

2000-064916

2000 064916

STATE OF INDIANA  
LAKE COUNTY  
FILE

# TICOR TITLE INSURANCE

MORRIS W. CARTER  
RECORDER

## AFFIDAVIT

STATE OF INDIANA )  
COUNTY OF LAKE ) SS:

JULIA L. JONES, being first duly sworn upon oath, deposes and says:

1. That TEDDY D. JONES died on JUNE 12, 1988 at LAKE COUNTY.

2. That JULIA L. JONES and TEDDY D. JONES were duly and legally married at the time they acquired title as husband and wife to the following described real estate: LOT 2, EXCEPT THE THE NORTH 46 FEET AND EXCEPT THE SOUTH 9 FEET THEREOF, IN BLOCK 7 IN HARTMANS GARDENS ADDITION TO HESSVILLE, IN THE CITY OF HAMMOND, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 14 PAGE 22, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

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 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 joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

Further affiant sayeth not.

SEP 6 2000

Julia L Jones

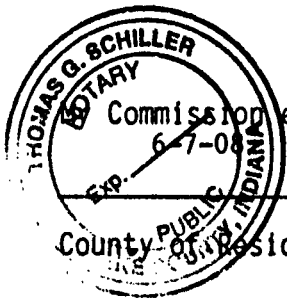
JULIA L JONES

Subscribed and sworn to before me, a Notary Public, on AUGUST, 11 2000, at LAKE COUNTY, Indiana, 31ST day of

PETER BENJAMIN  
LAKE COUNTY AUDITOR

Thomas G. Schiller

Notary Public  
THOMAS G. SCHILLER



County of Residence:

LAKE

This Instrument prepared by JULIA L. JONES

0.257

11.00  
E.P.  
Ti

92-3786

Local No. 521

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.  
JUN 13 1988  
Date Issued Hammond Health Commissioner

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

PRONOUNCING PHYSICIAN ONLY

ITEMS 24-26 MUST BE COMPLETED BY PERSON WHO PRONOUNCES DEATH

SEE INSTRUCTIONS

CAUSE OF DEATH

SEE INSTRUCTIONS

CERTIFIER

HEALTH OFFICER

CORONER OR MEDICAL EXAMINER USE ONLY

1 DECEASED—NAME FIRST MIDDLE LAST <b>TEDDIE D. JONES</b>				2 SEX <b>MALE</b>	3 DATE OF DEATH (Mo. Day Yr.) <b>JUNE 12, 1988</b>	
4 SOCIAL SECURITY NUMBER <b>NA</b>	5a AGE—Last Birthday (Years) <b>56</b>	5b UNDER 1 YEAR Months Days <b>          </b>	5c UNDER 1 DAY Hours Minutes <b>          </b>	6 DATE OF BIRTH (Month Day Year) <b>Dec. 13, 1931</b>	7 BIRTHPLACE (City and State or Foreign Country) <b>Beiton, Kentucky</b>	
8 YEAR LAST SERVED IN U.S. ARMED FORCES? <b>1953</b>		9a PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Residence <input type="checkbox"/> Other (Specify) _____				
9b FACILITY NAME (If not institution, give street and number) <b>Residence: 6849 Arkansas</b>			9c CITY, TOWN OR LOCATION OF DEATH <b>Hammond</b>	9d COUNTY OF DEATH <b>Lake</b>		
10 MARITAL STATUS—Married Never Married, Widowed, Divorced (Specify) <b>married</b>		11 SURVIVING SPOUSE (If wife, give maiden name) <b>Julia L. Porter</b>		12a DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Millwright</b>		
12b KIND OF BUSINESS/INDUSTRY <b>L.T.V. Steel</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>6849 Arkansas</b>				
13e INSIDE CITY LIMITS? (Yes or no) <b>yes</b>	13f FARM <b>no</b>	13g ZIP CODE <b>46323</b>	14 WAS DECEASED OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <b>NO</b>		15 RACE—American Indian, Black, White, etc. (Specify) <b>White</b>	
16 DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>12YR</b>		College (11-4 or 5+)				
17 FATHER'S NAME (First Middle Last) <b>Fred Jones</b>			18 MOTHER'S NAME (First Middle Maiden Surname) <b>Cena Wood</b>			
19a INFORMANT'S NAME (Type/Print) <b>Mrs. Julia L. Jones</b>		19b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>6849 Arkansas Hammond, Indiana 46323</b>		19c Relationship <b>Wife</b>		
20a 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) _____		20b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>June 14, 1988 Elmwood Cemetery</b>		20c LOCATION—City or Town, State <b>Hammond, Indiana</b>		
21a SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>		21b LICENSE NUMBER (of Licensed) <b>FDE1013507</b>		22 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>Bocken Funeral Home, Inc. FDH3002801 7042 Kennedy Hammond, Indiana 46323</b>		
23a To the best of my knowledge, death occurred at the time, date, and place stated. Signature and Title < <i>[Signature]</i>		23b LICENSE NUMBER		23c DATE SIGNED (Month Day, Year)		
24 TIME OF DEATH <b>9:10 a.m.</b>		25 DATE PRONOUNCED DEAD (Month, Day, Year) <b>June 12, 1988</b>		26 WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? (Yes or no) <b>NO</b>		
27 PART I Enter the disease, injuries, or complications that caused the death. Do not enter the mode of dying, 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) <b>Metastatic Brain</b> <b>SEP 4 2000</b>						
DUE TO (OR AS A CONSEQUENCE OF)						
SEQUENTIALLY LIST CONDITIONS if any leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST						
DUE TO (OR AS A CONSEQUENCE OF)						
DUE TO (OR AS A CONSEQUENCE OF)						
DUE TO (OR AS A CONSEQUENCE OF)						
PART II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I <b>Recurrent wound infection</b>				28a WAS AN AUTOPSY PERFORMED? (Yes or no) <b>NO</b>		
				28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)		
29a CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN (Physician certifying cause of death when another physician has pronounced death and completed item 23). To the best of my knowledge, death occurred due to the cause(s) and manner as stated. <input type="checkbox"/> PRONOUNCING AND CERTIFYING PHYSICIAN (Physician both pronouncing death and certifying cause of death). To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. <input type="checkbox"/> MEDICAL EXAMINER <input type="checkbox"/> CORONER <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) and manner as stated.		29b SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i> <b>M.D.</b>		29c LICENSE NUMBER <b>27640</b>		
				29d DATE SIGNED (Month Day, Year) <b>June 13, 1988</b>		
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type/Print) <b>Lawrence D. Bernstein, M.D. 5500 Hohman Avenue Hammond, Indiana 46320</b>						
31 HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>				32 DATE FILED (Month Day, Year) <b>JUN 13 1988</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)	34b TIME OF INJURY	34c INJURY AT WORK? (Yes or no)	34d DESCRIBE HOW INJURY OCCURRED <b>03258</b>	
		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)		