## **AFFIDAVIT**

STATE OF INDIANA COUNTY OF LAKE

92003 106121

TAME COUNTY THESE FOR RECORD

GEORGE A. HAGAN, being first duly sworn upon oath, deposes and says:

- 1. That Affiant's spouse, **EZZLEE E. HAGAN**, died (without leaving a will) (leaving a will) on JULY 7, 1998 AT HAMMOND, Lake County, Indiana.
- 2. That they were duly and legally married at the time they acquired title as Husband and Wife in the following described real estate:

LOT THIRTY-FIVE (35) AND THE NORTH 5 FEET OF LOT THIRTY-SIX (36), BLOCK THREE (3), REDIVISION OF HOFFMAN'S FIRST ADDITION IN THE CITY OF HAMMOND, AS SHOWN IN PLAT BOOK 1, PAGE 100 IN LAKE COUNTY, INDIANA.

- 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 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 included 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 nonent is the property of

the Lake County Recorder! Serge a. Hagan

GEORGE A. HAĞAN

Subscribed and sworn to before me, a Notary Public this 26th day out enterents taxation subject to Final acceptance for transfer

When Luder COACT 3 2003

My Commission Expires: County of Residence:

STEPHEWA VOTIGLICH LAKE COUNTY AUDITOR

This instrument prepared by PATRICK J. McMANAMA, Attorney-at-Law, Attorney ID No. 9534-45.

No legal opinion given or rendered. All information used in preparation of document was supplied by title company.

PATRICIA LUDINGTON

OTABY PUBLIC, STATE OF INDIANA

COUNTY OF LAKE

DECOMMISSION EXPIRES 04-15-08

COMMUNITY TITLE COMPANY FILE NO Z 27407

000356

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. THIS CERTIFIES THE FOLLOWING IS A TRUE AND INDIANA STATE DEPARTMENT OF HEALTH COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT. Local No. 550 Sunt 15,003 Frank 90 unu 6 cm D.
Dale Issued Hammond Health Commissioner CERTIFICATE OF DEATH RESUB THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3 TYPE/PRINT TIME OF DEATH 36 DATE OF DEATH (NOWN Day YEL Ezzlee Edna JULY7, 1 IN 1998
The end State or Foreign Country) Hagan Female 7:0 7:04P M PERMANENT 4. \*SOCIAL SECURITY NUMBER 56 UNDER I YEAR 5c UNDER 1 DAY **BLACK INK** 420-38-0847 Days 68 March 2, Cleburne County, AL 1930 8a. WAS DECEDENT A U.S VETERAN? 86 YEAR LAST SERVED 98 PLACE OF DEATH (Check only one See instructions) ☐ Inpatient HOSPITAL OTHER | Nursing Home | Other (Specify) No N/A ER/Outpatient Residence 96 FACILITY NAME (If not inst tion, give street and number) 9c CITY, TOWN, OR LOCATION OF DEATH 94 COUNTY OF DEATH DECEDENT St. Margaret Mercy North Campus Hammond Lake 10. MARITAL STATUS (Specify) Married 11. SURVIVING SPOUSE
(If wife, give maiden name) 12e DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life Do not use repred) 126 KIND OF BUSINESS/INDUSTRY George Hagan Homemaker Home 13ª RESIDENCE-STATE 13b COUNTY 13c CITY, TOWN, OR LOCATION 13d STREET AND NUMBER Alabama Cleburne Muscadine 1334 County Road 654 130 ZIP CODE 131 INSIDE CITY LIMITS 14 CITIZEN OF WHAT COUNTR WAS DECEDENT OF HISPANIC ORIGIN?

(XNo | Yes (If yes, specify Cuban
Mexican, Puerio Rican, etc.) 16 RACE—American Indian, Black, White, etc. 17 DECEDENT'S EDUCATION (Specify only highest gred 13g. ON A FARM? (Soecdy) Elementary/Secondary (0-12) 36269 White ZNo □ Yes U.S.A 18 FATHER'S NAME (First Middle, Last) PARENTS 19 MOTHER'S NAME (First Middle, Maiden Surname) Richard M. Chandler Lesslie Maybell Hill 20st INFORMANT'S NAME (Type/Print) 20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) INFORMANT 20c Reletionship George Hagan 1334 County Road 654 Muscadine, AL 36269 Husband 21a. METHOD OF DISPOSITION \_\_\_\_ Entombment 216 DATE AND PLACE OF DISPOSITION (Name of cemetery, cremetory, or ZIC LOCATION-City or Town State ☐ Cremetion 🐰 Removel from State other place) July 11, 1998 Donation Other (Specify) Concord Cemetery Muscadine, AL DISPOSITION FD08800240 23 WAS DEATH REPORTED TO CORONER? Marc J. Mosqueda No 1 Yes 25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HO Engel Funeral Home-3007893 2700 Willowcreek Road Portage Indiana 46368 SIGNATURE OF FUNERAL DIRECTOR (6/ (ICC0300) FD08800240 reda Enter the disesses injuries Approximate Recorder! Interval Betwe ENDO CARD. Dis Onset and Death MMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO LOR AS A CONSEQUENCE CE AROLD YOUNG UN 1418 CAUSE OF DEATH DUE TO 10R AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF) PART II. Other significant condition ns - Conditions contributing to death but not previously stated in Part I 21. WAS DECEDENT 28e WAS AN AUTOPSY PERFORMED7 (Yes or no) WERE AUTOPSY FINDINGS PREGNANT OR 90 DAYS
POSTPARTUM7
(Y41 0( no) AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) No No 29a. CERTIFIER (Check only one) CERTIFYING PAYSICIAN the best of my knowledge, death occurred at the time date, and place and due to the cause(s) as stated FICER On the

COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)
222 Douglas Street Hammond,

34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)

346 TIME OF

YRULNI

rankler

OATE OF INJURY

(Month, Day, Year)

remu de

34h MOTOR VEHICLE ACCIDENT? (Yes or no). If yes, specify driver, pessenger, pedestrien, etc.

34c INJURY AT WORK?

29c MEDICAL LICENSE NO

34d DESCRIBE HOW INJURY OCCURRED

34f LOCATION (Street and Number or Rural Route Number City or Town State)

00848

Indiana 46320

29d DATE SIGNED (Month Day Yes

32 DATE FILED (Month Day, Year)

1991.86 kuruul

1998

AUGUST 27,

IEALTH )FFICER

CERTIFIER

296 SIGNATURE AN

30 NAME AND ADDRESS

33. MANNER OF DEA

Accident

☐ Homicide

31 HEALTH OFFICER'S SKINATURE

Suicide Could not be Determined

34g DATE PRONOUNCED DEAD (Month, Day, Year)

DDUOG 004 - Chara Farm 10110 (D4/0 00) - Doothoor/DD 1

M.D.