

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2004 094772

2004 NOV -5 AM 10: 27

Order No.: 966711

MORRIS W. CHAMBER
RECORDER

LEGAL DESCRIPTION:

Lot 27, Block 11, Smith and Bader's 2nd West Park Addition to Hammond as shown in Plat Book 15, page 9, in Lake County, Indiana.

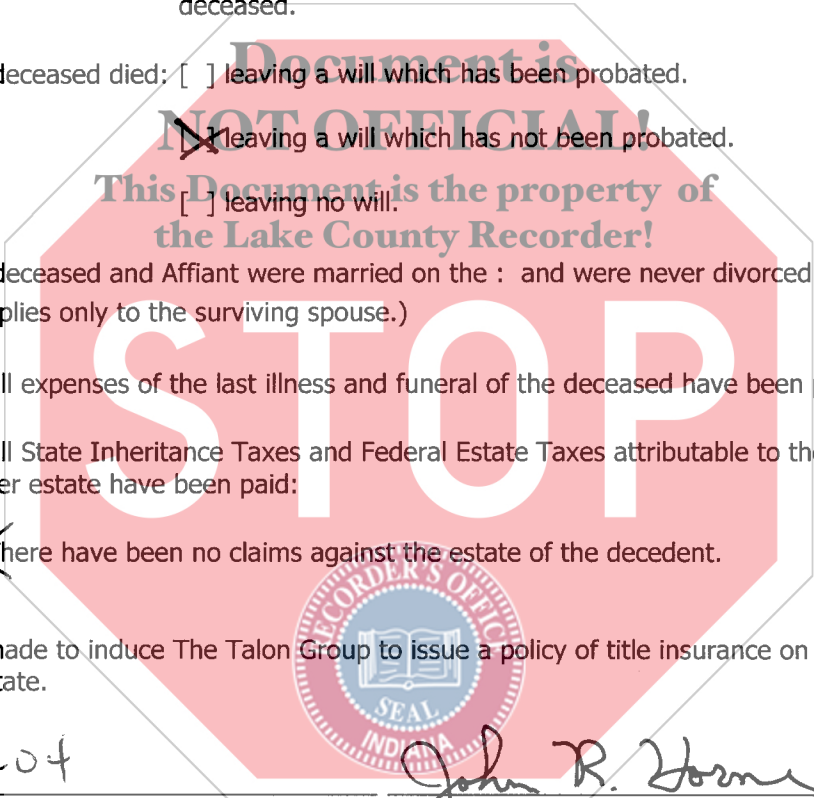
PROPERTY ADDRESS:

2013 Calumet Avenue, Hammond, IN 46394

ESTATE AFFIDAVIT

, Affiant, states that: Walter A. Horne Jr.

1. , deceased, died on the . 9/19/96 child
2. Affiant is: the surviving ~~spouse~~ of the deceased.
 the Personal Representative/Executor-trix of the estate of the deceased.
3. The deceased died: leaving a will which has been probated.
 leaving a will which has not been probated.
 leaving no will.
4. The deceased and Affiant were married on the : and were never divorced.
(This item applies only to the surviving spouse.)
5. All expenses of the last illness and funeral of the deceased have been paid:
6. All State Inheritance Taxes and Federal Estate Taxes attributable to the deceased and his/her estate have been paid:
7. There have been no claims against the estate of the decedent.



This Affidavit is made to induce The Talon Group to issue a policy of title insurance on the above-described real estate.

Date 11-1-04 Signature of Affiant John R. Horne

Printed Name of Affiant John R. Horne

DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER

NOV 5 2004

STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

966711
HOLD FOR THE TALON GROUP

966711

13-1
TSC
000530

State of Indiana. County of Lake

Subscribed and sworn to before me this 1st day of November, 2014.

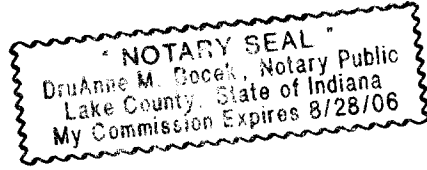
[Signature]

Notary Public

Printed Name _____

Resident of _____ County

My Commission Expires: _____



THIS INSTRUMENT WAS PREPARED BY: J Horne



* 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

State No.

Local No. 2493-96

39637
TYPE/PRINT
IN
PERMANENT
BLACK INK

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

1. DECEASED—NAME (First, Middle, Last) WALTER A. HORNE JR.				2. SEX MALE		3a. TIME OF DEATH 10:41P_M		3b. DATE OF DEATH (Month, Day, Yr) September 19, 1996		
4. *SOCIAL SECURITY NUMBER 431-01-5424		5a. AGE—Last Birthday (Years) 79	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr) March 5, 1917		7. BIRTHPLACE (City and State or Foreign Country) ARKANSAS			
8a. WAS DECEDENT A U.S. VETERAN? NO		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? N/A		9a. PLACE OF DEATH (Check only one. See instructions.) <input checked="" type="checkbox"/> HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA			OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence			
9b. FACILITY NAME (If not institution, give street and number) The Community Hospital				9c. CITY, TOWN, OR LOCATION OF DEATH Munster			9d. COUNTY OF DEATH LAKE			
10. MARITAL STATUS (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Emma Jean Arnold		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Research Chemist			12b. KIND OF BUSINESS/INDUSTRY Manhattan Project			
13a. RESIDENCE—STATE INDIANA		13b. COUNTY LAKE		13c. CITY, TOWN, OR LOCATION HAMMOND(P.O.Whiting)			13d. STREET AND NUMBER 2013 Calumet Avenue			
13e. ZIP CODE 46394	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? USA	15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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) 4 College (1-4 or 5+) 4			
18. FATHER'S NAME (First, Middle, Last) WALTER HORNE SR.				19. MOTHER'S NAME (First, Middle, Maiden Surname) IDA ROGERS						
20a. INFORMANT'S NAME (Type/Print) EMMA JEAN HORNE				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2013 Calumet Ave., Whiting, IN 46394				20c. Relationship Wife		
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <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) 23 September 1996 Memory Lane Memorial Park				21c. LOCATION—City or Town, State SCHERERVILLE, IN			
22a. EMBALMER'S NAME THOS. OWENS			22b. EMBALMER'S LICENSE NO. FDE 1001049		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Thos Owens</i>			24b. LICENSE NUMBER (of Licensee) FDE 1001049		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME OWENS FUNERAL HOME FDH3007291 816-119th St., Whiting, IN 46394					
<p>THIS CERTIFICATE IS A TRUE AND CORRECT COPY OF THE ORIGINAL. It is the property of the Lake County Recorder!</p> <p>26. IMMEDIATE CAUSE (Final disease or condition resulting in death) SEP 26 1996</p> <p>26a. <i>Cardiopulmonary arrest</i> DUE TO (OR AS A CONSEQUENCE OF) 360</p> <p>26b. <i>Complete heart failure</i> DUE TO (OR AS A CONSEQUENCE OF) 1070</p> <p>26c. <i>Chronic obstructive pulmonary disease</i> DUE TO (OR AS A CONSEQUENCE OF) 1570</p> <p>Conditions, if any, which gave rise to the immediate cause, stating the underlying cause: <i>Alexander B. Williams, M.D.</i></p> <p>LAKE COUNTY HEALTH COMMISSIONER</p>										
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) N/A	
<p>29a. CERTIFIER (Check only one)</p> <p><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.</p> <p><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.</p> <p><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.</p>										
29b. SIGNATURE AND TITLE OF CERTIFIER <i>Fred Adler M.D.</i>						29c. MEDICAL LICENSE NO. 01019251		29d. DATE SIGNED (Month, Day, Year) 9-25-96		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Fred Adler, MD- 800 MacArthur Blvd., Munster, IN 46321										
31. HEALTH OFFICER'S SIGNATURE <i>Alexander B. Williams, M.D.</i>								32. DATE FILED (Month, Day, Year) September 26, 1996		
33. MANNER OF DEATH			33a. DATE OF INJURY (Month, Day, Year)	33b. TIME OF INJURY	33c. INJURY AT WORK? (Yes or no)	34. DESCRIBE HOW INJURY OCCURRED				
<input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide			34a. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)			34b. 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.						