



# TICOR TITLE INSURANCE

2006 075018

## AFFIDAVIT

STATE OF INDIANA )  
                          ) SS:  
COUNTY OF LAKE )

Eileen McCormack, being first duly  
sworn upon oath, deposes and says:

1. That William L. McCormack  
MAY 05, 19 91 at LAKE COUNTY, IN

2. That William L. McCormack and Eileen McCormack  
were duly and legally married at the time they acquired title as husband and  
wife to the following described real estate:

Lot 30 in Block 1 in Hook's Addition to Highland, as per plat thereof,  
recorded in Plat Book 18 page 9, in the Office of the Recorder of Lake County,  
Indiana.

**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.

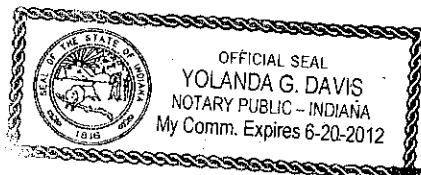
4. That all of the assets of said decedent which would be includable for  
Federal Estate Tax purposes, including joint bank accounts and life insurance  
on decedent's life were not sufficient to necessitate payment of Federal Estate  
Tax.

Further affiant sayeth not.

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

Eileen McCormack  
*Eileen McCormack*

Subscribed and sworn to before me, a Notary Public, this 15 day of  
August, 19 2006



Yolanda G. Davis  
Notary Public

My Commission expires:

6/20/2012

AUG 25 2006

County of Residence:

ELKHART

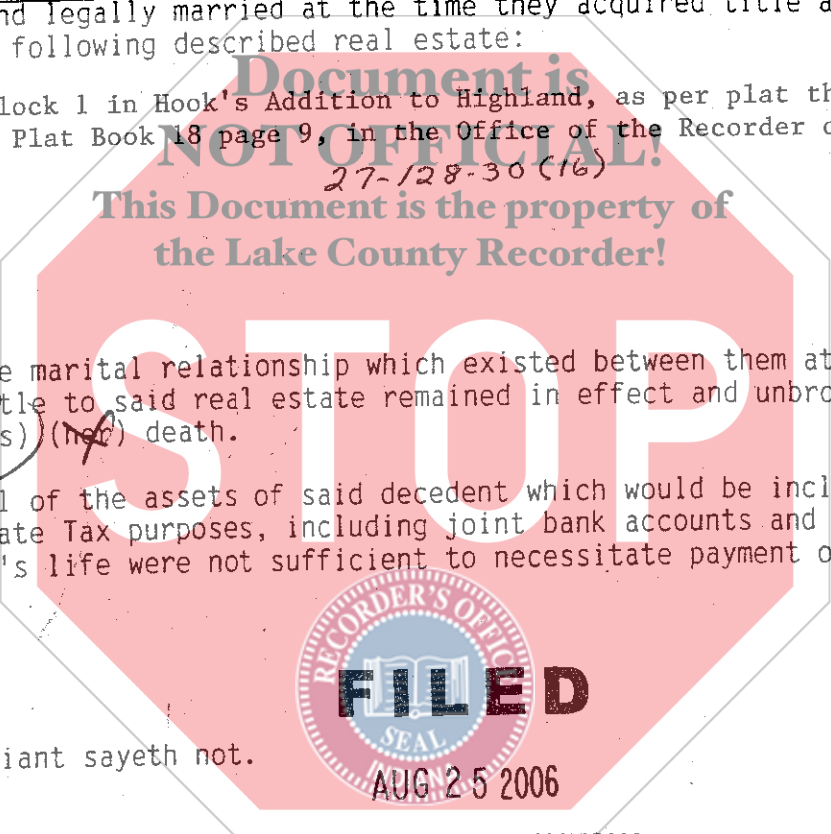
PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

This Instrument prepared by Eileen McCormack

TICOR HO  
926-5991

016498

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORDER  
2006 AUG 28 9:  
MICHAEL J. DOWNS  
RECORDER



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EP  
TI

1000

INDIANA STATE BOARD OF HEALTH

Local No. 0955-91

CERTIFICATE OF DEATH

State No. ....

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

CORONER USE ONLY

1. DECEASED—NAME (First, Middle, Last) <b>William L. Mc Cormack</b>				2. SEX <b>Male</b>		3a. TIME OF DEATH <b>11:56 A.M.</b>		3b. DATE OF DEATH (Month, Day, Yr.) <b>May 5, 1991</b>	
4. SOCIAL SECURITY NUMBER <b>312-09-3694</b>		5a. AGE—Last Birthday (Years) <b>85</b>	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr.) <b>Jul. 8, 1905</b>		7. BIRTHPLACE (City and State or Foreign Country) <b>East Chicago, Indiana</b>		
8a. WAS DECEDENT A U.S. VETERAN? <b>NO</b>		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? <b>n/A</b>		9a. PLACE OF DEATH (Check only one. See instructions) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input 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) <b>The Community Hospital</b>				9c. CITY, TOWN, OR LOCATION OF DEATH <b>Musnter</b>			9d. COUNTY OF DEATH <b>Lake</b>		
10. MARITAL STATUS (Specify) <b>Married</b>		11. SURVIVING SPOUSE (If wife, give maiden name) <b>Eileen</b>		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Purchasing Agent</b>			12b. KIND OF BUSINESS/INDUSTRY <b>E. I. Du Pont</b>		
13a. RESIDENCE—STATE <b>Indiana</b>		13b. COUNTY <b>Lake</b>		13c. CITY, TOWN, OR LOCATION <b>Highland</b>		13d. STREET AND NUMBER <b>2718 Lincoln St.</b>			
13e. ZIP CODE <b>46322</b>	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	13g. ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	15. WAS 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) <b>White</b>		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>12</b> College (1-4 or 5+) <b></b>	
18. FATHER'S NAME (First, Middle, Last) <b>Leo Mc Cormack</b>				19. MOTHER'S NAME (First, Middle, Maiden Surname) <b>Ada Reveal</b>					
20a. INFORMANT'S NAME (Type/Print) <b>Eileen Mc Cormack</b>				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>2718 Lincoln Highland, Indiana</b>				20c. Relationship <b>Wife</b>	
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) <b>May 8, 1991 Ridgelawn Cemetery</b>			21c. LOCATION—City or Town, State <b>Gary, Indiana</b>			
22a. EMBALMER'S NAME <b>Edgar Gleim</b>			22b. EMBALMER'S LICENSE NO. <b>FDO 1016173</b>		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
24a. SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>			24b. LICENSE NUMBER (of Licensee) <b>FDO 1014511</b>		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>Kuiper Funeral Home 9039 Kleinman Rd. Highland, Indiana FDH 300-7500</b>				
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. Approximate Interval Between Onset and Death									
IMMEDIATE CAUSE (Final disease or condition resulting in death)									
a. <b>Coronary heart disease</b> <b>2 mo</b>									
b. <b>Cardiomyopathy</b> <b>unk</b>									
c. <b>Chronic renal insufficiency</b>									
PART II. Other significant conditions: Conditions contributing to death not previously stated in Part I.									
<b>Chronic renal insufficiency</b>									
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? <b>NO</b>			28a. WAS AN AUTOPSY PERFORMED? (Yes or no) <b>NO</b>			28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)			
29a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> HEALTH OFFICER 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 <b>LOWELL H. STEEN, M.D.</b>						29c. MEDICAL LICENSE NO. <b>01015522</b>		29d. DATE SIGNED (Month, Day, Year) <b>5/6/91</b>	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>3641 Ridge Road Highland, Indiana 46022</b>									
31. HEALTH OFFICER'S SIGNATURE <b>Alexander S. Williams, M.D.</b>								32. DATE FILED (Month, Day, Year) <b>May 8, 1991</b>	
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide			34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. OCCURRED AT WORK? (Yes or No) <b>FILED</b>	34d. DESCRIBE HOW INJURY OCCURRED			
			34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) <b>AUG 25 2006</b>		34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
34g. DATE PRONOUNCED DEAD (Month, Day, Year)			34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, bicyclist, pedestrian, etc. <b>PEGGY HOLINGA-KATONA LAKE COUNTY AUDITOR</b>						
						<b>016499</b>			