## **I**TICOR TITLE INSURANCE

AFFIDAVIT	0
STATE OF INDIANA)	99
COUNTY OF LAKE )	50
Sandra L. Holeman, being firs	••••
sworn upon oath, deposes and says:	c duly
1. That Robin D. Holeman died on December 14, \$2004 at 1:22 pm	201 F
2. That Robin D. Holeman and Sandra L. Holeman were duly and legally married at the time they acquired title as must wife to the following described real estate:	
See AHAChe Document 100 of 100	R RECORD
This Document is the property of	
the Lake County Recorder!	
3. That the marital relationship which existed between them at the acquired title to said real estate remained in effect and unbroken undate of (his) (there) death.	time they ntil the
4. That all funeral expenses in connection with the death of said do have been paid in full.	ecedent
5. That all of the assets of said decedent which would be includable Federal Estate Tax purposes, including joint bank accounts and life on decedent's life were not sufficient to necessitate payment of Federal.	insurance
Further affiant sayeth not.	,
Janus 2 Ho	lmas >
Subscribed and sworn to before me, a Notary Public, this	day of
	.ED
NOV 2	3 2004
STEPHENE	STIGUCH
My Commission expires:  KIMBERLY KAY SCHU Lake Cdunty My Commission Expir Oct. 29, 2008	
County of Residence:	
001	759
This Instrument prepared by Sandra L. Holeman	

TICOR TITLE INSURANCE Crown Point, Indiana



No: 920048293

## **LEGAL DESCRIPTION**

Lots 10 and 12 in Wildwood Estates, in the Town of Cedar Lake, as per plat thereof, recorded in Plat Book 45 page 95, in the Office of the Recorder of Lake County, Indiana.



## This document not valid unless stamped on reverse side and embossed with raised seal of Porter County

## PORTER COUNTY CERTIFICATE OF DEATH

PORTER COUNTY HEALTH DEPARTMENT 155 Indiana Ave Suite 104 Valparaiso IN 46383

	THE RECORDS IN THIS SE	ERIES ARE CONFIDENTIAL PE	P IC 16-1-19-3						
YPE/PRINT	1 DECEASED-NAME (First N		माञ्चारक स्थापनी में निर्माणिक विकास का पूर्वत निर्माली क्षेत्र में कुल्ये होते हुन्तु अस्त्र किया है	2. 5€	Takirdi neminan panen K	35. TIME OF DEATH	36. DATE OF D	EATH (Month, Day, Yr)	
IM	Robin D. H				1 e	1:22P M	,	ber 14, 2002	
ERMANENT	310-68-4861	5a AGE—Last Birthday (Years)	5b. UNDER 1 YEAR Months Days	Sc. UNDER 1 DAY Hours Minutes				ny and State or Foreign Country)	
ILACK INK	Se. WAS DECEDENT				4 - 1957 DEATH (Check only one	Hammond, IN			
	A U.S. VETERANT	85 YEAR LAST SERVED IN U.S. ARMED FORCES?	HOSPITAL A Inpat		1	Nursing Home			
	No	N A		Outpatient DOA	3	☐ Residence			
ECEDENT	Sb. FACILITY NAME Of not institut			ł		DCATION OF DEATH	aq COMMIA (	OF DEATH	
Porter Memorial H		· · · · · · · · · · · · · · · · · · ·			Valparaiso		Porter		
10. IAASITAL STATUS (Specify) 11. SURVIVING SPOUSE (If vife, give meiden neme)					NT'S USUAL OCCUPATION (Give kind of working most of working life. Do not use retired)		12b. KIND OF BUSINESS/INDUSTRY		
	Married	Sandra Moel		man   Electrician CITY TOWN OF LOCATION   13d STREET AND NU			Hammond School Sys.		
	IN	Lake	Cedar L			12941 Wi		St.	
	136 ZIP CODE 131 INSIDE CH		<u></u>	OF HISPANIC ORIGIN?	IS RAC	E-American Indian,		CEDENT'S EDUCATION	
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	13g ON A FAE	1 U 3 A				nite	Elementery/Seconds	N'A	
ARENTS	18. FATHER'S NAME (First Middle			19 MO	THER'S NAME	(First Middle, Maiden Sui	rname)		
THENTS	Claude Hol	eman		Jo	yce A	Anne Davi	e s		
FORMANT	20a INFORMANT'S NAME (Typs/	Print)	20b. MAILING	ADDRESS (Street and No	mber or Rural	Route Number, City or To	wn. State. Zip Code)	20c. Relationship	
	Sandra Hole	7 C. Arrier	1294	1 Wildwoo	d Ced	lar Lake,	IN	Wife	
	21a METHOD OF DISPOSITION	☐ Entombment		ecember 1			: LOCATION-City	or Town, State	
	XXSurini Cramation  Densition Other (Specia	☐ Removel from State		Methodist			Codon I	ake, IN	
OD COLTION	220 EMBALMER'S NAME	//	220 EMBALMERS			WAS DEATH REPORTE		ake, in	
SPOSITION	Craig Malon	.e	10223		15	D No Yes	D 10 COROMERA		
	246 SIGNATURE OF FUNERAL DIRECTOR 24b LICENSE NUMBER OF FUNERAL HOME								
	. )		// .	of Licensee)	Burd			FH83002461	
	FD01007697 12901 Wicker Ave. Cedar Lake 1303 IN								
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		es, injuries, or complications that cau		er nonspecific terms, such i	es cardiac or ro	espiratory	A CONTRACTOR OF THE PARTY OF TH	Approximate	
	erreat, shock, or	es, injuries, or complications that cau heart failure. List only one cause on		er nonspecific terms, such	os cardiac or re	2spiratory	The state of the s	Interval Between Onset and Death	
	1	heart failure. List only one cause on	describe	Shock	as cardae or re	papiratory.		Interval Detween	
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