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2008 063395

TICOR TITLE INSURANCE

AFFIDAVIT

STATE OF INDIANA)
COUNTY OF LAKE) SS:

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2008 SEP 10 AM 8:52
MICHAEL A. BROWN
RECORDER

Margaret J. Jones, be
sworn upon oath, deposes and says:

1. That Helen Jones
February 17, 2002 //19/ at Dyer, Indiana

2. ~~My~~ ~~entire~~ ~~interest~~ ~~in~~ ~~the~~ ~~real~~ ~~estate~~ ~~located~~ ~~at~~ ~~the~~ ~~same~~ ~~place~~ ~~as~~ ~~described~~ ~~in~~ ~~the~~ ~~plat~~ ~~book~~ ~~63~~ ~~page~~ ~~22~~ ~~in~~ ~~the~~ ~~office~~ ~~of~~ ~~the~~ ~~recorder~~ ~~of~~ ~~Lake~~ ~~County~~ ~~Indiana~~ ~~is~~ ~~the~~ ~~property~~ ~~of~~ ~~the~~ ~~Lake~~ ~~County~~ ~~Recorder~~ ~~!~~

Legal Description:

Lot 333 in Homestead Acres 14th Addition, Unit 1, to the Town of St. John, as per plat thereof, recorded in Plat Book 63 page 22, in the Office of the Recorder of Lake County, Indiana.
Property No. 45-15-05-180-014.000-015

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 (h/s) (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.

Margaret J. Jones
Margaret J. Jones

Subscribed and sworn to before me, a Notary Public, this 2nd day of September, 2008 //19/.

FILED

Shannon Stienen
Shannon Stienen - Notary Public

My Commission expires:

SEP 08 2008

3-14-15

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

SHANNON STIENER
Lake County
My Commission Expires
March 14, 2015

County of Residence:

015630

Lake

This Instrument prepared by Margaret J. Jones

Affiant's Address:
10392 Olcott St. St John IN

ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to assume 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. 467-02

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

IDENTIFIERS

FORMANT

DISPOSITION

USE OF PATH

CERTIFIER

HEALTH OFFICER

1. DECEASED—NAME (First, Middle, Last) HELEN JONES				2. SEX FEMALE		3a. TIME OF DEATH 9:26 P M		3b. DATE OF DEATH (Month, Day, Yr.) FEBRUARY 17, 2002			
4. *SOCIAL SECURITY NUMBER 336-12-1867		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) OCTOBER 2, 1920		7. BIRTHPLACE (City and State or Foreign Country) CHICAGO, ILLINOIS	
8a. WAS DECEDENT A U.S. VETERAN? NO		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? NONE		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) ST. MARGARET MERCY SOUTH				9c. CITY, TOWN, OR LOCATION OF DEATH DYER				9d. COUNTY OF DEATH LAKE			
10. MARITAL STATUS (Specify) WIDOWED		11. SURVIVING SPOUSE (If wife, give maiden name) NONE		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) MAIL CLERK				12b. KIND OF BUSINESS/INDUSTRY U.S.X. STEEL COMPANY			
13a. RESIDENCE—STATE INDIANA		13b. COUNTY LAKE		13c. CITY, TOWN, OR LOCATION ST. JOHN				13d. STREET AND NUMBER 10392 OLCOTT			
13e. ZIP CODE 46373		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? U.S.A.		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) 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) SAMUEL SCRIP						19. MOTHER'S NAME (First, Middle, Maiden Surname) MARY KOCHENA					
20a. INFORMANT'S NAME (Type/Print) MARGARET JONES SARAH GORNEY				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 10392 OLCOTT ST. ST. JOHN, IN. 46373				20c. Relationship DAUGHTERS			
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) FEBRUARY 22, 2002 OAKLAND MEMORY LAKE				21c. LOCATION—City or Town, State DOLTON, ILLINOIS			
22a. EMBALMER'S NAME CHARLES WELLS				22b. EMBALMER'S LICENSE NO. FDO1042372				23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Eli W...</i>				24b. LICENSE NUMBER (of license) FDO1008300		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME LINCOLN RIDGE FUNERAL HOME 88800070 7607 W. LINCOLN HWY. CROWN POINT, IN. 46307					
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. <i>Acute M.I.</i> DUE TO (OR AS A CONSEQUENCE OF) b. DUE TO (OR AS A CONSEQUENCE OF) c. DUE TO (OR AS A CONSEQUENCE OF) d.										Approximate Interval Between Onset and Death	
PART II. Other significant conditions—Conditions contributing to death but not previously stated in Part I <i>Hypertension</i>						27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or 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>[Signature]</i>								29c. MEDICAL LICENSE NO. 24250		29d. DATE SIGNED (Month, Day, Year) 2.25.02	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) B.A. IWANETZ 713 E. 143rd ST. DOLTON, ILL. 60419											
31. HEALTH OFFICER'S SIGNATURE <i>Susan W. But...</i>										32. DATE FILED (Month, Day, Year) Feb 26 2002	
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. INJURY AT WORK? (Yes or no)		34d. DESCRIBE HOW INJURY OCCURRED THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT. APR 27 2008		
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.							

