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ESTATE AFFIDAVIT
LAKE COUNTY
FILED FOR RECORD

RE: MARY ANN CASE
~~2002~~ 048362

2002 MAY 24 9: 581 BRIAR LANE
MUNSTER, IN 46321

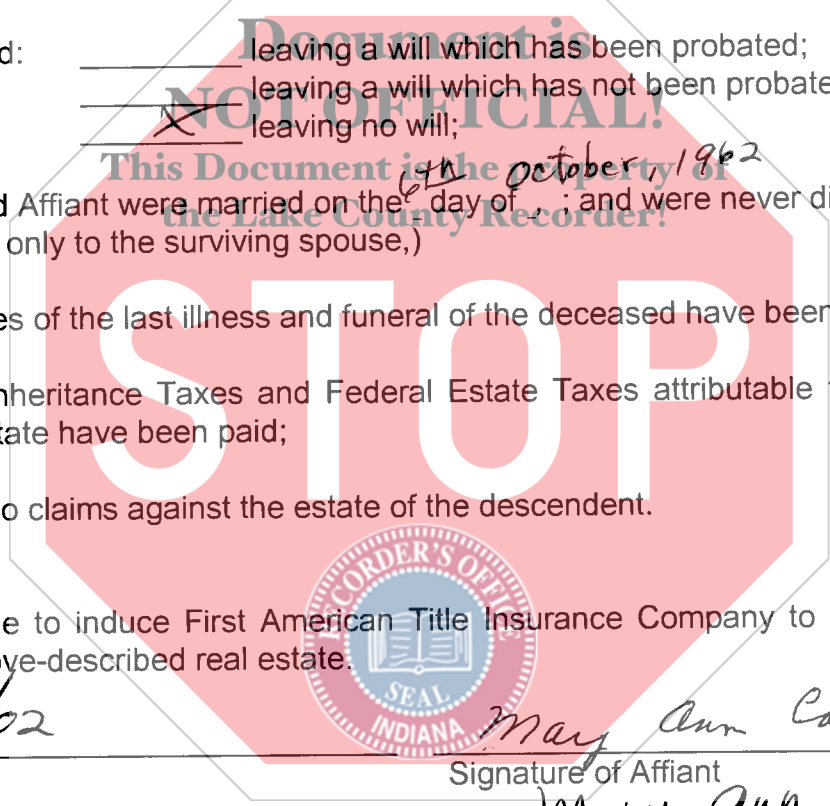
MORRIS W. CARTER
RECORDER

Legal Description:

Lot 22 in Block 3 in Knickerbocker Manor First Addition to the Town of Munster, as per plat thereof, recorded in Plat Book 31, page 15, in the Office of the Recorder of Lake County, Indiana.

MARY ANN CASE Affiant, states that:

1. ARTHUR L. CASE, deceased, died on the 8TH day of JANUARY, ~~2002~~; 1987,
2. Affiant is: the surviving spouse of the deceased,
 the Personal Representative/Executor-trix of the estate of the deceased;
3. The deceased died: leaving a will which has been probated;
 leaving a will which has not been probated;
 leaving no will;
4. The deceased and Affiant were married on the 6th day of October, 1962; and were never divorced.
(This item applies only to the surviving spouse,)
5. All expenses of the last illness and funeral of the deceased have been paid;
6. All State Inheritance Taxes and Federal Estate Taxes attributable to the deceased and his/her estate have been paid;
7. There are no claims against the estate of the decedent.



This Affidavit is made to induce First American Title Insurance Company to issue a policy of title insurance on the above-described real estate.

Date 5/23/02 Signature of Affiant Mary Ann Case
 Printed Name of Affiant Mary Ann Case **FILED**

State of Indiana, County of Lake

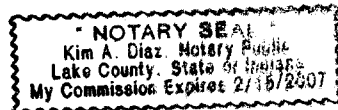
MAY 24 2002

subscribed and sworn to before me, this 23 day of MAY, 2002

Kim A. Diaz
Printed Name of Notary

Kim A. Diaz
Signature of Notary **PETER BENJAMIN LAKE COUNTY AUDITOR**

My Commission expires: 02/15/2007



My County of Residence is: LAKE

This instrument prepared by: AMY M. HOOD

06028514 002008

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FA

TYPE OR PRINT
PLAINLY WITH
UNFADING INK

THIS IS A
PERMANENT
RECORD

Below for State Office Use

Local No. 85-87

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. 06028514

EMBALMER'S NAME FRANK J KISH JAN 15 1987 LICENSE No. 4539
 FUNERAL DIRECTOR'S SIGNATURE Frank J Kish FUNERAL DIRECTOR'S LICENSE No. 2381 FUNERAL HOME No. 496

LAKE COUNTY HEALTH COMMISSIONER

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION GIVE RESIDENCE BEFORE ADMISSION

DECEASED

DATE OF DEATH

M.D. CR D.O. CONDITIONS WHICH GAVE RISE TO IMMEDIATE CAUSE STARTING THE CAUSE LAST

1 DECEASED—NAME ARTHUR		FIRST		MIDDLE		LAST		SEX 2 MALE		DATE OF DEATH (MONTH DAY YEAR) 3 JAN. 8, 1987	
4 RACE—(a) White, Black, American Indian, (b) Spanish, (c) Other		5 AGE—Last Birthday 58		6 UNDER 1 YEAR DAYS		7 UNDER 1 DAY HOURS		8 DATE OF BIRTH (MO. DAY YR.) MAY 4, 1928		9 COUNTY OF DEATH LAKE	
10 CITY, TOWN OR LOCATION OF DEATH MUNSTER		11 HOSPITAL OR OTHER INSTITUTION COMMUNITY HOSPITAL		12 NAME OF INST. OR OTHER INST.		13 SURVIVING SPOUSE (If wife give maiden name) MARY ANN WINS		14 IF HOSP OR INST INDIAN DOA Op Emr. Au. Impsmnt (Specify)		15 INPATIENT?	
16 STATE OF BIRTH (If not in U.S. give country) INDIANA		17 CITIZEN OF WHAT COUNTRY USA		18 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED		19 MARY ANN WINS		20 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yrs or Mo.)		21 NO	
22 SOCIAL SECURITY NUMBER 316-24-7025		23 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		24 DESIGN DRAFTSMAN		25 KIND OF BUSINESS OR INDUSTRY		26 INSIDE CITY LIMITS (Specify Yrs or Mo.)		27 YES	
28 RESIDENCE—STATE INDIANA		29 COUNTY LAKE		30 CITY, TOWN OR LOCATION MUNSTER		31 IS RESIDENCE ON A FARM?		32 INSIDE CITY LIMITS (Specify Yrs or Mo.)		33 YES	
34 STREET AND NUMBER 211 BRIAR		35 IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC.		36 FATHER—NAME FIRST MIDDLE LAST HAROLD		37 MOTHER—MAIDEN NAME FIRST MIDDLE LAST EVELYN STAMITZ		38 MARRIAGE ADDRESS 211 BRAIR LANE MUNSTER INDIANA 46321		39 CITY ON TOWN STATE ZIP INDIANA 46321	
39 BIRTH DATE (MONTH DAY YEAR) JANUARY 12, 1987		40 BIRTH PLACE (CITY, TOWN OR LOCATION) BURNS KISH FUNERAL HOME MUNSTER INDIANA		41 BIRTH STATE INDIANA		42 BIRTH ZIP 46321		43 BIRTH CITY ON TOWN STATE ZIP INDIANA		44 BIRTH ZIP 46321	
45 BIRTH DATE (MONTH DAY YEAR) JANUARY 12, 1987		46 BIRTH PLACE (CITY, TOWN OR LOCATION) BURNS KISH FUNERAL HOME MUNSTER INDIANA		47 BIRTH STATE INDIANA		48 BIRTH ZIP 46321		49 BIRTH CITY ON TOWN STATE ZIP INDIANA		50 BIRTH ZIP 46321	
51 NAME OF ATTENDING PHYSICIAN (First or Full) BURTON H. GREENBERG, M.D.		52 MAILING ADDRESS—PHYSICIAN 4320 FIR ST. EAST, CHICAGO, IN. 46312		53 HEALTH OFFICER—(Signature) <i>Carl J. ...</i>		54 DATE RECEIVED BY LOCAL HEALTH OFFICER 1-15-87		55 INTERVAL BETWEEN ORDER AND DEATH 3 mos.		56 INTERVAL BETWEEN ORDER AND DEATH 3 mos.	
57 MANDATE CAUSE Cardiovascular aortist.		58 PART (a) DUE TO OR AS A CONSEQUENCE OF congestive heart failure		59 PART (b) DUE TO OR AS A CONSEQUENCE OF arteriosclerotic heart disease		60 PART (c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in part (a) or (b)		61 AUTOPSY (Specify Yrs or Mo.) NO		62	