

3

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2003 073705

2003 JUL 16 AM 10:00

MORRIS

SURVIVORSHIP AND SIMILAR NAME AFFIDAVIT

36-140-20
36-140-21

Comes now Claude V. Gower, being first duly sworn, and states:

1. He is the surviving spouse of Mary M. Gower, who passed away on March 31, 1996.
2. He makes this Affidavit on his personal knowledge.
3. Mary M. Gower was also known as Mary Margaret Gower.
4. Prior to the March 31, 1996 death of Mary M. Gower she and Claude V. Gower were the owners, as husband and wife, of certain real estate in Hammond, Lake County, Indiana, to-wit:

Lots Numbered 108 and 109, as marked and laid down on the recorded plat of Stafford and Trankle's Grove Addition to Hammond, Lake County, Indiana, as the same appears of record in Plat Book 5, Page 20, in the Recorder's Office of Lake County, Indiana.

Lot 15 and that part of vacated Maywood Avenue (being a strip of land 30 feet in width) lying Easterly of and adjacent to said Lot 15, in Calumet Addition to Hammond as per plat thereof, recorded in Plat Book 20, Page 43 in the Office of the Recorder of Lake County, Indiana, excepting from said Lot 15 that part thereof described as follows: Beginning at a point on the Westerly line of Lot 15, at a point where it intersects the South Bank of the Grand Calumet River; thence in a Southwesterly direction along the Westerly line of Lot 15, 112 feet more or less, to the Southwest corner of said Lot 15; thence Easterly along the Southerly line of said Lot 15, 36 feet to a point, thence East along the South line of said Lot 4.4 feet to a point; thence Northeasterly parallel with the Westerly line of said Lot 15, to the South Bank of the Grand Calumet River, thence Northwesterly along the South Bank of the Grand Calumet River to the place of beginning as marked and laid down on the recorded plat of Calumet Addition to Hammond, Lake County, Indiana, as the same appears of record in Plat Book 20, Page 43, in the Recorder's Office of Lake County, Indiana.

Commonly known as: 901 Wilcox St.
Hammond, IN 46320

5. Affiant Claude V. Gower and Mary M. Gower were married when they acquired the described real estate and remained married until the death of Mary M. Gower.

ONLY ENTERED FOR TAXATION SUBJECT TO
FINAL ACCEPTANCE FOR TRANSFER

JUL 16 2003

STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

001108

13-
C.C.
CASH

6. Exhibit "A" attached hereto is a true copy of the death certificate of Mary M. Gower, a/k/a Mary Margaret Gower.

Claude V Gower
Claude V. Gower

STATE OF INDIANA)
)
COUNTY OF LAKE)

Subscribed and sworn to before me by affiant Claude V. Gower this 15th day of July, 2003.

My Commission expires: August 20, 2008
County of Residence: Lake

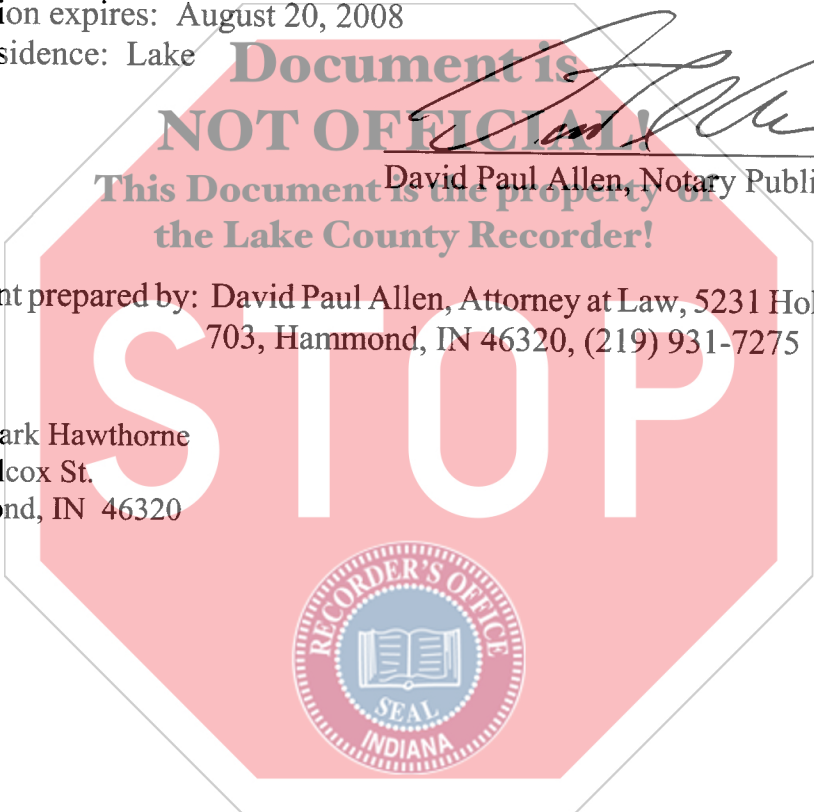
Document is NOT OFFICIAL!
David Paul Allen

David Paul Allen, Notary Public
This Document is the property of the Lake County Recorder!

This instrument prepared by: David Paul Allen, Attorney at Law, 5231 Hohman Ave. Suite 703, Hammond, IN 46320, (219) 931-7275

Return to:

J John Mark Hawthorne
901 Wilcox St.
Hammond, IN 46320



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

* 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

APR 2 1996
Date Issued *Franklin J. Oremuda*
Hammond Health Commissioner

Local No. 286

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

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED—NAME (First, Middle, Last) MARY MARGARET GOWER		2. SEX FEMALE	3a. TIME OF DEATH 4:16 PM	3b. DATE OF DEATH (Month, Day, Yr) MARCH 31, 1996
4. *SOCIAL SECURITY NUMBER 351-12-6959	5a. AGE—Last Birthday (Years) 71	5b. UNDER 1 YEAR Months: _____ Days: _____	5c. UNDER 1 DAY Hours: _____ Minutes: _____	6. DATE OF BIRTH (Mo, Day, Yr) APRIL 17, 1924
7. BIRTHPLACE (City and State or Foreign Country) West Frankfort, Illinois	8a. WAS DECEDENT A U.S. VETERAN? no			
8b. YEAR LAST SERVED IN U.S. ARMED FORCES? no		9a. PLACE OF DEATH (Check only one. See instructions) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) _____ <input checked="" type="checkbox"/> Residence		
9b. FACILITY NAME (If not institution, give street and number) Residence: 901 Wilcox Street		9c. CITY, TOWN, OR LOCATION OF DEATH Hammond	9d. COUNTY OF DEATH Lake	
10. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Claude V. Gower	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Homemaker		12b. KIND OF BUSINESS/INDUSTRY Own Home
13a. RESIDENCE—STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION Hammond	13d. STREET AND NUMBER 901 Wilcox Street	
13e. ZIP CODE 46320	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? U.S.A.	15. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	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+) _____		18. FATHER'S NAME (First, Middle, Last) Edward Wolfe		
19. MOTHER'S NAME (First, Middle, Maiden Surname) Clara Breckler		20a. INFORMANT'S NAME (Type/Print) Mr. Claude V. Gower		
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 901 Wilcox Street Hammond, IN 46320		20c. Relationship Husband		
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Entombment <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) _____		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) April 3, 1996 Memory Lane Memorial Park		21c. LOCATION—City or Town, State Schererville, Indiana
22a. EMBALMER'S NAME David McCoy		22b. EMBALMER'S LICENSE NO. FD08700581	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) FD01013507	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Bocken Funeral Home, Inc. FH83002801 7042 Kennedy Ave. Hammond, IN 46323	
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 (Final disease or condition resulting in death): a. Atherosclerotic Heart Disease 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.				
PART II: Other significant conditions - Conditions contributing to death but not previously stated in Part I Aspirator Pneumonia				
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.				
29b. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i> M.D.			29c. MEDICAL LICENSE NO. 01035700	29d. DATE SIGNED (Month, Day, Year) April 1, 1996
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Mansueto Silverman, M.D. 6924 Indianapolis Blvd. Hammond, IN 46323				
31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i> M.D.				32. DATE FILED (Month, Day, Year) APR 02 1996
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> 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, pedestrian, etc. EXHIBIT "A"		