TICOR TITLE INSURANCE

2002 060416

2002 JUL -8 AM 8:46
MORRIS W. CARTER
RECORDER

AFFIDAVIT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

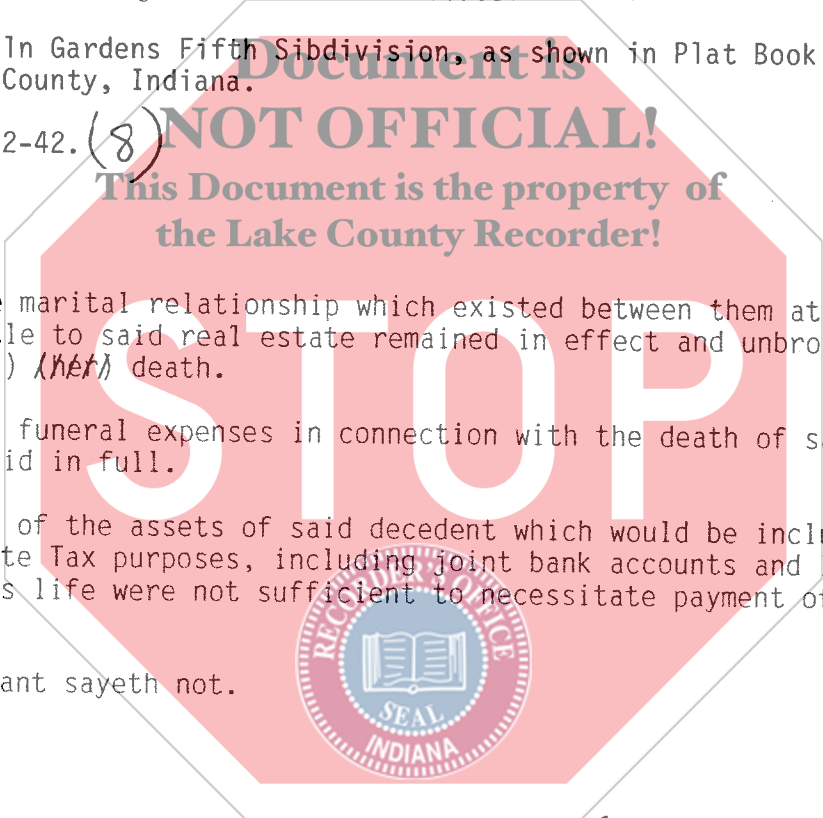
Beverly C. MacDonald, being first duly sworn upon oath, deposes and says:

1. That John T. MacDonald died on May 14, 19 97 at Merrillville, IN.

2. That Beverly C. MacDonald and John T. MacDonald were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

Lot 229 Lincoln Gardens Fifth Sibdivision, as shown in Plat Book 35 page 111, in Lake County, Indiana.

Key No. 15-372-42. (8)



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) ~~(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.

2002 JUL -8 AM 8:46
MORRIS W. CARTER
RECORDER

Beverly C. MacDonald

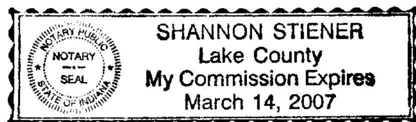
Subscribed and sworn to before me, a Notary Public, this 28th day of June, 2002.

FILED

JUL 5 2002

PETER BENJAMIN
LAKE COUNTY AUDITOR

Shannon Stiener Notary Public



2002 060416

My Commission expires:
3-14-07

County of Residence:
Lake

This Instrument prepared by Beverly C. MacDonald

12.00
MJ
TI

Ticor M.O. 920023125 Jakobowicz

10 + VET

* ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Local No. 1014-97 State No. ....

42134

TYPE/PRINT IN PERMANENT BLACK INK

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

DECEDENT

1. DECEASED—NAME (First, Middle, Last): JOHN T. MAC DONALD
2. SEX: MALE
3a. TIME OF DEATH: 1:30 P M
3b. DATE OF DEATH (Month, Day, Yr): MAY 14, 1997
4. *SOCIAL SECURITY NUMBER: 306-03-7539
5a. AGE—Last Birthday (Years): 77
5b. UNDER 1 YEAR (Months, Days):
5c. UNDER 1 DAY (Hours, Minutes):
6. DATE OF BIRTH (Mo, Day, Yr): AUGUST 17, 1919
7. BIRTHPLACE (City and State or Foreign Country): EAST CHICAGO, IND.
8a. WAS DECEDENT A U.S. VETERAN?: YES
8b. YEAR LAST SERVED IN U.S. ARMED FORCES?: 1946
9a. PLACE OF DEATH (Check only one. See instructions): HOSPITAL ☐ Inpatient ☒ ER/Outpatient ☐ DOA; OTHER: ☐ Nursing Home ☐ Other (Specify) ☐ Residence
9b. FACILITY NAME (If not institution, give street and number): METHODIST HOSPITAL SOUTHLAKE CAMPUS
9c. CITY, TOWN, OR LOCATION OF DEATH: MERRILLVILLE
9d. COUNTY OF DEATH: LAKE
10. MARITAL STATUS (Specify): MARRIED
11. SURVIVING SPOUSE (If wife, give maiden name): BEVERLY C. ANDERSON
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): SUPERINTENDENT
12b. KIND OF BUSINESS/INDUSTRY: PIPEFITTERS LOCAL 597
13a. RESIDENCE—STATE: INDIANA
13b. COUNTY: LAKE
13c. CITY, TOWN, OR LOCATION: MERRILLVILLE
13d. STREET AND NUMBER: 2907 W. 79TH COURT
13e. ZIP CODE: 46307
13f. INSIDE CITY LIMITS: ☐ No ☒ Yes
13g. ON A FARM?: ☒ No ☐ Yes
14. CITIZEN OF WHAT COUNTRY?: U.S.A.
15. WAS DECEDENT OF HISPANIC ORIGIN?: ☒ No ☐ Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)
16. RACE—American Indian, Black, White, etc. (Specify): WHITE
17. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+):

PARENTS

18. FATHER'S NAME (First, Middle, Last): JOHN MARSHALL MAC DONALD
19. MOTHER'S NAME (First, Middle, Maiden Surname): HAZEL FLETNER

INFORMANT

20a. INFORMANT'S NAME (Type/Print): BEVERLY C. MAC DONALD
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2907 W. 79TH CT., MERRILLVILLE, IN 46410
20c. Relationship: WIFE

DISPOSITION

21a. METHOD OF DISPOSITION: ☐ Entombment ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): MAY 17, 1997 RIDGELAWN CEMETERY
21c. LOCATION—City or Town, State: GARY INDIANA
22a. EMBALMER'S NAME: RUSSELL KRAFT
22b. EMBALMER'S LICENSE NO.: 29300105
23. WAS DEATH REPORTED TO CORONER?: ☒ No ☐ Yes
24a. SIGNATURE OF FUNERAL DIRECTOR: James F. Burns
24b. LICENSE NUMBER (of Licensee): 1009461
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: BURNS FUNERAL HOME, 10101 BROADWAY CROWN POINT, IN 46307 FDH83002445

CAUSE OF DEATH

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. — Approximate Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death)
a. Adenocarcinoma of the Lung
DUE TO (OR AS A CONSEQUENCE OF):
b.
DUE TO (OR AS A CONSEQUENCE OF):
c.
DUE TO (OR AS A CONSEQUENCE OF):
d.

Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last

FILED JUL 5 2002

PETER BENJAMIN LAKE COUNTY AUDITOR

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): NO
28a. WAS AN AUTOPSY PERFORMED? (Yes or no): NO
28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no): N/A

CERTIFIER

29a. CERTIFIER (Check only one): ☒ CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. ☐ 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. ☐ 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: R Drasga
29c. MEDICAL LICENSE NO: 01031484
29d. DATE SIGNED (Month, Day, Year): May 15, 1997
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): DR. RAY DRASGA 8427 MERRILLVILLE RD., MERRILLVILLE, INDIANA

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE: Alexander S. Stilling, MD
32. DATE FILED (Month, Day, Year):
33. MANNER OF DEATH: ☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide
34a. DATE OF INJURY (Month, Day, Year):
34b. TIME OF INJURY:
34c. INJURY AT WORK? (Yes or no):
34d. DESCRIBE HOW INJURY OCCURRED:
34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify):
34f. LOCATION (Street and Number or Rural Route Number, City or Town, State):
34g. DATE PRONOUNCED DEAD (Month, Day, Year):
34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger

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

MAY 1 5 1997

Alexander S. Stilling, MD
LAKE COUNTY HEALTH COMMISSIONER

Document is NOT OFFICIAL! This Document is the property of the Lake County Recorder! STOP

SDH06-004 State Form 10110 (R4/3-93) Deathcer/PD 1