2

TICOR TITLE INSURANCE

2005 002394

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2005 JAN 13 AM 9:25
MICHAEL A. BROWN
RECORDER

AFFIDAVIT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Robert Blair, being first duly sworn upon oath, deposes and says:

1. That ~~Murphy Blair a/k/a Murphy N. Blair~~ Nancy Blair died on ~~3/03/1944~~ June 26, 1990 at Lake County, IN.

2. That Murphy Blair and Nancy Blair were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

Lot 15 in Pleasant View Subdivision, in the City of Gary, as per plat thereof, recorded in Plat Book 32, page 73 in the Office of the Recorder of Lake County, Indiana.

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~~ XXX) (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.

Robert Blair, PR.
Robert Blair

Subscribed and sworn to before me, a Notary Public, this 29th day of December, 19 2004.

FILED
JAN 12 2005
STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

Thomas G. Schiller
Notary Public

My Commission expires:
6/7/08

County of Residence:
Lake

THOMAS G. SCHILLER
Notary Public, State of Indiana
Lake County
My Commission Expires 6/07/08

This Instrument prepared by Robert Blair

BURNET TITLE
20041175

TICOR HO

000489

11.00

INDIANA STATE BOARD OF HEALTH

CERTIFICATE OF DEATH

Local No. 136-3-90 State No. .....

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED—NAME (First, Middle, Last): NANCY A. BLAIR
2. SEX: FEMALE
3a. TIME OF DEATH: 2:05 PM
3b. DATE OF DEATH (Month, Day, Yr.): JUNE 26, 1990
4. SOCIAL SECURITY NUMBER: 312-42-2646
5a. AGE—Last Birthday (Years): 50
5b. UNDER 1 YEAR (Months, Days)
5c. UNDER 1 DAY (Hours, Minutes)
6. DATE OF BIRTH (Mo., Day, Yr.): FEBRUARY 13, 1940
7. BIRTHPLACE (City and State or Foreign Country): RENSSELEAR, IND.
8a. WAS DECEDENT A U.S. VETERAN? YES
8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1952
9a. PLACE OF DEATH (Check only one. See instructions.): HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☐ Other (Specify) ☒ Residence
9b. FACILITY NAME (If not institution, give street and number): 4625 TANEY PL
9c. CITY, TOWN, OR LOCATION OF DEATH: CALUMET TOWNSHIP
9d. COUNTY OF DEATH: LAKE
10. MARITAL STATUS (Specify): MARRIED
11. SURVIVING SPOUSE (If wife, give maiden name): MURPHY BLAIR
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): SALES MANAGER
12b. KIND OF BUSINESS/INDUSTRY: ZAYRE
13a. RESIDENCE—STATE: INDIANA
13b. COUNTY: LAKE
13c. CITY, TOWN, OR LOCATION: CALUMET TOWNSHIP
13d. STREET AND NUMBER:
13e. ZIP CODE: 46408
13f. INSIDE CITY LIMITS? ☐ No ☒ Yes
13g. ON A FARM? ☒ No ☐ Yes
14. CITIZEN OF WHAT COUNTRY? USA
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): 12 YRS; College (1-4 or 5+):

PARENTS

18. FATHER'S NAME (First, Middle, Last): ELMO RICE
19. MOTHER'S NAME (First, Middle, Maiden Surname): SABINA HART

INFORMANT

20a. INFORMANT'S NAME (Type/Print): MURPHY BLAIR
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 4625 TANEY PLACE, CALUMET TOWNSHIP
20c. Relationship: HUSBAND

DISPOSITION

21a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify) ☐ Entombment
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): JUNE 29, 1990 OAKLAND MEMORY LANES
21c. LOCATION—City or Town, State: DOLTON, ILL.
22a. EMBALMER'S NAME: KEVIN KISH
22b. EMBALMER'S LICENSE NO.: 1021590
23. WAS DEATH REPORTED TO CORONER? ☒ No ☐ Yes
24a. SIGNATURE OF FUNERAL DIRECTOR: Kevin Kish
24b. LICENSE NUMBER (of Licensee): 1021590
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: BURNS-KISH F H #8800135, 921 W 45th, GRIFFITH, IND. 46319

CAUSE OF DEATH

26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter terminal events, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Pulmonary fibrosis
DUE TO (OR AS A CONSEQUENCE OF):
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last: DUE TO (OR AS A CONSEQUENCE OF):
DUE TO (OR AS A CONSEQUENCE OF):
Approximate Interval Between Onset and Death: 5 years

PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I

27. WAS DECEDENT PREGNANT OR IN 90 DAYS POSTPARTUM? (Yes or no)
28a. WAS AN AUTOPSY PERFORMED? (Yes or no)
28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)

CERTIFIER

28c. 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.

28d. SIGNATURE AND TITLE OF CERTIFIER: Charles Rebesco
28e. MEDICAL LICENSE NO.: 0103652
28f. DATE SIGNED (Month, Day, Year): 6-28-90
29. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH ITEM 28 (Type/Print): DR. CHARLES REBESCO, 1500 S. LAKE PARK AVE, SUITE 405, HOBART, IND.

HEALTH OFFICER

30. HEALTH OFFICER'S SIGNATURE:
31. DATE FILED (Month, Day, Year): June 28, 1990

CORONER USE ONLY

32. MANNER OF DEATH: ☐ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be Determined
33a. DATE OF INJURY (Month, Day, Year)
33b. TIME OF INJURY
33c. INJURY AT WORK? (Yes or no)
33d. DESCRIBE HOW INJURY OCCURRED
33e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)
33f. LOCATION (Street or R.F.D. No., City or Town, State)
33g. DATE PRONOUNCED DEAD (Month, Day, Year)
33h. 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 ORIGINAL CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT.
DEC 08 2003