

  
**TICOR TITLE INSURANCE**

AFFIDAVIT

STATE OF INDIANA )  
 ) SS:  
 COUNTY OF LAKE )

Brendan D. Judge, being first duly sworn upon oath, deposes and says:

1. That Brigid E. Judge Nisbet, fka Brigid E. Judge died on Portage, March 25, 1990 at Portage, IN.

2. ~~THAT THE REAL ESTATE INTERESTS IN THE REAL ESTATE DESCRIBED IN PARAGRAPH 3 WERE ACQUIRED BY THE DECEDENT AS HUSBAND AND WIFE TO THE FOLLOWING DESCRIBED REAL ESTATE.~~

Lots 12 to 21, both inclusive, in Block 3 in South Park Addition to Gary, as per plat thereof, recorded in Plat Book 7 page 15, in the Office of the Recorder of Lake County, Indiana.

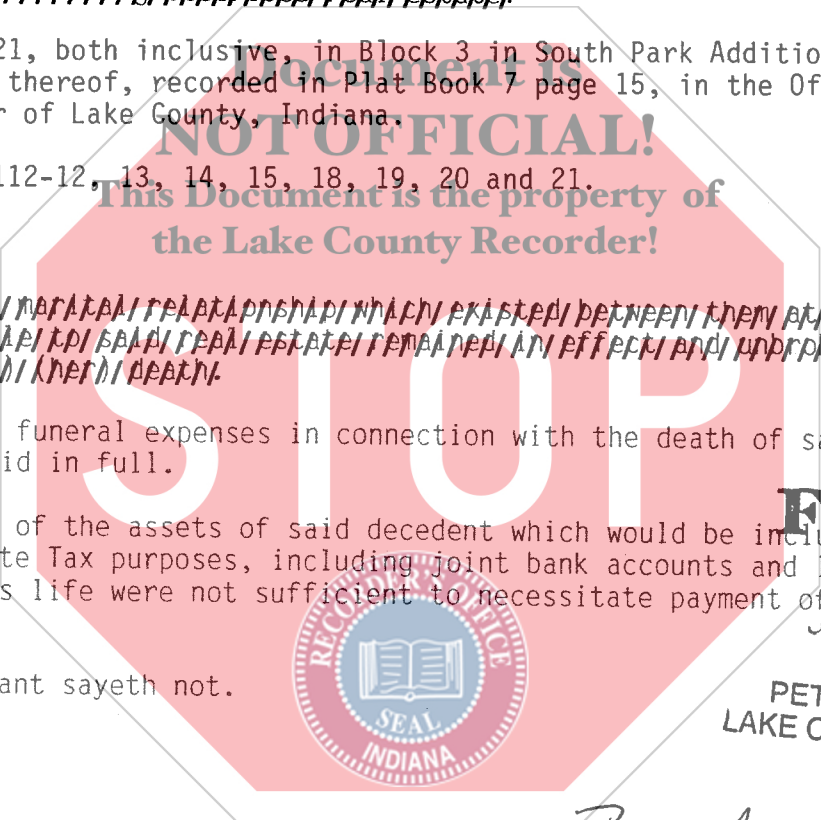
Key No. 47-112-12, 13, 14, 15, 18, 19, 20 and 21.

3. ~~THAT THE MARITAL AGREEMENTS WHICH EXISTED BETWEEN THEM AT THE TIME THEY ACQUIRED SAID REAL ESTATE REMAINED IN EFFECT AND UNBROKEN UNTIL THE DATE OF SAID DECEDENT'S 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.



**FILED**

JAN 23 2002

PETER BENJAMIN  
LAKE COUNTY AUDITOR

Brendan D. Judge  
Brendan D. Judge

Subscribed and sworn to before me, a Notary Public, this 18th day of January, ~~20~~ 2002.

Shannon Stiener  
Shannon Stiener Notary Public

My Commission expires:  
3-14-07

County of Residence:  
Lake



001413

This Instrument prepared by Brendan D. Judge

11  
12

**PORTER COUNTY BOARD OF HEALTH  
CERTIFICATE OF DEATH**

THIS DOCUMENT NOT VALID  
UNLESS STAMPED ON REVERSE SIDE

TYPE/PRINT  
IN  
PERMANENT  
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

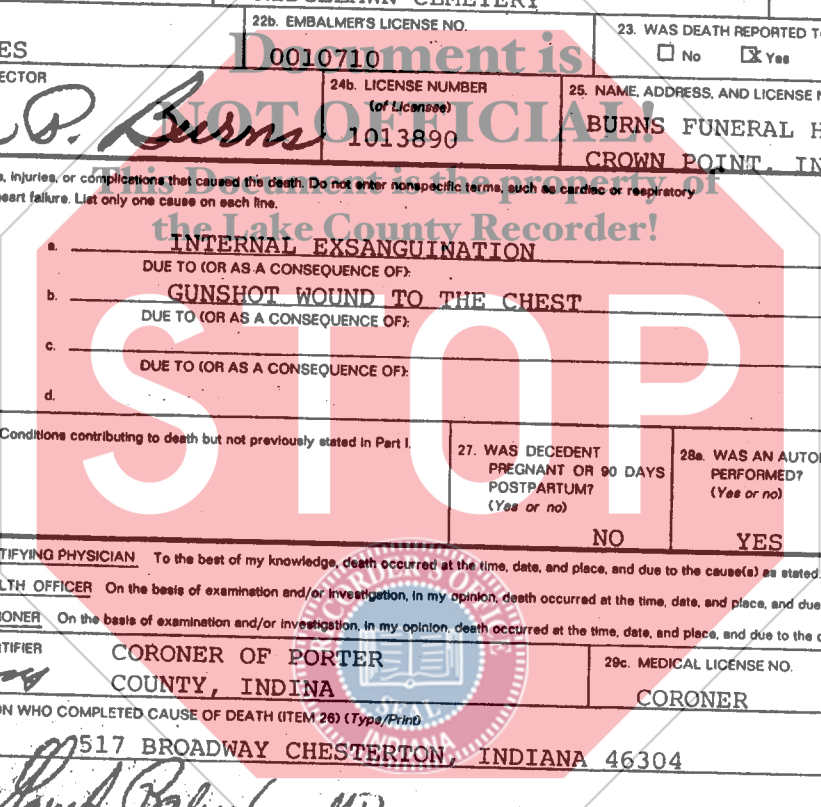
CAUSE OF  
DEATH

CERTIFIER

HEALTH  
OFFICER

DRONER  
SE ONLY

1. DECEASED—NAME (First, Middle, Last) <b>BRIGID E NISBET</b>		2. SEX <b>FEMALE</b>		3a. TIME OF DEATH <b>11:58 PM</b>		3b. DATE OF DEATH (Month, Day, Yr.) <b>MARCH 25, 1990</b>	
4. SOCIAL SECURITY NUMBER <b>311-74-0561</b>		5a. AGE—Last Birthday (Years) <b>31</b>		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes	
6. DATE OF BIRTH (Mo, Day, Yr.) <b>SEPT 28, 1958</b>		7. BIRTHPLACE (City and State or Foreign Country) <b>GARY, INDIANA</b>					
8a. WAS DECEDENT A U.S. VETERAN? <b>NO</b>		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? ----		9a. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence <input type="checkbox"/> HOME			
9b. FACILITY NAME (If not institution, give street and number) <b>3304 AIRPORT ROAD</b>				9c. CITY, TOWN, OR LOCATION OF DEATH <b>PORTAGE</b>		9d. COUNTY OF DEATH <b>PORTER</b>	
10. MARITAL STATUS (Specify) <b>MARRIED</b>		11. SURVIVING SPOUSE (If wife, give maiden name) <b>JEFFREY NISBET</b>		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>BARTENDER</b>		12b. KIND OF BUSINESS/INDUSTRY <b>MICKEY'S LOUNGE</b>	
13a. RESIDENCE—STATE <b>INDIANA</b>		13b. COUNTY <b>PORTER</b>		13c. CITY, TOWN, OR LOCATION <b>PORTAGE</b>		13d. STREET AND NUMBER <b>3304 AIRPORT ROAD</b>	
13e. ZIP CODE <b>46368</b>		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	
13g. ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		16. RACE—American Indian, Black, White, etc. (Specify) <b>WHITE</b>		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>12</b> College (1-4 or 5+) _____			
18. FATHER'S NAME (First, Middle, Last) <b>MCWALLY M. JUDGE</b>				19. MOTHER'S NAME (First, Middle, Maiden Surname) <b>LEONA LUBANOWSKI</b>			
20a. INFORMANT'S NAME (Type/Print) <b>MCWALLY M. JUDGE</b>				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>1020 W. 47TH AVE., GARY, INDIANA 46408</b>		20c. Relationship <b>FATHER</b>	
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) _____		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>MARCH 30, 1990 RIDGELAWN CEMETERY</b>		21c. LOCATION—City or Town, State <b>GARY, INDIANA 46408</b>			
22a. EMBALMER'S NAME <b>GORDON L JONES</b>		22b. EMBALMER'S LICENSE NO. <b>0010710</b>		23. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Terrence P. Burns</i>		24b. LICENSE NUMBER (of Licensee) <b>1013890</b>		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>BURNS FUNERAL HOME, 10101 BROADWAY, CROWN POINT, INDIANA 46307-8600018</b>			
26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, 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. <b>INTERNAL EXSANGUINATION</b>					Approximate Interval Between Onset and Death <b>MIN</b>
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last		b. <b>GUNSHOT WOUND TO THE CHEST</b>					<b>MIN</b>
		c. <b>DUE TO (OR AS A CONSEQUENCE OF):</b>					
		d. <b>DUE TO (OR AS A CONSEQUENCE OF):</b>					
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.							
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) <b>NO</b>		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) <b>YES</b>		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <b>YES</b>			
29a. CERTIFIER (Check only one) <input type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <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) as stated. <input checked="" type="checkbox"/> CORONER 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>John A. Evans</i> <b>CORONER OF PORTER COUNTY, INDIANA</b>				29c. MEDICAL LICENSE NO. <b>CORONER</b>		29d. DATE SIGNED (Month, Day, Year) <b>APRIL 3, 1990</b>	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>JOHN A EVANS 517 BROADWAY CHESTERTON, INDIANA 46304</b>							
31. HEALTH OFFICER'S SIGNATURE <i>David Belcher MD</i>						32. DATE FILED (Month, Day, Year) <b>APR 23 1990</b>	
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month, Day, Year) <b>MARCH 25, 1990</b>		34b. TIME OF INJURY <b>11:00 PM</b>		34c. INJURY AT WORK? (Yes or no) <b>NO</b>	
		34d. DESCRIBE HOW INJURY OCCURRED <b>SELF-INFLICTED</b>		34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) <b>RESIDENCE</b>			
		34f. LOCATION (Street and Number or Rural Route Number, City, State, Zip Code) <b>3304 AIRPORT RD, PORTAGE, INDIANA</b>		34g. DATE PRONOUNCED DEAD (Month, Day, Year) <b>MARCH 25, 1990</b>			
		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc. <b>NO</b>		001414			



**FILED**