

AFFIDAVIT

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

STATE OF INDIANA )  
COUNTY OF LAKE )

SS 2002 058222

2002 JUN 27 AM 10:42

MORRIS W. CARTER  
RECORDER

Geneva M. Hammer f/k/a Geneva M. Goldner, being first duly sworn upon oath, deposes and says:

- 1. That Affiant's spouse, John R. Goldner, died (without leaving a will) (leaving a will) on December 7, 1975 at St. Margaret Hospital, Hammond, IN.
- 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 30, EXCEPT THE NORTH 15.5 FEET THEREOF, AND THE NORTH 25 FEET OF LOT 31 IN BLOCK 4 IN WHITE OAK MANOR, THE FIRST RE-DIVISION, HAMMOND, AS PER PLAT THEREOF, RECORDED SEPTEMBER 2, 1927 IN PLAT BOOK 21 PAGE 24, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

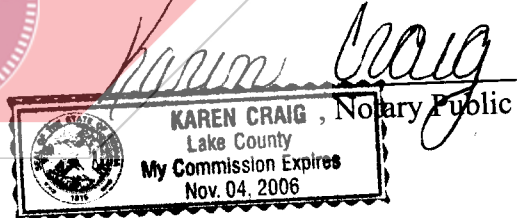
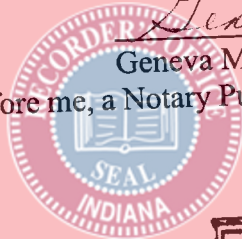
- 3. That the martial relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of her death.
- 4. That all funeral expenses in connection with the death of said decedent have been paid in full.
- 5. That all of the assets 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.

COMMUNITY TITLE COMPANY  
FILE NO 122216

Geneva M Hammer  
Geneva M. Hammer f/k/a Geneva M. Goldner

Subscribed and sworn to before me, a Notary Public this 12 day of June, 2002.



My Commission Expires: \_\_\_\_\_  
County of Residence: \_\_\_\_\_

This instrument prepared by PATRICK J. McMANAMA, Attorney-at-Law, Attorney ID No. 9534-45. No legal opinion given or rendered.

DULY ENTERED FOR TAXATION SUBJECT TO  
FINAL ACCEPTANCE FOR TRANSFER

JUN 25 2002

PETER BENJAMIN  
LAKE COUNTY AUDITOR

Handwritten initials and marks at the bottom right of the page.

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

State No. ....

FOR PRINT ONLY WITH FADING INK

Local No. 991

PERMANENT INK FOR SEE HANDBOOK FOR INSTRUCTIONS

HAMMOND HEALTH COMMISSIONER

ON FILE WITH HEALTH DEPT. 9 1975

DECEASED—NAME **John R. Goldner** SEX **Male** DATE OF DEATH (MONTH, DAY, YEAR) **Dec. 7, 1975**

RACE **White** AGE—LAST BIRTHDAY (YEARS) **59** UNDER 1 YEAR **6** DAYS **14** HOURS **11** MIN. **00** COUNTY OF DEATH **Lake**

CITY, TOWN, OR LOCATION OF DEATH **Hammond** HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) **St. Margaret Hospital**

DECEASED STATE OF BIRTH (IF NOT IN U.S.A.) **U.S.A.** CITIZEN OF WHAT COUNTRY **U.S.A.** MARRIED  NEVER MARRIED  SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) **Geneva (Patnode)**

USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION. **169-01-4951 Lake Hammond** USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) **Bookkeeper** WIDOWED  DIVORCED  KIND OF BUSINESS OR INDUSTRY **Stan Ray Company**

RESIDENCE—STATE **Indiana** COUNTY **Lake** CITY, TOWN OR LOCATION **Hammond** INSIDE CITY LIMITS (SPECIFY YES OR NO) **yes** TOWNSHIP **North** IS RESIDENCE ON A FARM? **no**

STREET AND NUMBER **7536 Chestnut Street** FATHER—NAME **Joseph Goldner** MOTHER—MAIDEN NAME **Rose Stadterman**

RELATIONSHIP **Wife** MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) **7536 Chestnut St., Hammond, Ind. 46324**

INFORMANT—NAME **Geneva Goldner** IMMEDIATE CAUSE (GIVE FULL AND COMPLETE CAUSE PER LIFE FOR (a), (b), AND (c)) **Myocardial infarction of coron**

CAUSE (GIVE FULL AND COMPLETE CAUSE CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE OF DEATH) **61102**

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), (b), OR AS A CONSEQUENCE OF (c) **None**

IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? **yes**

DATE & TIME OF DEATH **Dec. 7 1975 11:00 AM** DATE SIGNED **12 8 75** PHYS. CODE NO. **199**

PHYSICIAN **Charles Helms, M.D.** SIGNATURE OF PHYSICIAN **Charles Helms** CITY OR TOWN **Munster** STATE **Indiana** ZIP **46321**

STREET OR R.F.D. NO. **110 Ridge Road** LOCATION **Hammond, Indiana**

BURIAL (CREMATION, REMOVAL, ETC.) **Burial** CEMETERY, CREMATORY, FUNERAL HOME **St. John Cemetery**

DATE (MONTH, DAY, YEAR) **Dec. 10, 1975** FUNERAL HOME—NAME AND ADDRESS **Solan Funeral Home, 7109 Calumet Ave., Hammond, Ind. (46324)**

DISPOSITION **Funeral Home** HEALTH OFFICER—SIGNATURE **Anthony Solan** DATE RECEIVED BY LOCAL HEALTH OFFICER **Dec 9 1975**

FUNERAL HOME No. 289

FUNERAL DIRECTOR'S LICENSE No. 5184

Funeral Directors NAME Anthony Solan

FUNERAL DIRECTOR'S LICENSE No. 2171

Disposition Permitted Provisional Certificate