



COMMUNITY TITLE COMPANY

- An Indiana Corporation -
421 West 81st Avenue
Merrillville, Indiana 46410
219-736-2810

CASE 19366 INDIANA
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2000 050873
AFFIDAVIT

2000 JUL 19 AM 10:51
MORRIS W. CARTER
RECORDER

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

OLGA PAULEY, being first duly sworn upon oath, deposes and says:

1. That Affiant's spouse, WALTER E. PAULEY died (~~without leaving a will~~) (leaving a will) on December 14 1999 at Community Hospital

2. That they were duly and legally married at the time they acquired title as husband and wife to the following described real estate
LOTS 14, 15 AND 28 IN BLOCK "J" IN FERN-OAKS, AS PER PLAT THEREOF, RECORDED JULY 25, 1927 IN PLAT BOOK 21 PAGE 21, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.
COMMONLY KNOWN AS 5085 HAYES ST., GARY, IN. 46408
UNIT 1 KEY NO. 39-151-14 AND 28

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) ~~XXXX~~ 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 bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax

JUL 12 2000

PETER BENJAMIN
LAKE COUNTY AUDITOR

Further affiant sayeth not.

Olga Pauley
OLGA PAULEY

Subscribed and sworn to before me, a Notary Public, this 6th day of July, 19 2000.

COMMUNITY TITLE COMPANY
FILE NO 19366M

Patricia Ludington
Patricia Ludington Notary Public

My Commission expires:
04/15/08

County of Residence:
Lake

This Instrument prepared by PATRICK McMANAMA, ATTORNEY AT LAW
ID 9534-45

00704

100
AC
CM

* 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. 2871-99

385316
TYPE/PRINT
IN
PERMANENT
BLACK INK

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

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First, Middle, Last) Walter E. Pauley		2 SEX Male		3a TIME OF DEATH 7:50A M		3b DATE OF DEATH (Month, Day, Yr) December 14, 1999	
4 *SOCIAL SECURITY NUMBER 306-10-7027		5a AGE—Last Birthday (Years) 81		5b UNDER 1 YEAR Months Days		5c UNDER 1 DAY Hours Minutes	
6 DATE OF BIRTH (Mo, Day, Yr) Aug. 14, 1918		7 BIRTHPLACE (City and State or Foreign Country) East Chicago, IN					
8a WAS DECEDENT A U.S. VETERAN? Yes		8b YEAR LAST SERVED IN U.S. ARMED FORCES? 1945		9a PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence			
9b FACILITY NAME (If not institution, give street and number) Community Hospital				9c CITY, TOWN, OR LOCATION OF DEATH Munster		9d COUNTY OF DEATH Lake	
10. MARITAL STATUS (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Olga Dudak		12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Bus Driver		12b. KIND OF BUSINESS/INDUSTRY Shoreline Bus Co.	
13a RESIDENCE—STATE IN		13b COUNTY Lake		13c CITY, TOWN, OR LOCATION Gary		13d STREET AND NUMBER 5085 Hays St.	
13e ZIP CODE 46408		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) Elementary/Secondary (0-12) <input checked="" type="checkbox"/> 12 College (1-4 or 5+) <input type="checkbox"/>					
18 FATHER'S NAME (First, Middle, Last) Edward Pauley				19 MOTHER'S NAME (First, Middle, Maiden Surname) Elizabeth Dwyer			
20a INFORMANT'S NAME (Type/Print) Timothy Pauley			20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5936 N.E. Arrowhead Dr. Kenmore, WA98028			20c Relationship Son	
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) December 18, 1999 Chapel Lawn Memorial Gardens		21c LOCATION—City or Town, State Scherverville, IN			
22a EMBALMER'S NAME Jeffery N. Sachs		22b EMBALMER'S LICENSE NO. 29800086		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
24a SIGNATURE OF FUNERAL DIRECTOR <i>Thomas J. Burns</i>		24b LICENSE NUMBER (of Licensee) 1045184		25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Burns-Kish Funeral Home #3004968 8415 Calumet 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. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. <i>CONGESTIVE HEART FAILURE</i> DUE TO (OR AS A CONSEQUENCE OF) b. <i>CORONARY ARTERY DISEASE</i> DUE TO (OR AS A CONSEQUENCE OF) c. _____ DUE TO (OR AS A CONSEQUENCE OF) d. _____ Conditions if any, which gave rise to the immediate cause, stating the underlying cause last							
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I <i>DIABETES, RENAL FAILURE</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)		YRS YRS					
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>Steve G. Corse, M.D.</i>		29c MEDICAL LICENSE NO. 102000686		29d DATE SIGNED (Month, Day, Year) Dec. 16, 1999	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Steven Corse, D.O., 3100 45th Highland, IN 46322							
31 HEALTH OFFICER'S SIGNATURE <i>Alexander S. Williams, M.D.</i>						32 DATE FILED (Month, Day, Year) <i>December 17, 1999</i>	
33 MANNER OF DEATH <input 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 DESCRIBE HOW INJURY OCCURRED. IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT. DEC 17 1999		34a 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. <i>Alexander S. Williams, M.D.</i> LAKE COUNTY HEALTH COMMISSIONER					