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FA# 06028497

LEGAL DESCRIPTION:

Lots 22, 23 and 24, Block 6 in Kenwood Addition to Hammond, as per plat thereof, recorded in Plat Book 10 page 17, in the Office of the Recorder of Lake County, Indiana.



First American Title Insurance Company

PROPERTY ADDRESS:

6337 Moraine Avenue, Hammond, IN 46324

2002 050683

ESTATE AFFIDAVIT

SUSAN R. GARRETT, Affiant, states that:

1. ALFRED R. GOLDING, deceased, died on the 8TH day of NOVEMBER, 1985;

2. Affiant is:  the daughter of Dorothy R. Golding,  
 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 Dorothy R. Golding were married on the 1<sup>st</sup> day of December, 1978; 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 have been 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.

5/13/02  
Date

*Susan R. Garrett*  
Signature of Affiant

SUSAN R. GARRETT  
Printed Name of Affiant

State of Indiana, County of LAKE

Subscribed and sworn to before me, this 13TH day of MAY, 2002.

KIM A. DIAZ  
Printed Name of Notary

*Kim A. Diaz*  
Signature of Notary

My Commission expires: 2/15/07

My County of Residence is: LAKE

**FILED**

JUN 3 2002

THIS INSTRUMENT WAS PREPARED BY: SUSAN R. GARRETT

PETER BENJAMIN  
LAKE COUNTY AUDITOR

HOLD FOR FIRST AMERICAN TITLE

0000070

*11-00-02  
SM*

2

100  
12  
TYPE OR PRINT  
PLAINLY WITH  
UNFADING INK

THIS IS A  
PERMANENT  
RECORD

Below for State Office Use

THIS CERTIFIES THE ABOVE IS A TRUE AND  
COMPLETE COPY OF THE CERTIFICATE OF DEATH  
ON FILE WITH THE HAMMOND HEALTH DEPT.

**JAN 2 1986** *Franklin S. Spurdas, M.D.*  
Date Issued HAMMOND HEALTH COMMISSIONER

9 \_\_\_\_\_  
10 \_\_\_\_\_  
11 \_\_\_\_\_  
12 \_\_\_\_\_

EMBALMER'S NAME N/A LICENSE No. N/A  
FUNERAL DIRECTOR'S SIGNATURE Michael H. Gurd FUNERAL DIRECTOR'S LICENSE No. 405 FUNERAL HOME No. 285

Local No. 808

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

State No. \_\_\_\_\_

1 DECEASED—NAME		FIRST		MIDDLE		LAST		SEX		DATE OF DEATH (MONTH DAY YEAR)	
Alfred R. Golding		Male		11-8-85							
2 RACE—(a) White, Black, American Indian, (b) Other		AGE—(Last Birthday)		UNDER 1 YEAR		UNDER 1 DAY		DATE OF BIRTH (MO DAY YR)		COUNTRY OF DEATH	
White		76		MOS		DAYS		1-5-1909		Lake	
3 CITY, TOWN OR LOCATION OF DEATH		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATE		SURVIVING SPOUSE (If child, mother, father, brother, sister, etc.)		KIND OF BUSINESS OR INDUSTRY		IF HOSP OR INST. (Indicate DOA or Enter Am. Institution Symbol)	
Hammond		USA		Married		Dorothy Shoptaugh		I.H.B. R.R.		7A	
4 STATE OF BIRTH (If not in U.S.A. name country)		SOCIAL SECURITY NUMBER		10 USUAL OCCUPATION (Identify kind of work done during most of working life even if retired)		11		12		7B	
Indiana		315-10-6477		Engineer		Dorothy		Was Decedent Ever in U.S. Armed Forces? (Specify Year or Years)		Yes	
5 RESIDENCE—STATE		COUNTY		13		14		15		16	
Indiana		Lake		6337 Moraine		Hammond		RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INSIDE CITY LIMITS (Specify Yes or No)	
6		7		8		9		10		11	
6337 Moraine		Hammond		6337 Moraine, Hammond, Indiana 46324		Oakland Memory Lanes		Hammond, Indiana		Dolton, Illinois	
17		18		19		20		21		22	
Percy Golding		Dorothy Golding-Wife		6337 Moraine, Hammond, Indiana 46324		Oakland Memory Lanes		Hammond, Indiana		Dolton, Illinois	
23		24		25		26		27		28	
November 12, 1985		Fred Adler M.D.		800 MacArthur Blvd. Munster, Indiana 46321		Cremation / Burial		Huber Funeral Home, 722-165th St., Hammond, Indiana 46332		2:33 P. M.	
29		30		31		32		33		34	
Autopsy? (Specify Yes or No)		No									

SBH 06-003 State Form 35430  
REV. 10/77