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TICOR TITLE INSURANCE

2002 099285 2002 NOV -1 AM 9:07

MORRIS W. CARTEL
RECORDER

AFFIDAVIT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

_____ , being first duly
sworn upon oath, deposes and says:

1. That WILLIAM J. LOVE died on
MARILYN J. LOVE , 19 at HAMMOND, INDIANA
APRIL 16, 2000

2. That WILLIAM J. LOVE and MARILYN J. LOVE
were duly and legally married at the time they acquired title as husband and
wife to the following described real estate:
6814 BARING AVE.
HAMMOND, INDIANA 46324

LOT 35 AND THE SOUTH 10 FEET OF LOT 36, IN FORSYTH HIGHLANDS 3RD ADDITION TO
HAMMOND, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 27 PAGE 58, IN THE OFFICE
OF THE RECORDER OF LAKE COUNTY, INDIANA. 33-204-35

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 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.

DULY ENTERED FOR TAXATION SUBJECT TO
FINAL ACCEPTANCE FOR TRANSFER

OCT 31 2002

PETER BENJAMIN
LAKE COUNTY AUDITOR

William J. Love
WILLIAM J. LOVE

Subscribed and sworn to before me, a Notary Public, this 24TH day of
OCTOBER, 19 2002

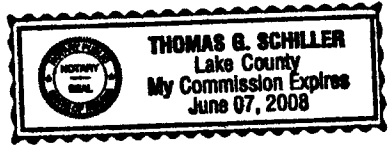
Thomas G. Schiller

Notary Public
THOMAS G. SCHILLER

My Commission expires: 06/07/2008

County of Residence:

LAKE



This Instrument prepared by WILLIAM J. LOVE

92-26587 - Book Highlands - Love

002341

12-11-02
not

* ATTENTION ESTATE DISBURSEMENT OF THE SS# WE NEED TO PURSUE OUR RESPONSIBILITIES IS VOLUNTARY AND THERE WILL BE NO PENALTY FOR REFUSAL.

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.

Date Issued: Apr 22, 2002
Hammond Health Commissioner: Franklin J. Spremeida, M.D.

Local No. 323

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS
INFORMANT

DISPOSITION

CAUSE OF
DEATH

CERTIFIER

HEALTH
OFFICER

1. DECEASED - NAME (First Middle Last) MARILYN J. LOVE		2. SEX Female	3a. TIME OF DEATH 7:56PM	3b. DATE OF DEATH (Month Day Yr) April 16, 2000
4. SOCIAL SECURITY NUMBER 310-70-8174	5a. AGE - Last Birthday (Years) 46	5b. UNDER 1 YEAR Months: _____ Days: _____	5c. UNDER 1 DAY Hours: _____ Minutes: _____	6. DATE OF BIRTH (Mo Day Yr) Sep 30, 1953
7. BIRTHPLACE (City and State or Foreign Country) HAMMOND, IN		8a. PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence		
8b. WAS DECEDENT A U.S. VETERAN? No	8c. YEAR LAST SERVED IN U.S. ARMED FORCES n/a	9c. CITY TOWN OR LOCATION OF DEATH HAMMOND		9d. COUNTY OF DEATH LAKE
9b. FACILITY NAME (If not institution, give street and number) 6814 BARING AVENUE		12b. KIND OF BUSINESS INDUSTRY SCHOOL CITY OF HAMMOND		
10. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) WILLIAM J. LOVE	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) CROSSING GUARD		
13a. RESIDENCE - STATE IN	13b. COUNTY LAKE	13c. CITY TOWN OR LOCATION HAMMOND	13d. STREET AND NUMBER 6814 BARING AVENUE	
13e. ZIP CODE 46324	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? USA	15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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+): 2		18. MOTHER'S NAME (First, Middle, Maiden Surname) BARBARA McNILLAN		
19. FATHER'S NAME (First, Middle, Last) CLAUDE W. MUSSER		20a. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 6814 BARING AVENUE, HAMMOND, IN 46324		20c. Relationship Husband
20b. INFORMANT'S NAME (Type/Print) WILLIAM J. LOVE		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place) Apr 20, 2000 ELMWOOD CEMETERY		
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) _____		21c. LOCATION - City or Town State Hammond, IN		
22a. EMBALMER'S NAME C. WILLIAM MCCOY		22b. EMBALMER'S LICENSE NO. FDO1013612	23. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
24a. SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>		24b. LICENSE NUMBER (of Licensee) FDO1013507	24c. NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME FH83002801 BOCKEN FUNERAL HOME, INC. 7042 KENNEDY AVENUE, HAMMOND, IN 46323	
25. 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. SARCOIDOSIS				
IMMEDIATE CAUSE (Final disease or condition resulting in death) Conditions if any which gave rise to the immediate cause stating the underlying cause last				
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) No	
29a. CERTIFIER (Check only one) <input checked="" 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 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.		29c. MEDICAL LICENSE NO. 1627468		29d. DATE SIGNED (Month Day Year) 4/17/00
29b. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>		30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 28) (Type/Print) GEORGE T. ASTERIS, M.D., 2450-169TH STREET, HAMMOND, IN 46323		
31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>		32. DATE FILED (Month Day Year) April 17, 2000		
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be Determined		34a. DATE OF INJURY (Month Day Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)
34d. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		34e. 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, pedestrian, etc.		

92-26587-202
 Tissue - Highland
 33-204-35

