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2000-042197

FA# F31783

LEGAL DESCRIPTION:

Lot B, except the North 2 1/2 feet thereof, all of Lot C, and the North 4 feet of Lot D, in Block 3, in the Resubdivision of Lots 21 to 29, Block 1, and Lots 1 to 9 and 22 to 30, Block 2, and Lots 1 to 9 and 22 to 30, Block 3, in Woodlawn Terrace in the City of Hammond, as per plat thereof recorded in Plat Book 18, page 29, in the Office of the Recorder of Lake County, Indiana.



First American
Title
Insurance
Company

200042197

Tax Key Number 26-36-0376-0002

PROPERTY ADDRESS:

7227 Maplewood Avenue, Hammond, IN 46324

SURVIVORSHIP AFFIDAVIT

TIMOTHY J. MCKERN, being first sworn upon his oath, deposes and says:

1. Affiant is the son of Marian E. McKern and James A. McKern.
2. Marian E. McKern died on August 20, 1986, as disclosed on the certified copy of the death certificate attached hereto. She left no Will.
3. Marian E. McKern and James A. McKern were legally married at the time they acquired title as Husband and Wife to the above-described real estate.
4. The marital relationship of Husband and Wife between Marian E. McKern and James A. McKern remained in effect until the date of death of Marian E. McKern.
5. That all funeral expenses in connection with the death of said decedent have been paid in full.
6. 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 the decedent's life were not sufficient to necessitate the payment of Federal Estate Tax.

Further Affiant sayeth not.

Timothy J. McKern AS TRUSTEE
TIMOTHY J. MCKERN

Subscribed and Sworn to before me on the 12th day of June, 2000.

Corina Castel Ramos
(Name: _____, a Notary Public)

State of Indiana, County of Porter

(Seal) My Commission Expires: 5-16-01

FILED

This Instrument was prepared by and after recording return to:
Gary J. Irwin, Attorney @ Law, PO Box 292, Crete, IL 60417

PETER BENJAMIN
LAKE COUNTY AUDITOR

01217

11/21/98

F31783

HOLD FOR FIRST AMERICAN TITLE

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Document is NOT OFFICIAL!

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

Local No. **573**

State No.

TYPE OR PRINT PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

Below for State Office Use

THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.

Hammond Health Commissioner
Date issued Aug 13 2000

FUNERAL HOME No. **282**
LICENSE No. **1139**
FUNERAL DIRECTOR'S SIGNATURE John Dalton
LICENSE No. **1731**
FUNERAL DIRECTOR'S SIGNATURE John Dalton

DECEASED—NAME 1. Marian E. McKern		SEX Female	DATE OF DEATH (month, day, year) 8-20-86
RACE 4. White	AGE—Last Birthday (mo, y) 5a. 68	UNDER 1 YEAR 5b. 5-22-1918	COUNTY OF DEATH 7a. Lake
CITY, TOWN OR LOCATION OF DEATH 7b. Hammond		HOSPITAL OR OTHER INSTITUTION—Name of inst or other, give street and number 7c. St. Margaret's Hospital	IF HOSP OR INST (Specify Yes or No) 7d. Input
STATE OF BIRTH 8. Indiana	CITIZEN OF WHAT COUNTRY 9. U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED 10. Married	SURVIVING SPOUSE (Specify name) 11. James McKern
SOCIAL SECURITY NUMBER 12. 306-10-7401		USUAL OCCUPATION (Give kind of work done during most of working life even if retired) 14a. Housewife	KIND OF BUSINESS OR INDUSTRY 14b. _____
RESIDENCE—STATE 16a. Indiana	COUNTY 16b. Lake	CITY, TOWN OR LOCATION 16c. Hammond	IS RESIDENCE ON A FARM? 15a. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
STREET AND NUMBER 16d. 7227 Maplewood		INSIDE CITY LIMITS (Specify Yes or No) 15f. Yes	
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 18g. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
FATHER—NAME 16. Edward Sherby		MOTHER—MAIDEN NAME 17. Margaret Scherer	
INFORMANT—NAME (Type or Print) 18a. James McKern		RELATIONSHIP 18b. _____	MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 18c. 7227 Maplewood Hammond Ind 46324
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19a. Burial		CEMETERY OR CREMATORY—FUNERAL HOME 19b. Mount Mercy	LOCATION (City or Town, State) 19c. Gary Ind
DATE (Month, Day, Year) 20a. August 23 1986		FUNERAL HOME—Name and Address (Street or R.F.D. No., City or Town, State, Zip) 20b. Dalton & Son 6955 Southeastern Hammond Ind 46324	
To the best of my knowledge (State occurrence of the same date and place and due to the coroner's report) 21a. Signature <u>James B. Walsh</u>		DATE SIGNED (mo, day, yr) 21b. 8/21/86	HOUR OF DEATH 21c. 10:50 a.m.
NAME OF ATTENDING PHYSICIAN (Type or Print) 21d. J. B. Walsh, M. D.			
MAILING ADDRESS—PHYSICIAN 21e. 5500 Hoffman Avenue, Hammond, Indiana 46320			
HEALTH OFFICER'S SIGNATURE 22a. <u>Franklin J. Almeida M.D.</u>		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b. AUG 22 1986	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (List the underlying cause last) 23. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR 1a, 1b, AND 1c) PART I (a) Cardiac Shock		Interval between onset and death one day	
(b) Intractable congestive heart failure		Interval between onset and death 2 WKS	
(c) Rheumatic mitral valve disease		Interval between onset and death MANY YRS.	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I 24. (1) Digitalis Toxicity (2) Ruptured aortic aneurysm with abscess		AUTOPSY (Specify Yes or No) 24. NO	

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