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044503082 ¹¹⁰

STATE OF INDIANA)

COUNTY OF LAKE)

) ss.

) 2005 002581

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2005 JAN 13 AM 10:40

MICHAEL A. ...
RECORDER

AFFIDAVIT

Comes now, Patricia Rubel, being duly sworn upon her oath, and states as follows:

1. That she resides at 641 South Cadillac Circle Romeoville, IL 60446, and she is the cousin of Raymond E. Graf, deceased.

2. That Raymond E. Graf died a resident of Lake County, Indiana, on the 21st day of February, 2004, at the age of 89.

3. That the mother of the decedent, Charlotte Graf and the father of the decedent, August C. Graf, as husband and wife and the decedent, Raymond E. Graf, each owned an undivided 1/2 interest as tenants in common of a certain parcel of real estate in Lake County, Indiana, legally described as follows:

Lot Thirty (30) and Fifteen (15) feet by parallel lines off the East side of Lot Twenty-Nine (29) in Block One (1) in Hammond Heights Addition to the City of Hammond, Lake County, Indiana, as per plat thereof, recorded in Plat Book 4, Page 26, in the Office of the Recorder of Lake County, Indiana.

Commonly known as 255 Wildwood, Hammond, Indiana 46324

- 4. That both the decedent's mother and father, predeceased the decedent.
- 5. That the decedent's father and mother had no children other than the decedent.
- 6. That the interest of the decedent's mother and father in and to the above real estate, passed to the decedent, Raymond E. Graf, at the death of the last parent to die under the laws of intestate succession.

DULY ENTERED FOR TAXATION SUBJECT TO
FINAL ACCEPTANCE FOR TRANSFER

JAN 13 2005

STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

①

→ Stewart Title Service
of Northwest Indiana
The Pointe
5521 W. Lincoln Hwy.
Crown Point, IN 46307

13
STG

7. That at the time of the decedent's death, he owned 100% of the above real estate.

FURTHER AFFIANT SAYETH NOT.

Patricia Rubel
Patricia Rubel, Niece

Illinois
STATE OF ~~INDIANA~~)
 Will) ss.
COUNTY OF ~~LAKE~~)

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared, Patricia Rubel, and acknowledged the execution of the foregoing Affidavit to be her voluntary act and deed.

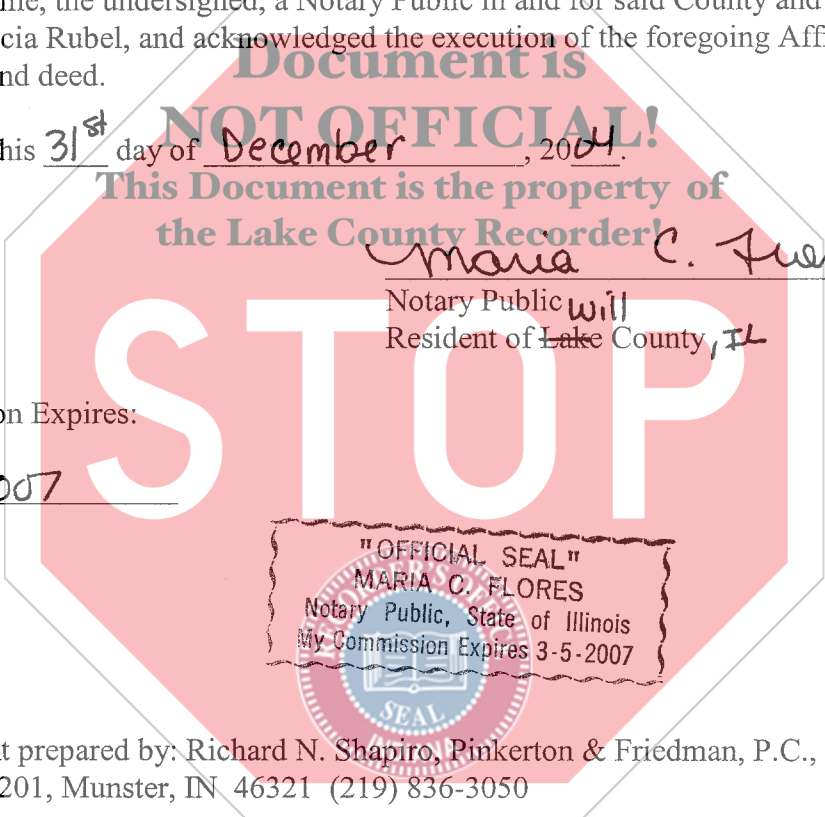
Dated this 31st day of December, 2004.

Document is
NOT OFFICIAL!
This Document is the property of
the Lake County Recorder!

Maria C. Flores
Notary Public *will*
Resident of ~~Lake~~ County, *IL*

My Commission Expires:

03-05-2007



This instrument prepared by: Richard N. Shapiro, Pinkerton & Friedman, P.C., 9245 Calumet Avenue, Suite 201, Munster, IN 46321 (219) 836-3050

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPT. AUG 13 1969

E. E. Jankowski M.D.

Date issued HAMMOND HEALTH COMMISSIONER

UNFADING INK
THIS IS A
PERMANENT
RECORD

Below for State Office Use

EMBALMER'S NAME GEORGE A. BURNS
LICENSE No. 2989

FUNERAL DIRECTOR'S LICENSE No. 906

Disposition Permit Issued	/
Provisional Certificate	/
Yes <input type="checkbox"/> No <input type="checkbox"/>	

Local No. 709

DIVISION OF VITAL RECORDS
MEDICAL CERTIFICATE OF DEATH

State No.

PERMANENT INK
SEE HANDBOOK FOR
INSTRUCTIONS

DECEASED—NAME **CHARLOTTE GRAP** SEX **Female** DATE OF DEATH (MONTH, DAY, YEAR) **8-11-69**

RACE **WHITE** AGE—LAST BIRTHDAY (YEARS) **78** UNDER 1 YEAR **MOB.** UNDER 1 DAY **MIN.** DATE OF BIRTH (MONTH, DAY, YEAR) **6/11/1890** COUNTY OF DEATH **LAKE**

CITY, TOWN, OR LOCATION OF DEATH **HAMMOND, INDIANA** INSIDE CITY LIMITS (SPECIFY YES OR NO) **YES** HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) **ST. MARGARET'S HOSPITAL 30 DOUGLAS ST.**

STATE OF BIRTH (IF NOT IN U.S.A.) **INDIANA** CITIZEN OF WHAT COUNTRY **U.S.A.** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, **WIDOWED** SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) **RETIRED**

SOCIAL SECURITY NUMBER **U.S.S.A. ROBERT FEE** KIND OF BUSINESS OR INDUSTRY **RETIRED**

RESIDENCE—STATE **INDIANA** COUNTY **LAKE** CITY, TOWN OR LOCATION **HAMMOND, INDIANA** INSIDE CITY LIMITS (SPECIFY YES OR NO) **YES** TOWNSHIP **NORTH**

14a. **INDIANA** 14b. **LAKE** 14c. **HAMMOND, INDIANA** 14d. **YES** 14e. **NORTH** 15. RESIDENCE ON A FARM? **NO**

FATHER—NAME **PATRICK HALLEY** MIDDLE **REBECCA** 16. MOTHER—MAIDEN NAME **CATHERINE CORCORAN** 17a. **RAYMOND GRAP** 17b. **SON** 17c. **255 WILDWOOD HAMMOND, IND.**

18. DEATH WAS CAUSED BY: **Stroke** 19a. **Stroke** 19b. **Stroke** 19c. **Stroke** 19d. **Stroke** 19e. **Stroke** 19f. **Stroke** 19g. **Stroke** 19h. **Stroke** 19i. **Stroke** 19j. **Stroke** 19k. **Stroke** 19l. **Stroke** 19m. **Stroke** 19n. **Stroke** 19o. **Stroke** 19p. **Stroke** 19q. **Stroke** 19r. **Stroke** 19s. **Stroke** 19t. **Stroke** 19u. **Stroke** 19v. **Stroke** 19w. **Stroke** 19x. **Stroke** 19y. **Stroke** 19z. **Stroke**

PART II. OTHER SIGNIFICANT CONDITIONS: **Stroke** CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE: **Stroke**

DEATH OCCURRED (HOUR) **12:00** AM (MONTH) **Aug** (DAY) **11** (YEAR) **1969** DATE SIGNED **Aug 13, 1969** (MONTH, DAY, YEAR)

CERTIFIER—NAME (TYPE OR PRINT) **IRVING FENSO** SIGNATURE *Irving Fenso* (DEGREE OR TITLE) **M.D.**

MAILING ADDRESS—CARRIER **852 State Ave** STREET OR R.F.D. NO. **256** CITY OR TOWN **Hammond** STATE **IN** ZIP **60409**

BURIAL 24a. **RIDGELEAVN** 24b. **GARY, INDIANA** 24c. **281**

24d. **8/14/69** 24e. **BURNS FUNERAL HOME 5840 HOHMAN AVENUE HAMMOND, INDIANA**

24f. *George A. Burns* 24g. *Irving Fenso* 24h. **AUG 13 1969**

