


TICOR TITLE INSURANCE
2005 046317

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2005 JUN -7 AM 9:32

AFFIDAVIT

MICHAEL A. BROWN
RECORDER

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

JOYCE NELL JONES

_____, being first duly
sworn upon oath, deposes and says:

1. That GEORGE ZIMMERLY JR. died on
DECEMBER 26, 19 2004 at _____.

2. That GEORGE ZIMMERLY JR. and MARY LOUISE ZIMMERLY
were duly and legally married at the time they acquired title as husband and
wife to the following described real estate:

LOT 13 IN BLOCK 5 IN RESUBDIVISION OF SUNSHINE ADDITION TO HAMMOND,
AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 28 PAGE 31,
IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

36-480-13(26)

**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.

Joyce Nell Jones
JOYCE NELL JONES

Subscribed and sworn to before me, a Notary Public, this 31ST day of
MAY, ~~XX~~ 2005

FILED

JUN - 6 2005

STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

Corina Castel Ramos
Notary Public
CORINA CASTEL RAMOS

My Commission expires:
MAY 16, 2009

County of Residence:

LAKE

This Instrument prepared by JOYCE NELL JONES

20050460BT
BURNET TITLE

00445

12-
7P
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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 CERTIFICATE OF DEATH

Local No. 3157-04

State No. _____

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

1. DECEASED-NAME (First, Middle, Last) George Zimmerly Jr.				2. SEX Male		3a. TIME OF DEATH 7:35 PM		3b. DATE OF DEATH (Month, Day, Yr.) December 26, 2004			
4. SOCIAL SECURITY NUMBER 342-24-8861		5a. AGE-Last Birthday (Years) 81		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes		6. DATE OF BIRTH (Mo, Day, Yr.) August 19, 1923		7. BIRTHPLACE (City and State or Foreign Country) Marshall, IL	
8a. WAS DECEDENT A U.S. VETERAN? Yes		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1946		9a. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence							
9b. FACILITY NAME (If not institution, give street and number) Community Hospital				9c. CITY, TOWN, OR LOCATION OF DEATH Munster, IN				9d. COUNTY OF DEATH Lake			
10. MARITAL STATUS (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Mary Louise Earl		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Steel Hooker				12b. KIND OF BUSINESS/INDUSTRY Steel Manufacturing			
13a. RESIDENCE-STATE Indiana		13b. COUNTY Lake		13c. CITY, TOWN, OR LOCATION Hammond				13d. STREET AND NUMBER 3252 176th Place			
13a. ZIP CODE 46323		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? USA		15. AS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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 College (1-4 or 5+)	
18. FATHER'S NAME (First, Middle, Last) George Zimmerly Sr.						19. MOTHER'S NAME (First, Middle, Maiden Surname) Georgia See					
20a. INFORMANT'S NAME (Type/Print) Mary Zimmerly				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3252 176th Place, Hammond, IN 46323				20c. Relationship Wife			
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)				21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) December 30, 2004 Chapel Lawn Memorial Gardens				21c. LOCATION-City or Town, State Schererville, IN			
22a. EMBALMER'S NAME Jose A. Corona				22b. EMBALMER'S LICENSE NO. FD08601373		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Jody J. Zease</i>				24b. LICENSE NUMBER (of Licensee) FD20100056		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Virgil Huber Funeral Home 7051 Kennedy Avenue Hammond, IN 46323 FH10300032					
26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, 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. Cerebrovascular accident DUE TO (OR AS A CONSEQUENCE OF): b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): d. Conditions if any, which gave rise to the immediate cause, stating the underlying cause last.										Approximate Interval Between Onset and Death	
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I. Hypertension						27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) No		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) No		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) No	
29a. CERTIFIER (check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> 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. <input type="checkbox"/> 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.											
29b. SIGNATURE AND TITLE OF CERTIFIER <i>Scott Row</i>						29c. MEDICAL LICENSE NO. 01052047		29d. DATE SIGNED (Month, Day, Year) 12/29/2004			
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) J. Navarro M.D. 7905 Calumet Avenue, Munster, IN 46321										219-836-5800	
31. HEALTH OFFICER'S SIGNATURE <i>Susan J. Best, D.O.</i>										32. DATE FILED (Month, Day, Year) December 30, 2004	
33. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month, Day, Year)		34b. PLACE OF INJURY-At home, farm, residential building, etc. (Specify) JUN 6 2005 factory office		34c. INJURY OR DRK?		34d. DESCRIBE HOW INJURY OCCURRED 0416			
34g. DATE PRONOUNCED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE ACCIDENT? (Yes or No) If yes, specify driver, passenger, pedestrian, etc. DEC 30 2004									

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