

FA# F32504

2000-061083

STATE OF INDIANA
LAKE COUNTY
FILED FOR



LEGAL DESCRIPTION:

LOT 4, IN BLOCK 3, IN GLEN-ELLEN, HAMMOND, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 093 PAGE 35, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

PROPERTY ADDRESS: 7406 Monroe Avenue, Hammond, IN
Key No.: 33-169-4, Tax Unit 26

ESTATE AFFIDAVIT

Frederick David Smith III, Affiant, states that:

1. Marilyn G. Black, deceased, died on the 10th day of February, 1984;

2. Affiant is the surviving spouse of the deceased,

XX the Personal Representative/Executor of the estate of the deceased, Harry George Black

3. The deceased died: leaving a will which has been probated;
 leaving a will which has not been probated;
 leaving no will;

The deceased and Harry George Black were married on the 1st day of June, 1961; 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 are 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.

8/17/00 Date Signature of Affiant Frederick David Smith III

Frederick David Smith III Printed Name of Affiant

State of Indiana, County of Lake 01800

Subscribed and sworn to before me, this 17th day of August, 2000

Kim A Diaz Printed Name of Notary

Signature of Notary Kim A Diaz

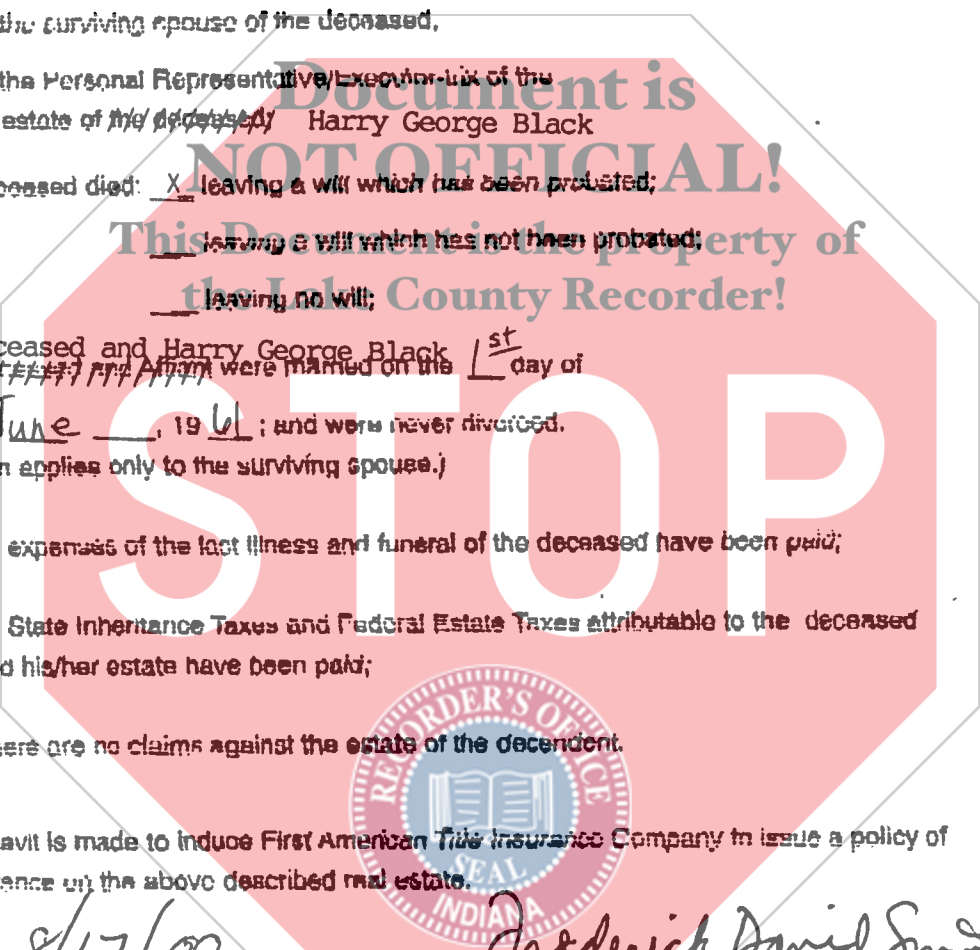
My Commission expires: My County of Residence is:

PETER BENJAMIN LAKE COUNTY AUDITOR
KIM A. DIAZ NOTARY PUBLIC STATE OF INDIANA
Resident of Lake County My Commission Expires 2/15/2007

F32504

THIS INSTRUMENT WAS PREPARED BY: Jerry I. Shapiro, Attorney at Law
506 Ridge Road, Munster, IN 46321
HOLD FOR FIRST AMERICAN TITLE

1200 E.P. FA



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

Below for State Office Use

THIS CERTIFIES THE ABOVE IS A TRUE AND
COMPLETE COPY OF THE CERTIFICATE OF DEATH
ON FILE WITH THE HAMMOND HEALTH DEPT.
FEB 15 1984
Date Issued

HAMMOND HEALTH COMMISSIONER

EMBALMER'S NAME: Rod A. Ivy

LICENSE No. 1876

FUNERAL DIRECTOR'S
SIGNATURE

FUNERAL DIRECTOR'S
LICENSE No. 1876

FUNERAL HOME
No. 285

Local No. 121

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No.

DECEASED	DECEASED—NAME 1. Marilyn G. Black			SEX Female	DATE OF DEATH (MONTH DAY YEAR) February 10, 1984
	RACE—No. 4 White	AGE—Last Birthday (Yrs.) 52	UNDER 1 YEAR MO. DAY	UNDER 1 DAY HOURS MIN.	DATE OF BIRTH (Mo. Day Yr.) 3-7-1931
DECEASED	CITY, TOWN OR LOCATION OF DEATH Hammond			HOSPITAL OR OTHER INSTITUTION—Name of inst. and address 7406 Monroe Street	
	STATE OF BIRTH (No. 5) Indiana	CITIZEN OF WHAT COUNTRY USA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED Married	SURVIVING SPOUSE (If wife give maiden name) Harry Black	
DECEASED	SOCIAL SECURITY NUMBER 315-30-9006			KIND OF BUSINESS OR INDUSTRY Inland Steel	
	RESIDENCE—STATE Indiana	COUNTY Lake	CITY, TOWN OR LOCATION Hammond	USUAL OCCUPATION (Give kind of work done during most of working life, even if seasonal) Payroll Clerk	
DECEASED	STREET AND NUMBER 7406 Monroe			IS RESIDENCE ON A FARM? 15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 15g YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			INSIDE CITY LIMITS (Specify YES or NO) yes	
PARENTS	FATHER—NAME FIRST MIDDLE LAST Wayne Gibbons			MOTHER—MAIDEN NAME FIRST MIDDLE LAST Sadie Grigsby	
	INFORMANT—NAME (Type or Print) RELATIONSHIP Harry Black—Husband			MAILING ADDRESS STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP 7406 Monroe Hammond, Indiana 46324	
DISPOSITION	BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial			CEMETERY OR CREMATORY—FUNERAL HOME LOCATION CITY OR TOWN STATE Chapel Lawn Mem. Gardens Schererville, Indiana 46324	
	DATE (MONTH, DAY YEAR) 2-13-84			FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP) C.J. Huber Funeral Home 722 165th ST. Hammond, In. 46324	
M.D. OR D.O.	To the best of my knowledge, death occurred on the date, date and place and due to the causes stated 21a (Signature) B.D. Schmid M.D.			DATE SIGNED (Mo., Day Yr.) 14 Feb 84	
	NAME OF ATTENDING PHYSICIAN (Type or Print) B.D. Schmid M.D.			HOUR OF DEATH 4:10AM	
CAUSE	MAILING ADDRESS—PHYSICIAN 7905 Calumet Ave. Munster, Indiana 46321			HEALTH OFFICER—(Type or Print) DATE RECEIVED BY LOCAL HEALTH OFFICER Shirley J. Gremuda M.D. FEB 15 1984	
	CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST PART I IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR I(a) AND I(b)) (a) Circumstances of auto. with static			Interval between onset and death	
CAUSE	PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)			Interval between onset and death	
	24 no			Interval between onset and death	