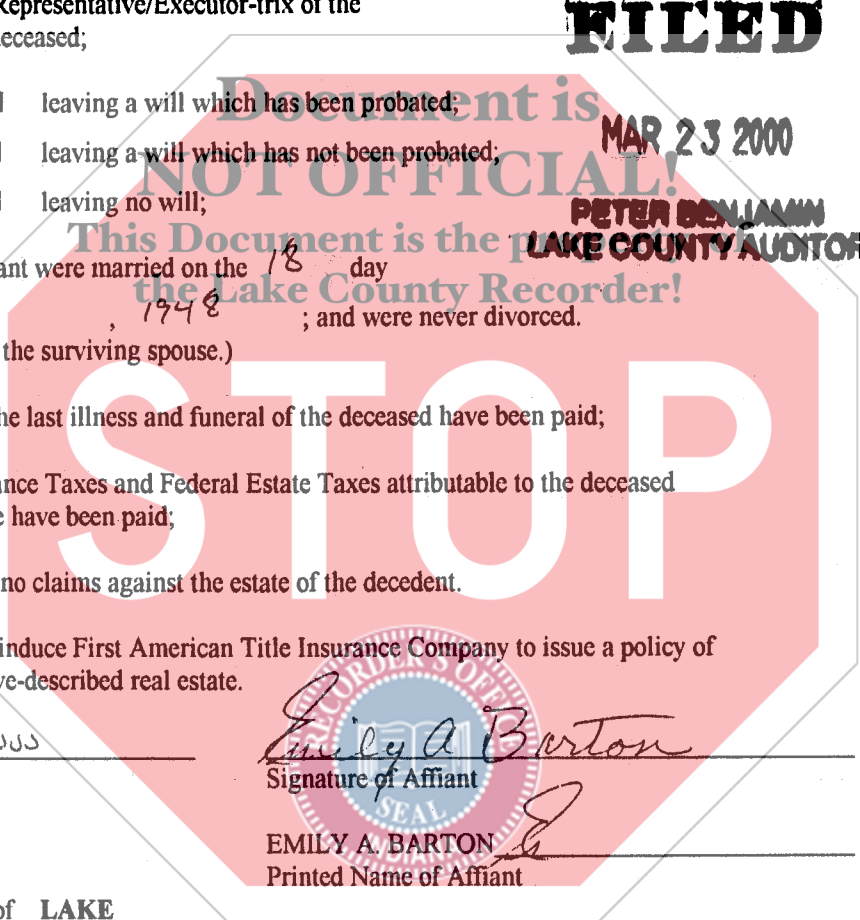
DRUANNE M. BOCEK  
Printed Name of Notary

Druanne M Bocek  
Signature of Notary

My Commission expires: **08/28/06**

My County of Residence is: **LAKE**

THIS INSTRUMENT WAS PREPARED BY: EMILY A. BARTON



**HOLD FOR FIRST AMERICAN TITLE**

01027

11.00  
E.P.  
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. 2548-98

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

TYPE/PRINT  
IN  
PERMANENT  
BLACK INK

1 DECEASED—NAME (First Middle, Last) Warren Bunnell Barton		2. SEX Male		3a TIME OF DEATH 4:00 P <sub>M</sub>		3b DATE OF DEATH (Month, Day, Yr) November 13, 1998	
4. *SOCIAL SECURITY NUMBER 313-12-9333		5a AGE—Last Birthday (Year) 75		5b UNDER 1 YEAR Months Days		5c UNDER 1 DAY Hours Minutes	
6 DATE OF BIRTH (Mo, Day, Yr) January 24, 1923		7 BIRTHPLACE (City and State or Foreign Country) Hammond, Indiana					
8a WAS DECEDENT A US VETERAN? Yes		8b YEAR LAST SERVED IN US ARMED FORCES? 1946		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) 1305 Madison				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) Emily Lukso		12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life Do not use retired) Owner		12b KIND OF BUSINESS/INDUSTRY Retail	
13a RESIDENCE—STATE Indiana		13b COUNTY Lake		13c CITY, TOWN OR LOCATION Dyer		13d STREET AND NUMBER 1305 Madison	
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) College (1-4 or 5 +) 12					
18 FATHER'S NAME (First, Middle, Last) Louis Barton				19 MOTHER'S NAME (First, Middle, Maiden Surname) Roverta Pugh			
20a INFORMANT'S NAME (Type/Print) Emily Barton		20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1305 Madison Dyer, Indiana 46311		20c Relationship Wife			
21a 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)		21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) November 17, 1998 Elmwood Cemetery		21c LOCATION—City or Town, State Hammond, Indiana			
22a EMBALMER'S NAME Henry Blake		22b EMBALMER'S LICENSE NO FD01019406		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
24a SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>		24b LICENSE NUMBER (of Licensee) FD01006015		25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Fagen-Miller Funeral Home FH83001504 1920 Hart St. Dyer, Indiana 46311			
26 PART I Enter the disease, injuries or complications that caused death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each: IMMEDIATE CAUSE (Final disease or condition resulting in death) Lung Cancer with Liver Metastasis DUE TO (OR AS A CONSEQUENCE OF) CONDITIONS IF ANY WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST DUE TO (OR AS A CONSEQUENCE OF) DUE TO (OR AS A CONSEQUENCE OF) DUE TO (OR AS A CONSEQUENCE OF) Approximate Interval Between Onset and Death 6 Months <b>FILED</b> <b>MAR 23 2000</b>							
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I				27 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		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>[Signature]</i>				29c MEDICAL LICENSE NO 01031582		29d DATE SIGNED (Month, Day, Year) 11-18-98	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) LYLE R. MURN MD 4321 FIR ST E, CHICAGO IL 46312							
31 HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>				32 DATE FILED (Month, Day, Year) NOV 19 1998 LAKE COUNTY HEALTH DEPT			
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be Determined		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, Rural Route Number, City or Town, State) 61628 LAKE COUNTY HEALTH COMMISSIONER			
34g DATE PRONOUNCED DEAD (Month, Day, Year)		34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian <i>[Signature]</i> LAKE COUNTY HEALTH COMMISSIONER					

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER