

2002 003768

AFFIDAVIT

STATE OF INDIANA )  
                          ) SS:  
COUNTY OF LAKE )

PEARL M. MARCUM, being first duly sworn upon oath, deposes and says:

1. That Affiant's spouse, McCLELLAN MARCUM died (without leaving a will) ~~(leaving xxxxxxxxx)~~ on JULY 8, 19 95 at LOUISA, KENTUCKY

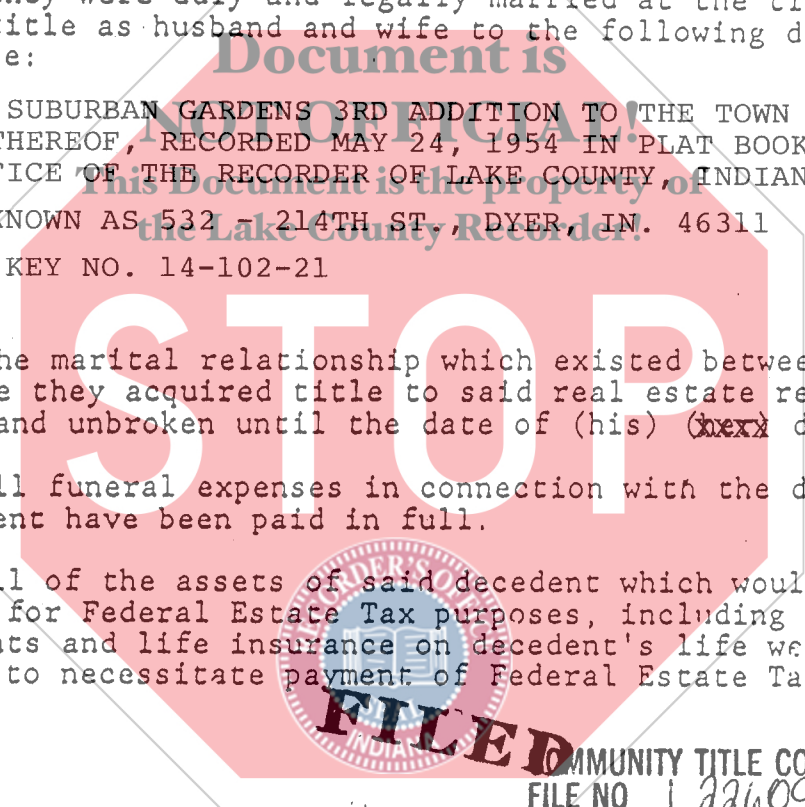
2. That they were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

LOT 21 IN SUBURBAN GARDENS 3RD ADDITION TO THE TOWN OF DYER, AS PER PLAT THEREOF, RECORDED MAY 24, 1954 IN PLAT BOOK 30 PAGE 22, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.  
COMMONLY KNOWN AS 532 - 214TH ST, DYER, IN. 46311  
UNIT 12 KEY NO. 14-102-21

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.

JAN 8 2002

PETER BENJAMIN  
LAKE COUNTY AUDITOR

Pearl M. Marcum  
PEARL M. MARCUM

Subscribed and sworn to before me, a Notary Public, this 20th day of DECEMBER, 2001, ~~19XX~~



Karen Craig  
Notary Public

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

000460

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cm

# VERIFICATION

## NOT A CERTIFIED COPY

COMMONWEALTH OF KENTUCKY  
DEPARTMENT FOR HEALTH SERVICES  
REGISTRAR OF VITAL STATISTICS

116

FILE NO.

### CERTIFICATE OF DEATH

Registrar's No. **018674**

MUST BE TYPED

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CERTIFIER

CAUSE OF DEATH

REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last) <i>McClellan Marcum</i>				2. SEX <i>Male</i>		3. DATE OF DEATH (Month, Day, Year) <i>July 8, 1995</i>		
4. SOCIAL SECURITY NO. <i>407-22-4981</i>		5a. AGE Last Birthday (Years) <i>69</i>	5b. UNDER 1 YEAR (Months) (Days)	5c. UNDER 1 DAY (Hours) (Minutes)		6. DATE OF BIRTH (Month, Day, Year) <i>October 9, 1925</i>		7. BIRTHPLACE (City/State or Foreign Country) <i>Rockcastle, KY</i>
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No) <i>no</i>		9a. PLACE OF DEATH (Check only one) HOSPITAL <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)						
9b. FACILITY NAME (If not institution, give street and number) <i>Three Rivers Medical Center</i>			9c. CITY, TOWN, OR LOCATION OF DEATH <i>Louisa, Kentucky</i>			9d. COUNTY OF DEATH <i>Lawrence</i>		
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)) <i>Married</i>		11. SURVIVING SPOUSE (If wife, give maiden name) <i>Pearl Struble Marcum</i>		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do Not use retired) <i>Maintenance Man</i>		12b. KIND OF BUSINESS/INDUSTRY <i>Hospital</i>		
13a. RESIDENCE - State <i>Indiana</i>		13b. COUNTY <i>Lake</i>		13c. CITY, TOWN, OR LOCATION <i>Dyer</i>		13d. STREET AND NUMBER <i>532 214th. Street</i>		
13e. INSIDE CITY LIMITS? (Yes or No) <i>no</i>	13f. ZIP CODE <i>46311</i>	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		15. RACE - American Indian, Black, White, etc. (Specify) <i>white</i>		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elem/Secondary (0-12) <i>8th.</i> College (1-4 or 5+) <i></i>		
17. FATHER'S NAME (First, Middle, Last) <i>Walter Marcum</i>				18. MOTHER'S NAME (First, Middle, Maiden Surname) <i>Josie Ashley Bowling</i>				
19a. INFORMANT'S NAME <i>Pearl Marcum</i>				19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <i>532 214th. St. Dyer Indiana 46311</i>				
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. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <i>Borders Cemetery</i>		20c. LOCATION - (City, Town or State) <i>Ulysses Ky</i>			
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE (Or person acting as such) <i>Barbara J. White</i>			22. NAME AND ADDRESS OF FACILITY <i>Young Funeral Home Inc. 201 W. Main St. Louisa, Ky 41230</i>					
23a. To the best of my knowledge, death occurred at the time, date and place and due to the causes stated Signature and Title <i>Barbara J. White</i>						23b. DATE SIGNED (Month, Day, Year) <i>July 9, 1995</i>		
24. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 28) <i>101 LADY WASHINGTON, ST. LOUISA, KY 41230</i>								
25. TIME OF DEATH <i>12:15 A M</i>		26. DATE PRONOUNCED DEAD (Month, Day, Year) <i>JULY 8, 1995</i>		27. WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? (Yes or No) <i>Yes</i>				
28. PART I. Enter the diseases, 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. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. <i>MYOCARDIAL INFARCTION</i> DUE TO (OR AS A CONSEQUENCE OF): b. _____ DUE TO (OR AS A CONSEQUENCE OF): c. _____ DUE TO (OR AS A CONSEQUENCE OF): d. _____ Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST						Approximate interval between onset and death. <i>Seconds</i>		
PART II Other significant conditions contributed to death but not resulting in the underlying cause given in Part I.				28a. WAS AUTOPSY PERFORMED? (Yes or No)		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No)		
29. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		30a. DATE OF INJURY (Month, Day, Year)	30b. TIME OF INJURY	30c. INJURY AT WORK? (Yes or No)	30d. DESCRIBE HOW INJURY OCCURRED. <i>000461</i>			
		30e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)	30f. LOCATION (Street Number or Rural Route Number, City or Town) <i>JAN 8 2002</i>					
31. REGISTRAR'S SIGNATURE <i>Barbara J. White</i>						DATE FILED (Month, Day, Year) <i>JUL 9 1995</i>		