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# TICOR TITLE INSURANCE

2006 107611

## AFFIDAVIT

STATE OF INDIANA )  
                          ) SS:  
COUNTY OF LAKE )

Marie Harmon, being first duly sworn upon oath, deposes and says:

1. That Howard A. Harmon, Jr. died on July 2, 19 2003 at Munster, Indiana

2. That Marie Harmon and Howard A. Harmon, Jr. were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

Lot 31 in Block 2 in Lake Addition to Hammond, as per plat thereof, recorded in Plat Book 17 page 6, 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 funeral expenses in connection with the death of said decedent have been paid in full.

5. 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.

Marie Harmon  
Marie Harmon

Subscribed and sworn to before me, a Notary Public, this 30th day of November, 19 2006.

**FILED**

DEC - 5 2006

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

Shannon Stienner  
(Shannon Stienner) Notary Public

My Commission expires:  
3/14/07

County of Residence:  
Lake

This Instrument prepared by Marie Harmon



\$14  
TH  
CA

"I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law." Chris Burk

926-8729  
**TICOR SO**

**025170**

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

State No. ....

Local No. 1583-03

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) <b>HOWARD A. HARMON, JR.</b>		2 SEX <b>MALE</b>	3a TIME OF DEATH <b>9:45 A.M.</b>	3b DATE OF DEATH (Month, Day, Yr.) <b>JULY 2, 2003</b>
4 *SOCIAL SECURITY NUMBER <b>306-36-9784</b>	5a AGE—Last Birthday (Years) <b>69</b>	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr.) <b>MAR. 17, 1934</b>
7a WAS DECEDENT A U.S. VETERAN? <b>YES</b>	7b YEAR LAST SERVED IN U.S. ARMED FORCES? <b>1962</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>MUNSTER</b>	9d COUNTY OF DEATH <b>LAKE</b>	
10 MARITAL STATUS (Specify) <b>MARRIED</b>	11 SURVIVING SPOUSE (If wife, give maiden name) <b>MARIE DRABICK</b>	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>RECEIVING CLERK</b>	12b KIND OF BUSINESS/INDUSTRY <b>SUPER MARKET</b>	
13a RESIDENCE—STATE <b>INDIANA</b>	13b COUNTY <b>LAKE</b>	13c CITY, TOWN OR LOCATION <b>HAMMOND (WHITING P.O.)</b>	13d STREET AND NUMBER <b>2105 SUPERIOR AVENUE</b>	
13e ZIP CODE <b>46394</b>	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" 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>HOWARD A. HARMON, SR.</b>		19 MOTHER'S NAME (First, Middle, Maiden Surname) <b>KATHRYN LUDWIG</b>		
20a INFORMANT'S NAME (Type/Print) <b>MRS. MARIE HARMON</b>		20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>2105 SUPERIOR AVENUE, WHITING, IN 46394</b>	20c Relationship <b>WIFE</b>	
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <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>JULY 7, 2003 ST. JOHN CEMETERY</b>		21c LOCATION—City or Town, State <b>HAMMOND, INDIANA</b>
22a EMBALMER'S NAME <b>HENRY J. BLAKE</b>		22b EMBALMER'S LICENSE NO. <b>FDE01019406</b>	23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a SIGNATURE OF FUNERAL DIRECTOR <i>Walter A. [Signature]</i>		24b LICENSE NUMBER (of Licensee) <b>FDE01019456</b>	25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>BARAN &amp; SON, INC., FDH83007267 1235-119TH ST., WHITING, IN 46394</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. <b>IMMEDIATE CAUSE (Final disease or condition resulting in death)</b> a <i>Metastatic Cancer of the Liver</i> b <i>Carcinoma of the Sig Moid Colon</i> c d <b>Conditions if any, which gave rise to the immediate cause, stating the underlying cause last</b>		Approximate Interval Between Onset and Death <b>3 Months</b> <b>3 Months</b>		
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I <i>Pancytopenia</i> <i>Biliary obstruction</i>		27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) <b>N/A</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) <b>N/A</b>
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>Barbara L. Fuller, M.D.</i>		29c MEDICAL LICENSE NO. <b>01034701</b>	29d DATE SIGNED (Month, Day, Year) <b>JULY 3, 2003</b>	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>BARBARA FULLER, M.D. 801 MACARTHUR BLVD. MUNSTER, INDIANA 46321</b>				
31 HEALTH OFFICER'S SIGNATURE <i>Susan J. [Signature]</i>				32 DATE FILED (Month, Day, Year) <b>July 10, 2003</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) <b>DEC - 5 2006</b>	34b TIME OF INJURY	34c INJURY AT (Yes or no)
34d DESCRIBE HOW INJURY OCCURRED		34e PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify) <b>PEGGY HOLINGA KATONA LAKE COUNTY, INDIANA</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 (Check only if driver, passenger, pedestrian, etc.)		34i		

**FILED**  
**DEC - 5 2006**

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