

STATE
LAKE
FILED

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AFFIDAVIT

2000 054091

2000 AUG -1

STATE OF PENNSYLVANIA)

COUNTY OF Allegheny)

SS: 310-22-6615

Norma I. Lucy a/k/a Norma Irene Lucy, being first duly sworn upon oath, deposes and says:

1. That Affiant's spouse, John R. Lucy died (without leaving a will) (leaving a will) on June 9, 2000 at Valparaiso, Indiana.
2. That they were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

Parcel 1: Part of the West half of the Southwest Quarter of Section 11, Township 34 North, Range 9 West of the Second Principal Meridian, described as commencing at a point 1175 feet South of the Northwest corner of said West Half of the Southwest Quarter, and thence running South 165 feet, thence East parallel to the North line of said West Half of the Southwest Quarter, 1332 feet, more or less, to the East line of said West half of the Southwest Quarter, thence North 165 feet, thence West parallel to the North line of said West Half of the Southwest Quarter to the place of beginning, in Lake County, Indiana.

Parcel 2: Part of the West Half of the Southwest Quarter of Section 11, Township 34 North, Range 9 West of the 2nd P.M., more particularly described as Commencing at a point 1010 feet South of the Northwest corner of said West Half of the Southwest Quarter and thence running South 165 feet; thence East parallel to the North line of said West Half of the Southwest Quarter 1332 feet more or less, to the East line of said West Half of the Southwest Quarter; thence North 165 feet; thence West parallel to the North line of said West Half of the Southwest Quarter to the point of beginning, in Lake County, Indiana.

COMMUNITY TITLE COMPANY
FILE NO. 2/19786

3. That the marital relationship which existed between them at the time they acquired title to said real state remained in effect and unbroken until the date of his death.

4. That all funeral expenses in connection with the death of the said decedent have been paid in full.

5. That all of the assets of said decedent which could be includable for Federal Estate Tax purposes, including joint bank accounts and life

FILED

PETER BENJAMIN
LAKE COUNTY AUDITOR

2000

13:00 AM

Insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

Further affiant sayeth not.

Norma I. Lucy
Norma I. Lucy

Subscribed and sworn to before me, a Notary public, this 27 day of June, 2000.

Notarial Seal
Diane G. Yates, Notary Public
Shaler Twp., Allegheny County
My Commission Expires Nov. 20, 2001
Member, Pennsylvania Association of Notaries

Diane G. Yates
Notary Public

My Commission expires: _____

County of Resident: Allegheny

This Instrument prepared by: William F. Carroll, Attorney
101 North Main Street
Crown Point, IN 46307



This document not valid unless stamped on reverse side and embossed with raised seal of Porter County

PORTER COUNTY
CERTIFICATE OF DEATH

PORTER COUNTY HEALTH DEPARTMENT
155 Indiana Ave.
Suite 104
Valparaiso, IN 46383

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

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

394973

PARENTS

INFORMANT

DISPOSITION

CAUSE OF
DEATH

CERTIFIER

HEALTH
OFFICER

1 DECEASED—NAME (First, Middle, Last) JOHN RICHARD LUCY		2 SEX Male	3a. TIME OF DEATH 4:30 P.M.	3b. DATE OF DEATH (Month, Day, Year) June 9, 2000
4. SOCIAL SECURITY NUMBER 305-12-8963	5a. AGE—Last Birthday (Years) 79	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr) April 1, 1921
7. BIRTHPLACE (City and State or Foreign Country) Monticello, Indiana	8a. WAS DECEDENT A U.S. VETERAN Yes		8b. YEAR LAST SERVED IN U.S. ARMED FORCES 1946	8c. PLACE OF DEATH (Check only one. See instructions) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence Hospice Center
9a. FACILITY NAME (If not institution, give street and number) Mary Bartz VNA Hospice		9b. CITY, TOWN, OR LOCATION OF DEATH Valparaiso		9c. COUNTY OF DEATH Porter
10. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Norma Irene Schmittle	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Crane Operator		12b. KIND OF BUSINESS/INDUSTRY Standard Oil Company
13a. RESIDENCE—STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION Crown Point	13d. STREET AND NUMBER 11421 Cline Avenue	
13e. ZIP CODE 46307	13f. INSIDE CITY LIMITS <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes 13g. ON A FARM? <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) 12 College (1-4 or 5+)		18. FATHER'S NAME (First, Middle, Last) Arnold Raymond Lucy		
19. MOTHER'S NAME (First, Middle, Maiden Surname) Irene Nehr		20. INFORMANT'S NAME (Type/Print) Norma I. Lucy		
20a. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 11421 Cline Ave., Crown Point, IN 46307		20b. 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) June 12, 2000 Elmwood Cemetery		21c. LOCATION—City or Town, State Hammond, Indiana
22a. EMBALMER'S NAME Amy L. DeMunck		22b. EMBALMER'S LICENSE NO. FI29900059	23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a. SIGNATURE OF FUNERAL DIRECTOR 		24b. LICENSE NUMBER (of Licensee) 1009893	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME PRUZIN & LITTLE FUNERAL SERVICE #830012 811 E. Franciscan Dr., Crown Point, IN 46307	
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) Lung Cancer				
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 prostate cancer				
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) No		28a. WAS AN AUTOPSY PERFORMED? No		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) ---
29. 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 			29c. MEDICAL LICENSE NO. 01031667	29d. DATE SIGNED (Month, Day, Year) 06-12-00
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Ray Draga, M.D., 8127 Merrillville Road, Merrillville, IN 46410				
31. HEALTH OFFICER'S SIGNATURE 				32. DATE FILED (Month, Day, Year) June 12, 2000
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		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.		