3

2004 035122

TICOR TITLE INSURANCE

AFFIDAVIT

924-1955
TICOR HBT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Deborah A. Cook, being first duly sworn upon oath, deposes and says:

1. That Clifford C. Mills died on August 8, 1995, at 4:18 am.

2. That Clifford C. Mills and Jewell Mills were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

See attached legal description
17-8-29(27)

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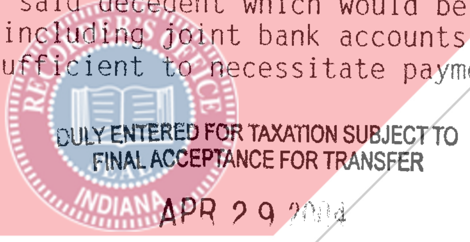
STOP

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.



X Deborah A Cook
Deborah A. Cook

Subscribed and sworn to before me, a Notary Public, this 26th day of April, 2004.

[signature]
Kimberly Kay Schultz Notary Public

My Commission expires:
10-29-08

County of Residence:
Lake

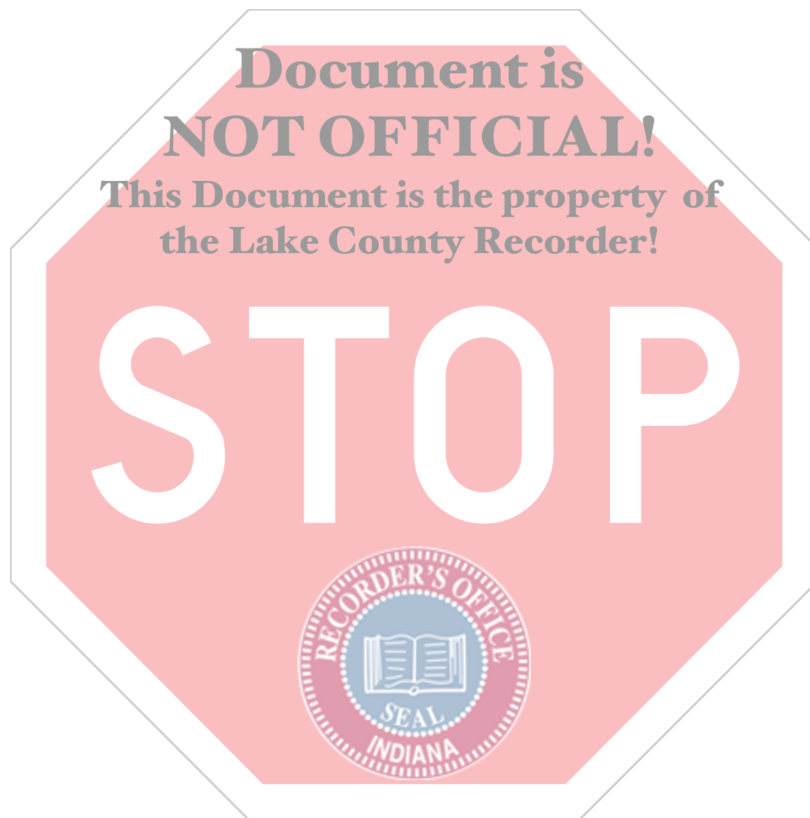
002365

This Instrument prepared by Deborah A. Cook.

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.



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.

Local No. 1785-95

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. ....

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED—NAME (First, Middle, Last): CLIFFORD C. MILLS
2. SEX: MALE
3a. TIME OF DEATH: 4:18 AM
3b. DATE OF DEATH (Month, Day, Yr): AUGUST 8, 1995
4. SOCIAL SECURITY NUMBER: 306-09-6959
5a. AGE—Last Birthday (Years): 83
5b. UNDER 1 YEAR (Months, Days):
5c. UNDER 1 DAY (Hours, Minutes):
6. DATE OF BIRTH (Mo, Day, Yr): APRIL 9, 1912
7. BIRTHPLACE (City and State or Foreign Country): FRENCH LICK, INDIANA
8a. WAS DECEDENT A U.S. VETERAN?: YES
8b. YEAR LAST SERVED IN U.S. ARMED FORCES?: 1946
9a. PLACE OF DEATH (Check only one. See instructions): HOSPITAL: ☒ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER: ☐ Nursing Home ☐ Residence ☐ Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): ST. MARY MEDICAL CENTER
9c. CITY, TOWN, OR LOCATION OF DEATH: HOBART
9d. COUNTY OF DEATH: LAKE
10. MARITAL STATUS (Specify): MARRIED
11. SURVIVING SPOUSE (If wife, give maiden name): JEWELL BLEDSOE
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): MEAT CUTTER
12b. KIND OF BUSINESS/INDUSTRY: MEAT LOCKER
13a. RESIDENCE—STATE: INDIANA
13b. COUNTY: LAKE
13c. CITY, TOWN, OR LOCATION: HOBART
13d. STREET AND NUMBER: 641 N. HOBART ROAD
13e. ZIP CODE: 46342
13f. INSIDE CITY LIMITS: ☐ No ☒ Yes
13g. ON A FARM?: ☒ No ☐ Yes
14. CITIZEN OF WHAT COUNTRY?: U.S.A.
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+):

PARENTS

18. FATHER'S NAME (First, Middle, Last): (N/A) MILLS
19. MOTHER'S NAME (First, Middle, Maiden Surname): (N/A) GRIMES

INFORMANT

20a. INFORMANT'S NAME (Type/Print): JEWEL MILLS
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 641 N. HOBART ROAD, HOBART, INDIANA 46342
20c. Relationship: WIFE

DISPOSITION

21a. METHOD OF DISPOSITION: ☐ Burial ☐ Cremation ☒ Entombment ☐ Removal from State ☐ Donation ☐ Other (Specify)
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): AUGUST 10, 1995 GRACELAND CEMETERY
21c. LOCATION—City or Town, State: VALPARAISO, INDIANA
22a. EMBALMER'S NAME: NORMAN SCHNECKENBURGER
22b. EMBALMER'S LICENSE NO: 01015020
23. WAS DEATH REPORTED TO CORONER?: ☒ No ☐ Yes
24a. SIGNATURE OF FUNERAL DIRECTOR: Norman Schneckenburger
24b. LICENSE NUMBER (of Licensee): 01015020
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: DYKES FUNERAL HOME, INC. FDL#83006813 2305 N. CAMPBELL STREET, VALPARAISO, IN 46383

CAUSE OF DEATH

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. Approximate Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Cardiogenic shock

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.

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

CERTIFIER

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: Nazzal Abd M.D.
29c. MEDICAL LICENSE NO: 01028410
29d. DATE SIGNED (Month, Day, Year): 8/9/95
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): NAZZAL OBAID, M. D., 8895 BROADWAY, MERRILLVILLE, INDIANA 46410

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE: Alexander D. Williams M.D.
32. DATE FILED (Month, Day, Year): August 11, 1995

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

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT.
AUG 11 1995
LAKE COUNTY HEALTH COMMISSIONER

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RECORDER'S OFFICE SEAL INDIANA

SDH06 004 State Form 10119 (R4/2-93) Deathcer/RD 1