

2000 011905

TICOR TITLE INSURANCE

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2000 FEB 20  
MORRIS W. CARTER  
RECORDER

2000 055330

AFFIDAVIT

STATE OF INDIANA )  
COUNTY OF LAKE ) SS:

BETH R. Pickett

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

1. That FRED R. Pickett died on JUNE 12, 1999 at LAKE COUNTY, IND.

2. That FRED R. Pickett and BETTY R. Pickett were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

Lot 20 and the West 8 feet of Lot 21 in Block 2 in Towle and Avery's Addition to the City of Hammond, as per plat thereof, recorded in Plat Book 1 page 104, in the Office of the Recorder of Lake County, Indiana.

the Lake County Recorder!

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)~~ (her) death.

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

5. That all of the assets of said decedent which would be included for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

Further affiant sayeth not.

FILED  
SEAL  
FEB 18 2000

PETER BENJAMIN  
LAKE COUNTY AUDITOR

PETER BENJAMIN  
LAKE COUNTY AUDITOR

Subscribed and sworn to before me, a Notary Public, this 15 day of FEBRUARY, 2000.

This document is being re-recorded to correct the date of death.

Thomas G. Schuler  
Notary Public  
PETER BENJAMIN  
LAKE COUNTY AUDITOR

My Commission expires:

JUNE 07, 2000

County of Residence:

LAKE

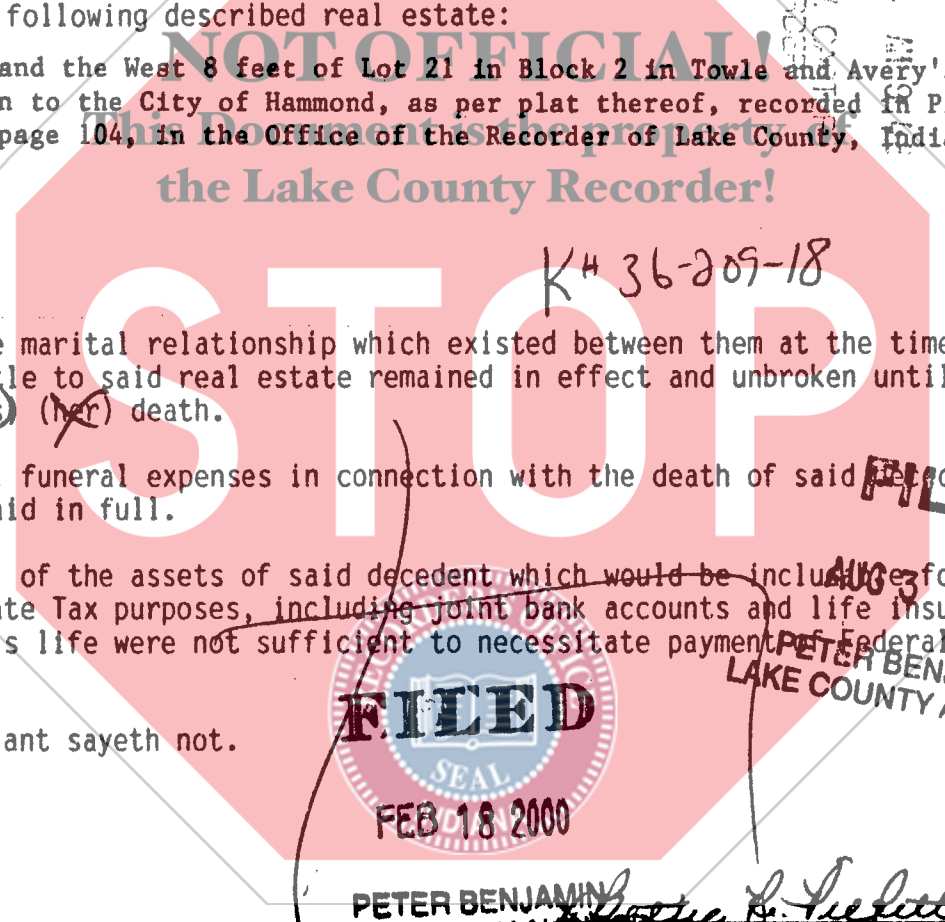
This Instrument prepared by Betty R. Pickett

1139

1302  
AC

T.Z

TICOR No 99208562 Avery



INDIANA STATE BOARD OF HEALTH  
CERTIFICATE OF DEATH

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

Local No. 523

June 18, 1990  
Date Issued  
Franklin D. Remuda, M.D.  
Hammond Health Commissioner

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

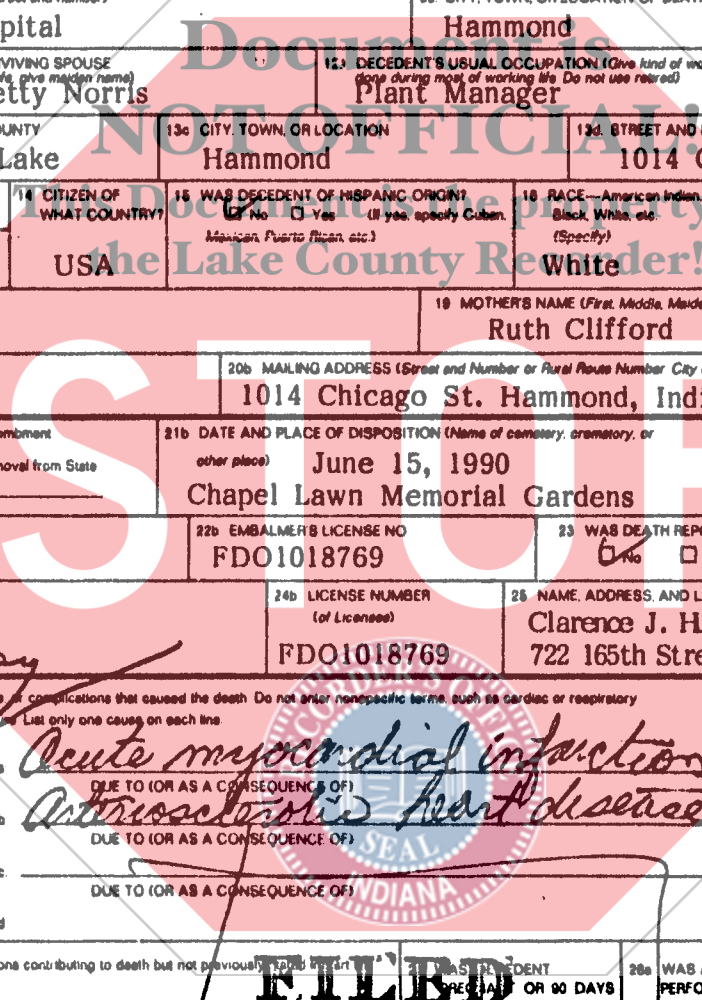
CERTIFIER

HEALTH OFFICER

CORONER USE ONLY

1 DECEASED—NAME (First, Middle, Last) <b>Frederick R. Pickett</b>		2 SEX <b>Male</b>		3a TIME OF DEATH <b>3:30 P M</b>		3b DATE OF DEATH (Month, Day, Yr) <b>June 12, 1990</b>	
4 SOCIAL SECURITY NUMBER <b>335-10-4498</b>		5a AGE—Last Birthday (Years) <b>74</b>		5b UNDER 1 YEAR Months Days		5c UNDER 1 DAY Hours Minutes	
6 DATE OF BIRTH (Mo, Day, Yr) <b>January 14, 1916</b>		7 BIRTHPLACE (City and State or Foreign Country) <b>Toronto, Canada</b>					
8a WAS DECEDENT A US VETERAN? <b>No</b>		8b YEAR LAST SERVED IN US ARMED FORCES? <b>N/A</b>		8c PLACE OF DEATH (Check only one See instructions) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input checked="" type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence			
9a FACILITY NAME (If not institution, give street and number) <b>St. Margarets Hospital</b>				9b CITY, TOWN, OR LOCATION OF DEATH <b>Hammond</b>		9c COUNTY OF DEATH <b>Lake</b>	
10 MARITAL STATUS (Specify) <b>Married</b>		11 SURVIVING SPOUSE (If wife, give maiden name) <b>Betty Norris</b>		12 DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Plant Manager</b>		13 KIND OF BUSINESS/INDUSTRY <b>Allied Signal</b>	
13a RESIDENCE—STATE <b>Indiana</b>		13b COUNTY <b>Lake</b>		13c CITY, TOWN, OR LOCATION <b>Hammond</b>		13d STREET AND NUMBER <b>1014 Chicago Street</b>	
13e ZIP CODE <b>46320</b>		13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14 CITIZEN OF WHAT COUNTRY? <b>USA</b>		15 WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
16 RACE—American Indian, Black, White, etc. (Specify) <b>White</b>		17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) <b>12</b> College (14 or 16+) <b>2</b>		18 FATHER'S NAME (First, Middle, Last) <b>Fred Pickett</b>			
19 MOTHER'S NAME (First, Middle, Maiden Surname) <b>Ruth Clifford</b>				20a INFORMANT'S NAME (Type/Print) <b>Betty Pickett</b>			
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>1014 Chicago St. Hammond, Indiana 46320</b>				20c Relationship <b>Wife</b>			
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <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) <b>June 15, 1990 Chapel Lawn Memorial Gardens</b>		21c LOCATION—City or Town, State <b>Schererville, Indiana</b>			
22a EMBALMER'S NAME <b>Rod A. Ivy</b>		22b EMBALMER'S LICENSE NO. <b>FDO1018769</b>		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
24a SIGNATURE OF FUNERAL DIRECTOR <i>Rod A. Ivy</i>		24b LICENSE NUMBER (of Licensee) <b>FDO1018769</b>		25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>Clarence J. Huber Funeral Home ICHB002851 722 165th Street Hammond, Indiana 46324</b>			
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. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. <i>Acute myocardial infarction</i> DUE TO (OR AS A CONSEQUENCE OF) b. <i>Arteriosclerotic heart 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 reported. 26a WAS AN AUTOPSY PERFORMED? (Yes or no) <b>No</b>							
26b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <b>N/A</b>							
29a CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge and belief, 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>Thomas L. Brubaker</i> <b>LAKE COUNTY AUDITOR</b>		29c MEDICAL LICENSE NO. <b>01024438</b>		29d DATE SIGNED (Month, Day, Year) <b>June 15, 1990</b>			
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>T. A. Brubaker 110 Ridge Road Munster, Indiana 46321</b>							
31 HEALTH OFFICER'S SIGNATURE <i>Franklin D. Remuda, M.D.</i>						32 DATE FILED (Month, Day, Year) <b>JUN 18 1990</b>	
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) <b>AUG 3 2000</b>		34b TIME OF INJURY		34c INJURY AT WORK? (Yes or no) <b>No</b>	
34d PLACE OF INJURY—At home, farm, street, factory, building, etc. (Specify)		34e LOCATION (Street and Number or Rural Route Number, City or Town, State) <b>12.0</b>					
34g DATE PRONOUNCED DEAD (Month, Day, Year)		34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify date, driver, passenger, pedestrian, etc.					

TICOR-H6 99208562 Avry / Pickett H/O



**FILED**  
FEB 18 2000

**PETER BENJAMIN**  
**LAKE COUNTY AUDITOR**