

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2000 079238

2000 OCT 31 AM 10:52

AFFIDAVIT MORRIS W. CARTER  
RECORDER

STATE OF INDIANA )  
                          ) SS:  
COUNTY OF LAKE )

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

1. That Affiant's spouse, CHARLES DOHERTY  
died (without leaving a will) ~~(without leaving a will)~~ on \_\_\_\_\_  
19 \_\_\_\_\_ at \_\_\_\_\_

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

LOT 74 IN MERRILLVILLE HEIGHTS - UNIT TWO, AS PER PLAT THEREOF,  
RECORDED JANUARY 24, 1966 IN PLAT BOOK 37 PAGE 28, IN THE OFFICE  
OF THE RECORDER OF LAKE COUNTY, INDIANA.

COMMONLY KNOWN AS 6253 CALIFORNIA ST., HOBART, IN. 46342

UNIT 43 UNIT 53-45-11

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.

DULY ENTERED FOR TAXATION SUBJECT TO  
FINAL ACCEPTANCE FOR TRANSFER

Further affiant sayeth not.

OCT 26 2000

COMMUNITY TITLE COMPANY  
FILE NO 20232m

PETER BENJAMIN  
LAKE COUNTY AUDITOR

Marie Doherty  
MARIE DOHERTY

Subscribed and sworn to before me, a Notary Public, this \_\_\_\_\_  
day of \_\_\_\_\_ 2000 ~~xxx~~.

Morris W. Carter  
NOTARY PUBLIC

THIS INSTRUMENT PREPARED BY: PATRICK McMANAMA, ATTORNEY AT LAW  
ID 9534-45

02066

11.00  
E.P.  
CM

OFFICE OF VITAL STATISTICS  
CERTIFIED COPY  
CERTIFICATE OF DEATH  
FLORIDA

LOCAL FILE NO. \_\_\_\_\_

1 DECEDENT'S NAME FIRST MIDDLE LAST 2 SEX  
Charles E. Doherty Male

3 DATE OF DEATH (Month, Day, Year) 4 SOCIAL SECURITY NUMBER 5a AGE - Last Birthday (years) 5b UNDER 1 YEAR 5c UNDER 1 Day  
January 18, 2000 303-24-7353 75 Months Days Hours Minutes

6 DATE OF BIRTH (Month, Day, Year) 7 BIRTHPLACE (City and State or Foreign Country) 8 WAS DECEDENT EVER IN US ARMED FORCES? (Yes or No)  
January 29, 1924 Gary, Indiana Yes

9a PLACE OF DEATH (Check only one - see instructions on other side) 9b INSIDE CITY LIMITS? (Yes or No)  
HOSPITAL  Inpatient  ER/Outpatient  DOA  OTHER  Nursing Home  Residence  Other (Specify) Yes

9c FACILITY NAME (If not institution, give street and number) 9d CITY, TOWN, OR LOCATION OF DEATH 9e COUNTY OF DEATH  
Integrated Health Services of Tarpon Spr. Tarpon Springs Pinellas

10a DECEDENT'S USUAL OCCUPATION 10b KIND OF BUSINESS/INDUSTRY 11 MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) 12 SURVIVING SPOUSE (If wife, give maiden name)  
Machinist Steel Mill Married Marie Loscaro

13a RESIDENCE - STATE 13b COUNTY 13c CITY, TOWN, OR LOCATION 13d STREET AND NUMBER  
Indiana Lake Hobart 6253 California Street

13e INSIDE CITY LIMITS? (Yes or No) 13f ZIP CODE 14 WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes - If yes, specify Haitian, Cuban, Mexican, Puerto Rican, etc.) X No Yes 15 RACE - American Indian, Black, White, etc. Specify 16 DECEDENT'S EDUCATION (Specify only highest grade completed)  
Yes 46342 Specify White Elementary/Secondary (10-12) 12 College (1-4 or 5+)

17 FATHER'S NAME (First, Middle, Last) 18 MOTHER'S NAME (First, Middle, Maiden Surname)  
Patrick Doherty Amelia Peters

19a INFORMANT'S NAME (Type/Print) 19b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  
Marie Doherty 6253 California Street Hobart, Indiana 46342

20a METHOD OF DISPOSITION 20b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) 20c LOCATION - City or Town, State  
 Burial  Cremation  Removal from State  Donation  Other (Specify) Calumet Park Cemetery Merrillville, Indiana

21a SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH 21b LICENSE NUMBER (of Licensee) 21c NAME AND ADDRESS OF FACILITY  
Daniel B. Vinson FE2533 Vinson Funeral Home 456 East Tarpon Avenue Tarpon Springs, Florida 34689

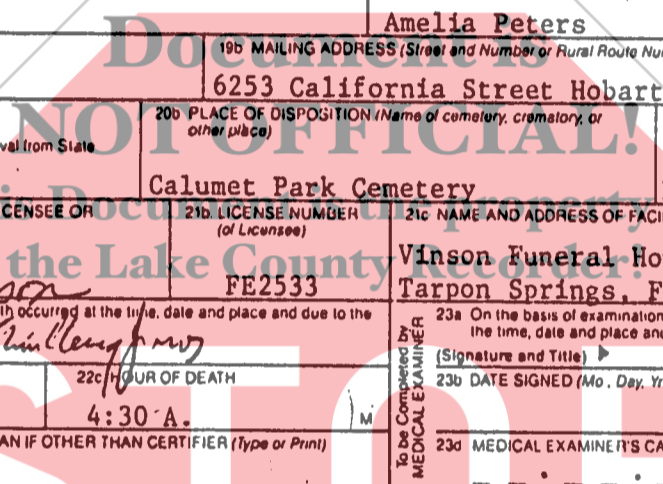
22a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) as stated (Signature and Title) 22b DATE SIGNED (Mo., Day, Yr.) 22c HOUR OF DEATH 23a On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner as stated (Signature and Title) 23b DATE SIGNED (Mo., Day, Yr.) 23c HOUR OF DEATH  
January 18, 2000 4:30 A. M. January 18, 2000 M

22d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 23d MEDICAL EXAMINER'S CASE #  
David S. Lindberg, MD 5304 Mile Stretch Drive Holiday, Florida 34690

24 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print)

25a SUBREGISTRAR'S SIGNATURE AND DATE 25b LOCAL REGISTRAR'S SIGNATURE 25c DATE REGISTERED  
Lisa (Susanna) -18-00 State Registrar Jan 19, 2000

26 PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the date of a non-suffocating cardiac or respiratory arrest, shock, or heart failure. Approximate interval



VOID IF ALTERED OR ERASED

THIS IS A CERTIFIED TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE

*Katherine A. Susanna*  
Chief Deputy Registrar, Pinellas County

ISSUED: JANUARY 19, 2000  
State Registrar

**WARNING:**  
7795005

THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK.  
THE DOCUMENT FACE CONTAINS A MULTI-COLORED BACKGROUND AND GOLD EMBOSSED SEAL. THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.



CERTIFICATION OF VITAL RECORD