2004 100 99 COFT TITLE INSURANCE

AFFIDAVIT

APPIDAVII
STATE OF INDIANA)
COUNTY OF LAKE)
, being first duly
Nancee Kimberly sworn upon oath, deposes and says:
1. That Sanford M. Tribble died on June 5 , 1943 at Munster, IV
2. That Sanford M. Tribble and Geraldine G. Tribble were duly and legally married at the time they acquired title as husband and wife to the following described real estate: Lot 24 in Flower Gardens Addition to the Town of Dyer, as per plat thereof, recorded in Plat Book 33 page 61, in the Office of the Recorder of Lake County, Indiana. 142 105-24(12) This Document is the property of the Lake County Recorder! 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.
HOV29 PAGE OF Line Gerl
STEPHENS Kimberly
Subscribed and sworn to before me, a Notary AGE COUNTY AUDITOR day of November , 19 2004
Mann Tie
Notary Public (Shannon Stiener)
My Commission expires:
3/14/07 SHAFINOR STANER Lake County My Commission Expires
County of Residence:
Lake 002606
This Instrument prepared by <u>Nancee Kimberly</u>
924-5515 TICOR SO

7

INDIANA STATE DEPARTMENT OF HEALTH

₋ocal No	(19)-7	Ź		CERTIFICAT	E OF [DEATH	ļ	State	No	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	
THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3												
TYPE/PRINT	1. DECEASED—NAME (First Mid	ddle, Last)	}			2. SEX		3a. TIME OF DEA	ATH 36. D/	ATE OF DEATH (Mon	ith, Day, Yr)	
IN	Sanford	-	М.	Tribble	е	Male	.e	6:30 A	*			
PERMANENT	4 SOCIAL SECURITY NUMBER	5	5a. AGE-Last Birthday (Years)	56. UNDER 1 YEAR	5c. UNDER					LACE (City and Stat	フン te or Foreign Country)	
BLACK INK	490-07-4323		80	Months Days	Hours	Minutes						
	8a. WAS DECEDENT	8b. YEA	AR LAST SERVED IN			9a. 1	PLACE OF DE	EATH (Check only or	Παι II I. ne. See instruc	Hannibal, Missouri		
-	A U.S. VETERAN?	U.S. #	ARMED FORCES?	HOSPITAL: Tripation	HOSPITAL: Inpatient		OTHER: Nursing Hom					
	No			☐ ER/C	Outpatient	DOA		Residence		opec.,,		
ECEDENT	9b. FACILITY NAME (If not institution					9c. CITY, TO	OWN. OR LOC	CATION OF DEATH	9d. C	COUNTY OF DEATH		
N. I	Community Hosp	oita!	al			İ	Munst	cer	L	ake		
	10. MARITAL STATUS (Specify)	11. SURY	RVIVING SPOUSE		12a. DECEDE	ENT'S USUAL OCCUPATION ring most of working life. Do no				ND OF BUSINESS/IN	NDUSTRY	
1		Geraldine G. Gibbons Welder					not use retireas			r Manufacti		
1		13b. COL		13c. CITY, TOWN, OR L		METHET		3d. STREET AND NU	UMBER	II vau cai	- Manuracu	
]	Indiana	Lak	ke	l Dr	yer		í					
,	13e. ZIP CODE 13f. INSIDE CITY	Y LIMITS	14. CITIZEN OF	15. WAS DECEDENT O		ORIGIN?	ORIGIN7 16. RACE—American Indian.					
	□ No GyYes		WHAT COUNTRY?	?	Yes (If yes, s	specify Cuban.	n, Black,	. White, etc.	(4	17. DECEDENT'S I Specify only highest of		
ļ	13g. ON A FARM	A?		Mexican, Puerto Rio	can, etc.)		(Speci	ify)		/Secondary (0-12)	Coilege (1-4 or 5 +)	
1	46311 XNO 0		USA			Whit			8			
ARENTS	18. FATHER'S NAME (First, Middle, I					19. MOTHE	ER'S NAME (F	First, Middle, Maiden	Surname)		<u> </u>	
		Ξ.	Tribbl			Marc	garet		Rout	ton		
IFORMANT	20a. INFORMANT'S NAME (Type/P)			20b. MAILING	ADDRESS (SI	treet and Numb	ber or Rural Rc	oute Number. City or	Town. State. 2	Zip Code) 20c. F	Relationship	
	Geraldine G. T	<u>rib</u> t	ole					Indiana			fe	
	21a. METHOD OF DISPOSITION	☐ Enton	mbment	21b. DATE AND PLACE	OF DISPOSIT	ION (Name of	f cemetery, cre			ON—City or Town, S		
			noval from State	ntras =(a.e.)	June 8,			1	210	Ort-Ony J	state	
Ī	Donation Other (Specify)	y)	/_		et Park		X		Marril	llville,	m - 12	
ISPOSITION	22a. EMBALMER'S NAME:			226. EMBALMER'S	LICENSE NO.	. Cener					Indiana	
.												
Ť	The same of the sa											
-	246. SIGNATURE OF FUNERAL DIRECTOR 246. LICENSE NUMBER A 25. NAME ADDRESS. AND LICENSE NUMBER OF FUNERAL HOME FH8300150 Fagen—Miller Funeral Gardens Inc											
1	Clark +	19	nelloc		E t1 0071		ragen	Miller 1	Funera	al Garden	s Inc	
<u> </u>	lo award T		I Luciane				1920		Dver.	Indiana	46311	
ĺ	26. PART I Enter the diseases arrest, shock, or h	s, injuries.	or complications that cause ire. List only one cause on	sed the death. Do not ente	ar nonspecific te	erms, such as o	cardiac or resp	piratory			Approximate	
		gar, in.	D. P. C.	each line.	- 1						Interval Between	
	IMMEDIATE CAUSE (Final disease or condition	a.	- Juli-	may	angel	him.					Onset and Death	
AUSE OF	resulting in death)	200	A DUE TO LOS	OR AS A BONSEQUENCE	OF):		~	n		_		
EATH	Conditions, if any, which gave	C C) Co:		OR AS A CONSEQUENCE	ma a	A	Ful					
	rise to the immediate cause.	C		A A CONTRACT	Or J.							
Į.	stating the underlying cause last		DUE TO (OI	OR AS A CONSEQUENCE	έ OF):							
L		d.										
Į,	PART II. Other significant conditions -	Condition	- and the stime to death by									
	01 1	T	is contributing to death but	it not previously stated in	Part I. 27	7. WAS DECE PREGNANT	EDENT IT OR 90 DAY	28a. WAS AN			OPSY FINDINGS	
1	Chroni obst	ner	re pulua	y Drew		POSTPART	ITUM?	(Yes or no		AVAILABLE COMPLETIO	E PRIOR TO ON OF CAUSE	
				TUDER	CHILI	(Yes or no					? (Yes or no)	
· .	29a. CERTIFIER XXCER	TTIEVING	Turicipiasi To the he	\$10 km	1.000		No	No/				
-	(Check only	TIPTING	PHYSICIAN To the bes	at of my knowledge, death	occurred at the	e time, date, and	nd place, and di	ue to the cause(s) as	s stated.			
-	one) 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.											
 ,	LI COP	RONER	On the basis of examination	on and/or investigation, in	my opinion, de	ath occurred ar	at the time, date	a, and place, and due	to the cause(s	s) and manner as state	ed.	
ERTIFIER 2	29b. SIGNATURE AND TITLE OF CER	ATIFIER	Mora) E CEA	mil			MEDICAL LICENSE N	NO.		D (Month, Day, Year)	
<u>_</u>			A 1. NOO.	WOW WORK	NA.us		2	29782		June 7,		
3	30. NAME AND ADDRESS OF PERSO	OHW NC	COMPLETED CAUSE OF	F DEATH (ITEM 26) (Typ	se/Print)		7					
F	Mohammed Y. A	li.	M.D. 91	116 Columbi	a Ave	- Muńs	ster.	IN 4632)1 .			
-C-111	31. HEALTH OFFICER'S SIGNATURE		1	1.4	NI	1 1	2017)	<u>+17</u>		32. DATE FILED (Month Day Year)	
FICER	-		u	ALBORY 1	of man	and,	14		1	The same	. 993	
3	33. MANNER OF DEATH		34a. DATE OF INJURY	34b. TIME OF	34c. INJ	URY AT WOR	≥K7 3.	4d. DESCRIBE HOW	I THE PROPERTY OF	auhben /	1117	
1			(Month, Day, Year)			(Yes or no)		SHUL DESCRIBE HOW INJU		AY OCCURRED /		
	Natural Pending										1	
)RONER	Accident Investigation	}	245 BLACE OF INJUR	** ***== form organ	-4100	· · · · · · · · · ·	COATIC					
IE ONLY	Suicide Could not be		building, etc. (Specif	Y—At home, farm, street, f ufy)	actory, omce	٥	34f, LOCA HO	ON (Street and Numb	er or Rurai Ro	ute Number, City or 1	Town, State)	
10142.	Homicide										. [
3.	34g. DATE PRONOUNCED DEAD (Month, Day, Year) 34h. MOTOR VEHICLE ACCIDENT? (Yes or no.) If yes specify driver, passenger, pedastron, are											