

AFFIDAVIT

STATE OF INDIANA)

reasonable care to redact each Social Security authorities	COUNTY OF LAKE)	:			
Nov. 23 . 192000 at Hammond, Lake County, IN 2. That Ray H. Dark and Barbara F. Dark were duly and legally married at the time they acquired title as husband and wife to the following described real estate: Lot 25 in Block 6 in Eastgate Subdivision, in the City of Hammond, as per plat thereof, recorded in Plat Book 30 page 16, in the Office of the Recorder of Lake County, Indiana, 23, 33, 32, 35. 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 romained in effect and unbroken until the date of (nis) (New Geath. 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. Subscribed and sworn to before me, a Notary Public, this 11th day of October AB 2006. Further affiant sayeth not. OCT 17 2006 My Commission expires: PEGGATE NATIONAL ACKE COUNTY AUDITORS My Commission pagins for paging for	Barba sworn upon oath, dep	ara F. Dark oses and says:		, being_firs g	duly
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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) (Mexx 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. Subscribed and sworn to before me, a Notary Public, this 11th day of October. October. OCT 17 2006 My Commission expires: PEase MILINGA MALIONA LAKE COUNTY AUDITOR AND CONTRACISTE RANDS LAKE COUNT	thereof, recorded in	Plat Book 30 nage	6. in the Offic	e of the Recorder	r r
A. 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. Subscribed and sworn to before me, a Notary Public, this lith day of October , AB 2006. OCT 17 2006 Netary Public My Commission expires: PEGG: MOLINGA MAIONA LAKE COUNTY AUDITOR Lake County My Commission Expires May 16, 2009 County of Residence: Lake Taking under the penalties for populy, that I have taken measurable care to reduct acre to reduct a	T			of	
Further affiant sayeth not. Subscribed and sworn to before me, a Notary Public, this 11th day of October OCT 172006 My Commission expires: PEGGE PEGGE PEGGE ANAIONA LAKE COUNTY AUDITOR OF Residence: Lake Talim, under the penalties for perjury, that I have taken resonche care to redard each Sorial Saruhananananan life insurance on decrease and life insurance Federal Estate Taling Anaiona County of Residence: Talim, under the penalties for perjury, that I have taken resonche care to redard each Sorial Saruhananananananananananananananananananan	acdailed fifth to 29:	lu real estate rema	existed betweer ined in effect a	n them at the time and unbroken unti	e they l the
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County of Residence: My Commission Expires May 16, 2009 Tallim, under the penalties for perjury, that I have taken reasonable care to redact each Social Security symbols.		LAKE COUNTY AUD	TOP CORIN	Lake County ()	14
The state of the s	County of Residence:			ommission Éxpir es May 16, 2009	0
This Instrument prepared by Barbara F. Dark	Lake				

926-8267 TICOR HO

Dursue its statute	STATE: The Social Se by this state agency in by responsibility. Dis	ecurity # is in order to iclosure is	INDIANA S	TATE DEP	ΔΕΙΤΛΑΕΊ Κ	IT (\)i	E UENI:	THIS C	ERTIFIES TH	E FOLLOWI	NG IS À TRÙE ÂNL
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Local No		٠	(PEHILLICA	TE OF DE	ATH		1.1.	•	Δ	
			RE CONFIDENTIAL PE	RIC 16-1-19-3				Date iss		muller.	10 semulion
TYPE/PRINT	1 DECEASED-NAME	(First Middle Las	1)			2 SEX	12.	TIME OF DEATH	110	rimond Hea	ith Commissioner
iN	Ray	Н.	(Dark		Male	İ	1	1	OF DEATH (Mone	
PERMANENT		1	5a ACE—Last Birthday (Years)	56 UNDER 1 YEAR	5c UNDER 1 D	719 TE	ATE OF BIRTH (A	9 - 50 Р м 40 <i>Dev. Yr</i>)	L NOVE	mher 2	or Foreign Country)
BLACK INK	410-50-9	9423	66	Months Days	Hours Min	suffe E		: 1			
	8a WAS DECEDENT A US VETERAN?	8b YEA	AR LAST SERVED IN ARMED FORCES?			1September 13,1		Check only one	984 Fayetteville, TN		
	No	03		HOSPITAL To Inpa	cent			Nursing Home (
,			None	☐ ER.	Outpatient D COA			Residence	□ Other (Spec	ty)	
DECEDENT	9b FACILITY NAME (# o				14:	CITY TOW	OITADOL RO NY	N OF DEATH	9d COUN	TY OF DEATH	
	St. Marc	jaret Me	rcy, North	Campus	_Hammond			T - l			
	10 MARITAL STATUS (Specify)	(H w	RYIVING SPOUSE de, give maiden name)		12a DECEDENTS done during m	USUAL O	CCUPATION (G)	e kind of work	Llake	F BUSINESS/INI	vateur
	<u>Married</u>	Bar	bara F. La	cewell	Millwr	iaht	king life. Do mot use	retired)	1		
	134 RESIDENCE-STATI	136 CC	NINTY	13c CITY TOWN OR	LOCATION	<u> </u>		REET AND NUM	LLTY S	teel Co	2
	Indiana	La		<u>Hammond</u>			l				
		SIDE CITY LIMITS		15 WAS DECEDENT	OF HISPANIC OTAS	JrJ2	15 RACE-Ame	1-165th			
] 	No Ciryes	WHAT COUNTRY	Mexican Piverio S	Yes Ofreshoed	ту Сирал	Black White	etc	t Speci	DECEDENT'S E ly only highest gi	DUCATION #d# completed
	1 45000	No ☐ Yes	USA	MEXICAN PIDENTO	ican esci		(Specify)			ondery (0-12)	College (1.4 or 5 +)
PARENTS	18 FATHERS NAME (Firs	No L Yes	1 03/				White		12		
FAMENTO	Char		1		13	MOTHER	S NAME (First, W	fiddle, Maiden Sur	name)		
11.505	20s INFORMANT'S NAM		rk			Mary	y Stewa	art			
INFORMANT	Barbara			206 MAILING	ADDRESS (Sheet a	nd Number	r or Rural Route No	umber, City or To	wn. State. Zip C	ode) 20c Re	labonship
				3431	165th St	., Ha	ammond,	IN 463	23	Wif	-
	21. METHOD OF DISPOS			216 DATE AND PLACE	OF DISPOSITION (flame of co	ematery cramatory			City or Town, St	
ļ	□ Buriel □ Cremation □ Removal From State			omer place) November 27						Surrey of Fown State	
		r (Specify)			1mwood Co					7	
DISPOSITION	226 EMBALMERS NAME			226 EMBALMERS	LICENSE NO	CIUC CE		EATH REPORTED	Hammor	id, IN	
	Henry J.	Blake		FD0101	9406	15	NA.		D TO CONONE	1/	
	248 SIGNATURE OF FUND	EPAL DIRECTOR		245 11	CENSE NUMBER	2					··
	GOD. A	A. 1.	NO		of Licensoe)	/ 1	S NAME ADDRE				
	- com p	Ja Jack	110	ED	01000857		JaHayne	Funeral	l Home,	Inc.,	FH19400005
ĺ	26 PART I Enter th	e discusses voluntus	or complications that cause	umenti	s the nr		9993 SOL	itheaste	ern Ave	.,Hamm	ond, IN4632
	arrest s	hock or heart failu	te List only one cause on	sed the death Doinst end each line	ಕ್ ಗರ್ವಿತ್ರಕ್ರಾಗಂ ಭಾಗಾತ	such as car	rdiac or respiratory				Approximate
	IMMEDIATE CAUSE (Final		the La	ike Coui	ity Kec	ord	er!		. /	· 1	Interval Between
	disease or condition	ā		HAS A CONSEQUENCE	1 1 1 / Y V	4	1200	n Sten	n 1nt.	arct	Onset and Deathy
CAUSE OF 1 PARTH	Tesulong in deeth)		50,000	T AS A GONSEQUENC	E OF I		•				7-14-
	Conditions if any which gav	•	DUE 10 10	R AS A CONSEQUENC	E CF)			\		3	dins
	rise to the immediate cause stating the underlying	c									
	cause last		DUE 10 (0	R AS A CONSEQUENC	E OF)	-			·		
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İ	PARL II Uther signélicant co	eranions - Conare	ns contributing to death by	if not previously stated in	Part						
ļ					1	AS DECED	OR 90 DAYS	9# WAS AN AU PERFORMED		96 WERE AUTO	
ļ					2(OSTPARTU	JM7	. (Yes or no)		AVAILABLE COMPLETIO	N OF CAUSE
Ĺ				ATTI	٨ .	NO NIS		NO		OF DEATH?	Yes or no)
1	29s CERTIFIER (Check only	CERTIFYING	PHYSICIAN To the be	st of my knowledge deat	h occurred erabe some	dale mi	olana i i			NO	
	one)	HEALTH OF	FICER On the basis of a	ramination and/or investi	gation in my opinion	death occur	rred at the time of	Un and all	sted		

29¢ MEDICAL LICENSE NO

01052839

34d DESCRIBE HOW INJURY OCCURRED

34F LOCATION (Street and Number or flural Route Number, City or Town, State)

resnu da

34c WIJURY AT WORK? (Ces or no)

OO Year)

32 DATE FILED (MONTH Day Year) Morrendres 27, 2000

CERTIFIER

HEALTH OFFICER

Dr. C. U. TUTC

Natural Pending Investigation

Suicide Could not be

SDH06-004 State Form 10110 (R4/3-93) Deathcer/PD 1

34 DATE OF INJURY

(Month Day Year)

INJURY

34n PLACE OF INJURY -- At home farm street factory office building etc (Specify)

349 DATE PRONOUNCED DEAD (Month Eley, Year) 34h MOTOR VEHICLE ACCIDENT? (Yes or no.) If yes specify driver passenger pedestrien, etc.

33 MANNER OF DEATH

Accident

☐ Homicide