



TICOR TITLE INSURANCE

2005 000001

JAN -6 AM 9:22

MICHAEL A. STOWAN
RECORDER

AFFIDAVIT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Grace L. Wyatt, being first duly sworn upon oath, deposes and says:

1. That Eugene B. Wyatt died on JANUARY 26, 2004, XX at LAKE COUNTY, IND.

2. That Eugene B. Wyatt and Grace L. Wyatt were duly and legally married at the time they acquired title as husband and wife to the following described real estate:
Lots 14 and 15 in Block 1 in Calumet Farms No. 4, as per plat thereof, recorded in Plat Book 24 page 33, in the Office of the Recorder of Lake County, Indiana.

11-87-14+15(9)
NOT OFFICIAL!
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 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.

Grace L. Wyatt
Grace L. Wyatt

Subscribed and sworn to before me, a Notary Public, this 30th day of December, 10 2004.

Thomas G. Schiller
Thomas G. Schiller Notary Public

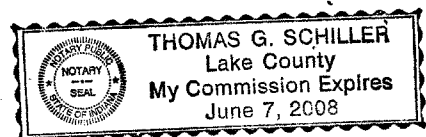
My Commission expires:
6/7/08

County of Residence:
Lake

FILED

JAN 5 2005

STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR



This Instrument prepared by Grace L. Wyatt

12-
3P
TI

* 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

THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.

Local No. 67

CERTIFICATE OF DEATH

Jan 28, 2004 Date Issued [Signature] Hammond Health Commissioner

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

Form with fields for: 1. DECEASED-NAME (Eugene Wyatt), 2. SEX (Male), 3a. TIME OF DEATH (5:29A), 3b. DATE OF DEATH (January 26, 2004), 4. SOCIAL SECURITY NUMBER (280-28-9938), 5a. AGE (72), 6. DATE OF BIRTH (January 18, 1932), 7. BIRTHPLACE (CASEY COUNTY, KENTUCKY), 8a. WAS DECEDENT A U.S. VETERAN? (NO), 8b. YEAR LAST SERVED IN U.S. ARMED FORCES? (N/A), 9a. PLACE OF DEATH (HOSPITAL: ER/Outpatient), 9b. FACILITY NAME (ST. MARGARET/MERCY HEALTHCARE CENTER), 9c. CITY, TOWN, OR LOCATION OF DEATH (HAMMOND), 9d. COUNTY OF DEATH (LAKE), 10. MARITAL STATUS (MARRIED), 11. SURVIVING SPOUSE (GRACE ANDERSON), 12a. DECEDENT'S USUAL OCCUPATION (PRESS OPERATOR), 12b. KIND OF BUSINESS/INDUSTRY (MANUFACTURING), 13a. RESIDENCE-STATE (ILLINOIS), 13b. COUNTY (COOK), 13c. CITY, TOWN, OR LOCATION (BURNHAM), 13d. STREET AND NUMBER (14041 S. MANISTEE AVENUE), 13e. ZIP CODE (60633), 14. CITIZEN OF WHAT COUNTRY? (U.S.A.), 15. WAS DECEDENT OF HISPANIC ORIGIN? (No), 16. RACE (WHITE), 17. DECEDENT'S EDUCATION (7), 18. FATHER'S NAME (WAYNE WYATT), 19. MOTHER'S NAME (LENA MILLS), 20a. INFORMANT'S NAME (GRACE WYATT), 20b. MAILING ADDRESS (14041 S. MANISTEE, BURNHAM, ILLINOIS 60633), 20c. Relationship (WIFE), 21a. METHOD OF DISPOSITION (Burial), 21b. DATE AND PLACE OF DISPOSITION (JANUARY 30, 2004, CRAVEN CEMETERY), 21c. LOCATION (MILAN, INDIANA), 22a. EMBALMER'S NAME (LEO V. HENNESSY), 22b. EMBALMER'S LICENSE NO. (IL #034-010388), 23. WAS DEATH REPORTED TO CORONER? (No), 24a. SIGNATURE OF FUNERAL DIRECTOR, 24b. LICENSE NUMBER (1013612), 25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME (MC GOY FUNERAL CHAPEL, 5713 HOHMAN AV, HAMMOND, INDIANA 46320), 26. PART I. IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Coronary Arteriosclerosis, b. Chronic Cerebral Arteriosclerosis, 26. PART II. Other significant conditions: Myocardial infarction of liver, Left pleural effusion, Pneumia, 27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (NO), 28a. WAS AN AUTOPSY PERFORMED? (YES), 28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (NO), 29a. CERTIFIER (Certifying Physician: James B. Walshms), 29b. SIGNATURE AND TITLE OF CERTIFIER, 29c. MEDICAL LICENSE NO (01027487), 29d. DATE SIGNED (1/27/04), 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (JAMES B. WALSHMS, 5500 HOHMAN AVE, HAMMOND, IN 46320), 31. HEALTH OFFICER'S SIGNATURE (Franklin J. Spenrude M.D.), 32. DATE FILED (January 28, 2004), 33. MANNER OF DEATH (Natural), 34a. DATE OF INJURY, 34b. TIME OF INJURY, 34c. INJURY AT WORK?, 34d. DESCRIBE HOW INJURY OCCURRED, 34e. PLACE OF INJURY, 34f. LOCATION, 34g. DATE PRONOUNCED DEAD, 34h. MOTOR VEHICLE ACCIDENT? (No)

920047757 TICOR TITLE INS. HIGHLAND, INDIANA

