# TICOR TITLE INSURANCE

2008 058313

AFFIDAVIT

STATE OF INDIANA )
) SS:
COUNTY OF LAKE )

Ruth E. Jaron, being first duly

Sworn upon oath, deposes and says:

1. That Edward G. Jaron died on December 27, 1999 at Community Hospital

2. That Edward G. Jaron and Ruth E. Jaron were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

Lot 11 in Meadows Third Addition,Unit 5 to the Town of Highland,as per plat thereof, recorded in Plat Book 45,page 48, in the Office of the Recorder of Lake County ,Indiana.

45-07-29-427-002.000-026

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.

Ruth E. Jaron

Subscribed and sworn to before me, a Notary Public, this 5th day of August 2008

FILED
AUG 13 2008
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

Notary Public:

My commission expires: 7/10/14

County of Residence: Lake

DENISE K. ZAWADA
Lake County
My Commission Expires
July 10, 2014

This Instrument prepared by: Denise Zawada
Ticor Title Insurance Company

"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

928-4556
TICOR SO

13048

12

* **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.

Local No. 2916-99

# INDIANA STATE DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH

State No. .....

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT IN PERMANENT BLACK INK

**DECEDENT**

| 1 DECEASED—NAME (First, Middle, Last) | | 2 SEX | 3a TIME OF DEATH | 3b DATE OF DEATH (Month, Day, Yr) |
|---|---|---|---|---|
| EDWARD | JARON | MALE | 4:50 P.M | DECEMBER 29, 1999 |

| 4 *SOCIAL SECURITY NUMBER | 5a AGE—Last Birthday (Years) | 5b UNDER 1 YEAR Months Days | 5c UNDER 1 DAY Hours Minutes | 6 DATE OF BIRTH (Mo, Day, Yr) | 7 BIRTHPLACE (City and State or Foreign Country) |
|---|---|---|---|---|---|
| [redacted] | 83 | | | Jul. 23, 1916 | Chicago, Illinois |

| 8a WAS DECEDENT A U.S. VETERAN? | 8b YEAR LAST SERVED IN U.S. ARMED FORCES? | 9a PLACE OF DEATH (Check only one. See instructions.) |
|---|---|---|
| No | N/A | HOSPITAL ☒ Inpatient ☐ ER/Outpatient ☐ DOA — OTHER ☐ Nursing Home ☐ Other (Specify) ☐ Residence |

| 9b FACILITY NAME (If not institution, give street and number) | 9c CITY, TOWN, OR LOCATION OF DEATH | 9d COUNTY OF DEATH |
|---|---|---|
| THE COMMUNITY HOSPITAL | MUNSTER | LAKE |

| 10 MARITAL STATUS (Specify) | 11 SURVIVING SPOUSE (If wife, give maiden name) | 12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) | 12b KIND OF BUSINESS/INDUSTRY |
|---|---|---|---|
| Married | Ruth Smith | Quality Control Technician | Manufacturing |

| 13a RESIDENCE—STATE | 13b COUNTY | 13c CITY, TOWN, OR LOCATION | 13d STREET AND NUMBER |
|---|---|---|---|
| Indiana | Lake | Highland | 9307 Southmoor Ave. |

| 13e ZIP CODE | 13f INSIDE CITY LIMITS | 13g ON A FARM? | 14 CITIZEN OF WHAT COUNTRY? | 15 WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.) | 16 RACE—American Indian, Black, White, etc (Specify) | 17 DECEDENT'S EDUCATION (Specify only highest grade completed) | |
|---|---|---|---|---|---|---|---|
| 46322 | ☐ No ☒ Yes | ☒ No ☐ Yes | U.S.A. | ☒ No ☐ Yes | White | Elementary/Secondary (0-12): 12 | College (1-4 or 5 + ): |

**PARENTS**

| 18 FATHER'S NAME (First, Middle, Last) | 19 MOTHER'S NAME (First, Middle, Maiden Surname) |
|---|---|
| Martin Jaron | Agnes Lachman |

**INFORMANT**

| 20a INFORMANT'S NAME (Type/Print) | 20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) | 20c Relationship |
|---|---|---|
| Ruth Jaron | 9307 Southmoor Ave., Highland, Ind. 46322 | Wife |

**DISPOSITION**

| 21a METHOD OF DISPOSITION | 21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) | 21c LOCATION—City or Town, State |
|---|---|---|
| ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify) _____ | January 3, 2000 Chapel Lawn Cemetery | Schererville, Indiana |

| 22a EMBALMER'S NAME | 22b EMBALMER'S LICENSE NO. | 23 WAS DEATH REPORTED TO CORONER? |
|---|---|---|
| David R. Peterson | FDO 8601585 | ☒ No ☐ Yes |

| 24a SIGNATURE OF FUNERAL DIRECTOR | 24b LICENSE NUMBER (of Licensee) | 25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME |
|---|---|---|
| David R Peterson | FDO 8601585 | Kuiper Funeral Home, 9039 Kleinman Rd. Highland, Indiana 46322 FH 83007500 |



**CAUSE OF DEATH**

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 Lymphoma | Months |
| Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last | b DUE TO (OR AS A CONSEQUENCE OF) | |
| | c DUE TO (OR AS A CONSEQUENCE OF) | |
| | d DUE TO (OR AS A CONSEQUENCE OF) | |

| PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I | 27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) | 28a WAS AN AUTOPSY PERFORMED? (Yes or no) | 28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) |
|---|---|---|---|
| | no | no | no |

**CERTIFIER**

29a CERTIFIER (Check only one)

☒ CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated.

☐ 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.

☐ 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 | 29c MEDICAL LICENSE NO | 29d DATE SIGNED (Month, Day, Year) |
|---|---|---|
| [signature] | 01038072 | DECEMBER 30 1999 |

**HEALTH OFFICER**

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)

EDWIN ROBIN M.D. 9305 CALUMET AVENUE MUNSTER, INDIANA 46321

31 HEALTH OFFICER'S SIGNATURE Alexander S. Williams, M.D.

32 DATE FILED (Month, Day, Year) December 30, 1999

| 33 MANNER OF DEATH | 34a DATE OF INJURY (Month, Day, Year) | 34b TIME OF INJURY | 34c INJURY AT WORK? (Yes or no) | 34d DESCRIBE HOW INJURY OCCURRED |
|---|---|---|---|---|
| ☐ Natural ☐ Pending investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide | | | | |

| 34e PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) | 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, pedestrian, etc. |
|---|---|
| | |