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2002 NOV 12 AM 8:51
TIGOR - SCHERERVILLE
LAKE COUNTY
INDIANA

2002 102569

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TIGOR W. BARTER
RECORDER

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

AFFIDAVIT OF SURVIVORSHIP

DELILAH. HENRY, being first duly sworn upon her oath, deposes and states as follows:

1. That your affiant's husband, namely, WAYNE I. HENRY, died on the 15th day of August, 2002.

2. That your affiant and her deceased husband were legally married at the time they acquired title, as husband and wife, to the following described real estate:

The South 60 feet West 160 feet of that part of the Northwest 1/4 of the Southeast 1/4 of Section 8, Township 34 North, Range 8 West of the Second Principal Meridian, described as commencing in the center line of East Street, at a point 459 feet South of the center of South Street and running thence East 355 feet; thence South 514.9 feet; thence West 355 feet to the center of East Street; thence North 514.9 feet to the point of beginning, in the City of Crown Point, Lake County, Indiana.

Key No. 9-356-27 (23)

Property Address: 472 South East Street, Crown Point, IN 46307

3. That the marital relationship which existed between your affiant and her deceased husband at the time they acquired title to the real estate described hereinabove, remained in effect and unbroken until the date of Wayne I. Henry's death.

4. That all funeral expenses in connection with the death of said decedent have been paid in full.

5. That all property in which the decedent had an interest, either real, personal, tangible and mixed, was owned jointly with your affiant with rights of survivorship. That as a result of the marital relationship

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TIGOR - SCHERERVILLE
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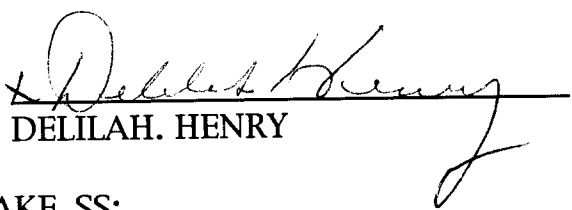
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PETER BENJAMIN
LAKE COUNTY AUDITOR

13-
[Handwritten signature]

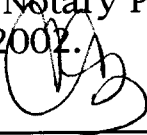
between your affiant and her deceased husband, neither federal estate taxes nor state inheritance taxes would be due and owing.

Further affiant saith not.


DELILAH. HENRY

STATE OF INDIANA, COUNTY OF LAKE, SS:

Subscribed and sworn to before me, a Notary Public in and for said County and State this 5th day of November, 2002.

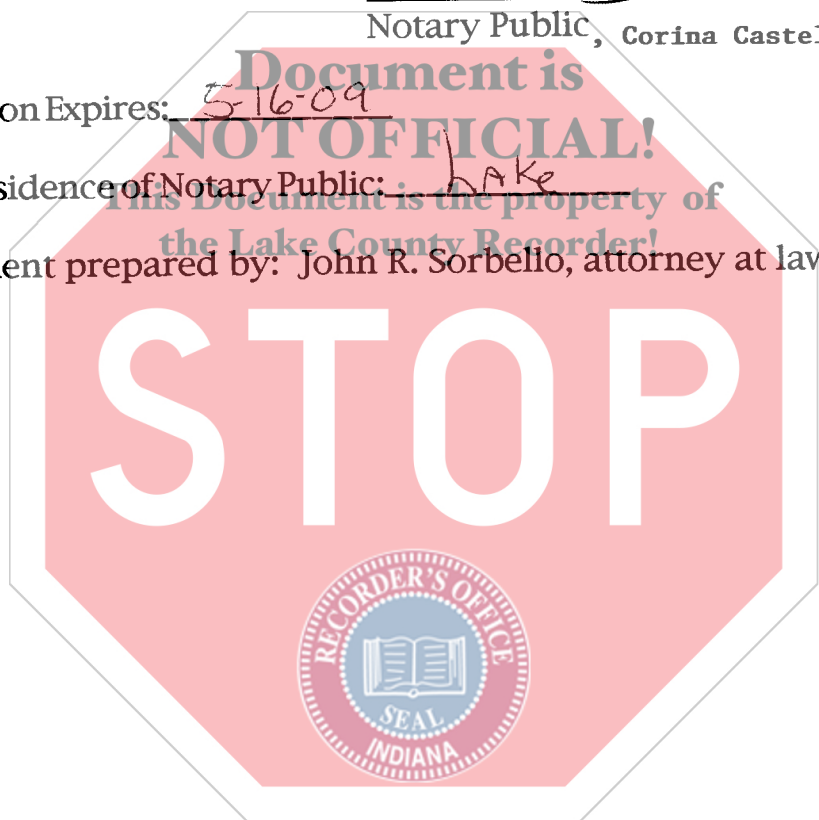


Notary Public, Corina Castel Ramos

My Commission Expires: 5-16-09

County of Residence of Notary Public: Lake

This instrument prepared by: John R. Sorbello, attorney at law.



ATTENTION ESTATE: Disclosure of this information is required if we need to pursue our responsibilities voluntarily and there will be no penalty for non-compliance.

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 145-02

State No.

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

1 DECEASED - NAME (First, Middle, Last) WAYNE I HENRY

2 SEX Male

3a. TIME OF DEATH 4:13 AM

3b. DATE OF DEATH (Month, Day, Yr.) August 15, 2002

4. *SOCIAL SECURITY NUMBER 356-10-6338

5a. AGE - Last Birthday (Years) 84

5b. UNDER 1 YEAR Months Days

5c. UNDER 1 DAY Hours Minutes

6. DATE OF BIRTH (Mo., Day, Yr.) February 12, 1918

7. BIRTHPLACE (City and State or Foreign Country) VIENNA ILLINOIS

8a. WAS DECEDENT A U.S. VETERAN? Yes

8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1945

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) St. Anthony Medical Center

9c. CITY, TOWN, OR LOCATION OF DEATH Crown Point

9d. COUNTY OF DEATH Lake

10. MARITAL STATUS (Specify) Married

11. SURVIVING SPOUSE (If wife, give maiden name) DELILAH WRIGHT HENRY

12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) CARPENTER

12b. KIND OF BUSINESS/INDUSTRY U.S. STEEL

13a. RESIDENCE - STATE Indiana

13b. COUNTY LAKE

13c. CITY, TOWN OR LOCATION CROWN POINT

13d. STREET AND NUMBER 472 S EAST ST.

13e. ZIP CODE 46307

13f. INSIDE CITY LIMITS No Yes

13g. ON A FARM? No Yes

14. CITIZEN OF WHAT COUNTRY? USA

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) 8

College (1-4 or 5+) N/A

18. FATHER'S NAME (First, Middle, Last) WILL HENRY

19. MOTHER'S NAME (First, Middle, Maiden Surname) GRACE TINSLEY

20a. INFORMANT'S NAME (Type/Print) DELILAH HENRY

20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 472 S EAST ST., CROWN POINT, IN 46307

20c. Relationship WIFE

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) August 17, 2002 N.W. Ind. Cremation Services

21c. LOCATION - City or Town, State Crown Point, Indiana

22a. EMBALMER'S NAME CRAIG B. MALONE

22b. EMBALMER'S LICENSE NO. FD01022392

23. WAS DEATH REPORTED TO CORONER? No Yes

24a. SIGNATURE OF FUNERAL DIRECTOR *James F. Burns*

24b. LICENSE NUMBER (of Licensee) FD01009461

25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME BURNS FUNERAL HOME FH83002445 10101 Broadway, Crown Point, Indiana

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.

IMMEDIATE CAUSE (First) *Septicemia*

disease or condition that immediately preceded the death (or as a consequence of):

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

b. DUE TO (OR AS A CONSEQUENCE OF):

c. *Septicemia*

d. DUE TO (OR AS A CONSEQUENCE OF):

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) 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 *Bernardo S Lucena*

29c. MEDICAL LICENSE NO. 01022305

29d. DATE SIGNED (Month, Day, Year) 8/19/02

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) DR. BERNARDO S LUCENA 1121 South Indiana, Crown Point, IN 46307

31. HEALTH OFFICER'S SIGNATURE *Bernardo S Lucena*

NOV 8 2002

32. DATE FILED (Month, Day, Year) August 21, 2002

33. MANNER OF DEATH Natural Pending Investigation Accident Suicide Homicide Could not be Determined

34a. DATE OF INJURY (Month, Day, Year)

34b. TIME OF INJURY

34c. INJURY AT WORK? (Yes or no) PETER BENJAMIN LAKE COUNTY AUDITOR

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) August 15, 2002

34h. MOTOR VEHICLE ACCIDENT? (Yes or No) If yes, specify driver, passenger, pedestrian, etc.

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TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

INFORMANTS

DISPOSITION

USE OF

CERTIFIER

HEALTH OFFICER

11-50-922-6393
9-356-27

