2002 003768

AFFIDAVIT

| STATE OF INDIANA | | CC . |
|------------------|---|------|
| COUNTY OF LAKE | 5 | SS: |
| | | |

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

- 1. That Affiant's spouse, McCLELLAN MARCUM died (without leaving a will) (Mexico Marcum 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) (hexx) death.
- 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.

FILE NO 1 22409

Further affiant sayeth not.

PETER BENJAMIN LAKE COUNTY AUDITOR

& m Marcin PEARL M. MARCUM

Subscribed and sworn to before me, a Notary Public, this ACH day of <u>DECEMBER</u> ,2001, XXX

> KAREN CRAIG Lake County Commission Expire Nov. 04, 2006

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

000460

COMMONWEALTH OF KENTUCKY DEPARTMENT FOR HEALTH SERVICES REGISTRAR OF VITAL STATISTICS CERTIFICATE OF DEATH

REGISTRAR

| 116 | | |
|-----|----------|-------------|
| | FILE NO. | |

| CERTIFICATE (| OF | DE. | ATH |
|---------------|----|-----|-----|
|---------------|----|-----|-----|

| / | . DECEDENT S NAME | irust, n | Middle, Last) | | | | | | | 2. SEX | 3 | B. DATE C | OF DEATH // | Month, Day, Year, |
|---------------------------------------|--|--|--|---|--|---|--|--|--|--|--------------------|--------------|--|--|
| ĺ | McClel | lan | Marcun | 1 | | | | | ľ | Male | | | u 8. 1 | |
| l | 4. SOCIAL SECURITY | | 5a. AGE La | | 5b. UNI | DER 1 YEAR | 5c. UNI | DER 1 DA | W 6 | DATE OF BIRT | Н | Jul | | ACE (City/State |
| | | | Birthda | y (Years) | (Months) | (Days) | (Hours) | (Minute | tes) | (Month, Day, 1 | Year) | | | Country) |
| 4 | 4 <u>07-22-4981</u> | | 69 | | | <u> </u> | | <u> </u> | | October | 9,192 | 5 | Rocko | astle.K |
| | 8. WAS DECEDENT EN U.S. ARMED FORCE | | HOSPITA | A.I | | | 9a. P | LACE OF | DEATH | Check only or | ne) | | | |
| | (Yes or No) | | | | satient [| ER/Outpatie | ent 🗆 DO | | | _ | 1 | | - | |
| | no | | | | | | | | | | Nursing H | | Residenc | |
| | 9b. FACILITY NAME (| | | | | | OWN, OR LO | | | ATH | | 9d. C | OUNTY OF | DEATH |
| | Three Rive | rs M | | | | Louis | a, Ker | | | | | Lau | wrence |) |
| | (Married, Never Ma Widowed, Divorced | | 11. SURVIV (If wife, | give maid | | | | (Give kin | nd of we | SUAL OCCUPAT ork done during Not use retired | most of | 12b. K | (IND OF BUS | SINESS/INDUSTI |
| | Married | | Pear | l Str | uble 1 | Marcum | Ma | iinta | inco | Man | | Н | ospita | , D |
| | 13a. RESIDENCE - Star | te | 13b. COUN | | | 13c. CITY, TO | | | ** ** <u>*</u> | 1.100/ F | 13d. STRE | | | |
| | Indiana | | Lak | e. | l | Duer | , | | | | 532 | 211+ | h. St | 100+ |
| | 13e. INSIDE CITY | 13f. ZIP | | 14. WAS | | OF HISPANIC | ORIGIN? | 1 | | E - American In | dian, | 1 | 6. DECEDE | T'S EDUCATION |
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| | no | | | | | Yes | | | 111 | hite | | EIBM/Sec | condary (0-1 | 2) College (1-4 |
| | , | 463 | 11 | لم ا | , TU _ | 192 | | | W | ince | | 8. | th. | |
| 7 | 17. FATHER'S NAME (F | | | 1 | | | T . | 18. MOTH | IER'S N | AME (First, Mid | ldle, Maiden | Surnami | e) | |
| | Walter M | | | | | | | | | | | | - | |
| > | 19a. INFORMANT'S NA | AME | 41) | | | 19b. MA | AILING ADDI | RESS (Sti | reet and | Ashleu E d Number or Ru | ral Route N | umber C | ity or Town | State, Zip Code |
| | Pearl Mar | aum | | /_ | | | | | | | | | | Julia 414 C006 |
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| | | | | , / | | cre | ematory, or o | | | e or cemetery, | | 20c. LUC | CATION - /C | ity, Town or Sta |
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