I TICOR TITLE INSURANCE

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AFFIDAVIT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE

924-1955 TICOR HBT

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swarn up on oath, depo	ses and says:				W	- (5) 14 i
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1 That Clittord	C. MIIIS			die	d on	
1 That Clifford August 8	,	995 at	4:18 an	3		
, O		•				
2. That <u>Uifford</u>	C. Mills	and 📞	Jewell .	Mills		7,1
were duly and legally	married at the	time they	acquired	title as	husba	ind and
wife to the following	described real	estate:	,			
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NOT OFFI, 7-8-29(27)
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- 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.

DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER

APR 29 2014

LAKE COUNT LAUDITOR LAKE COUNT LAUDITOR LAKE

Superibed and sworn to before me, a Notary Public, this day of

Kimberly Kay Schultz Notary Public

My Commission expires:

10-29-08

County of Residence:

Lake

This Instrument prepared by Schorah A. Gok

002365

\$

No: 920041955

LEGAL DESCRIPTION

The North 100 feet of the South 330 feet of the West 330 feet of the Northwest 1/4 of the Northwest 1/4 of Section 28, Township 36 North, Range 7 West of the 2nd Principal Meridian, in the City of Hobart, Lake County, Indiana.



LEGAL 6/98 SB

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

YPE/PRINT	1	-NAME (First, Mid					2. SEX		3a. TIME OF DEA		ATE OF DEATH (M	·	
IN		ORD C. M		 	EL LINGER I VEAR	E- UNDER	MALE		4:18 A		GUST 8,	1995 ete or Foreign Country)	
ERMANENT	4. *SOCIAL SEC	CURITY NUMBER		Se. AGE—Lest Birthday (Years)	5b. UNDER 1 YEAR Months Days	Hours	Minutes				•	• •	
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DECEDENT	ST. M	ARY MEDI	CAL	CENTER	но		HOBAR	BART			LAKE		
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	INDIA	NA	L	AKE	HOBART			i	641 N.	HOEAR	T ROAD		
	13e. ZIP CODE	13f. INSIDE CITY			15. WAS DECEDENT	OF HISPANIC	ORIGIN?		—American Indian.		17. DECEDENT		
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	IR FATHER'S N	AME (First Middle.			<u> </u>		19 MOTHER		First, Middle, Maiden	<u> </u>	-		
ARENTS	(N/A)	MILLS					(N/		GRIMES	00.72.747			
		IT'S NAME (Type/P			20h MAILIN	G ADDRESS (S			oute Number. City or	Town State	Zin Code) 20c	Relationship	
1FORMANT	JEWEL				1				BART, INI		1	VIFE	
	21s. METHOD C		K Ento	ombment	21b. DATE AND PLAC						ION—City or Town		
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	Donation	Other (Specify					EMETERY			VAT.P	ARATSO.	INDIANA	
ISPOSITION	22s EMBALMER	IS NAME		/_				$\overline{}$	WAS DEATH REPOR				
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