

2008 079578

AFFIDAVIT

STATE OF INDIANA)	
) SS: COUNTY OF LAKE)	2
CHERYL A BOWMAN	_, being first duly
Sworn upon oath, deposes and says:	_, being first quiy
1. That LOREN J BOWMAN	
died on 2/29 Oct 2008 at Seminole	e, Florida
2. That LOREN J BOWMAN and CHERYL A swere duly and legally married at the time they acquired title as to the following described real estate: SEE ATTACHED LEGAL	husband and wife
	PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR
3. That the marital relationship which existed between them at title to said real estate remained in effect and unbroken until the	4 -
 4. That all funeral expenses in connection with the death of sar paid in full. 5. That all of the assets of said decedent which would be inclutax purposes, including joint bank accounts and life insurance. Not sufficient to necessitate payment of Federal Estate Tax. 	id decedent have been dable for Federal Estate
Further affiant sayeth not. CHERYL	A BOWMAN, TRUSTEE
Subscribed and sworn to before me, a Notary Public, this OCTOBER 2008	TH day of
STACI MARIE FINCH Lake County My Commission Expires Feb. 20, 2016 Notary Pu	blic: STACT MARIE FINCH
TAVE	rm, under the penalties for perjury, that I have taken onable care to redact each Social Security number in locument, unless required by law." Chris Burk
This Instrument prepared by: CHERYL A BOWMAN	018512

1677

No: 920086385

LEGAL DESCRIPTION

Part of the North 1/2 of the North 1/2 of the Southeast 1/4 of the Southwest 1/4 of the Southwest 1/4 of Section 32, Township 36 North, Range 7 West of the Second Principal Meridian, in the Town of Hobart, Lake County, Indiana, more particularly described as follows:

Commencing at the Northeast corner of said North 1/2 of the North 1/2 of the Southeast 1/4 of the Southwest 1/4; thence West 33.0 feet to an iron pipe located on the West line of a 33.0 foot street reserved in Deed Record 33, page 524 from John G. Earle and Eveline J. Earle to Thomas Parker and Eliza Parker recorded August 6, 1883, being the point of beginning; thence running South 33 feet; thence West 125 feet; thence North 33 feet; thence East 125 feet to the place of beginning.



OFFICE of VITAL STATISTICS

CERTIFIED COPY
FLORIDA CERTIFICATE OF DEATH

1. DECEDENT'S NAME (First, Middle LOREN J. BOW	le Last Suffix)								
									2. SEX
3. DATE OF BIRTH (Month, Day, Yes		AGE-Last Birthday	46. UNDER 1 YEAR						MALE
NOVEMBER 16, 1		(Years) 61		Days 4C.	Hours	Minutes		DEATH (Month,	Day, Year)
6. SOCIAL SECURITY NUMBER	7. BIRTHPLAC	E (City and State or Fo.	reign Country)		TB. COUN	ITY OF DEA	FEBRU	JARY 29	, 2008
		INDIANA			ſ	INOLE			
9. PLACE OF DEATH HOSPITAL (Check only one)		Emergency	y Room/Outpatient		Dead on Arriva		•		
NON-HOSE 10. FACILITY NAME (If not institution,	PITAL: X Hospice Fa	eclify Nursing Ho	ome/Long Term Care F		Decedent's Ho	ome	Other (Specify	,	
HOSPICE OF THE	COMFORTER				ITY, TOWN, OF			1	1b. INSIDE CITY
12. MARITAL STATUS (Specify)	CONTORIER			AL.	CAMONTE	SPRI	NGS		X_Yes _
X Married Married, but S	Separated w.	dowed Div	orced Never					e maiden name)
14a. RESIDENCE - STATE	7	14b. COUNTY	rorcedNever		ERYL R				
INDIANA 14d. STREET ADDRESS		LAKE		1.	BART	J. 1 200A 110			
1801 E. HICKEY S	IMP THE				14e. AP1	r. NO. 1	4f. ZIP CODE	14	g. INSIDE CITY
15a. DECEDENT'S USUAL OCCUPATI	TREET					1	46342		X Yes _
CARPENTER	TON (mulcale type of wo	ork done during most of	working life.)	1	KIND OF BUSI		STRY		21_100
16. DECEDENT'S RACE (Specify the ra	ace/races to indicate who	at decedent considered	himself/herself to be	C	ONSTRUC	CTION			
X WhiteBi	ack or African American					ecified.)			
		pinoJapanes	n Indian or Alaskan Nat e Korean	IVe (Specify tri					
Native HawaiianGu	uamanian or Chamorro	Samoan		c Isl. (Specify)		Other A	sian (Specify)	n w 1	
7. DECEDENT OF HISPANIC OR HAIT Specify if decedent was of Hispanic or I	TIAN ORIGIN? Haitian Origin.) ——	Yes (If Yes, specify) X		Mexican	Puerto	Rican	Other (Central/Sout	h American
8. DECEDENT'S EDUCATION (Specify		degree or lount -1 -1		Other His	panic (Specify)				n American h
	High school but no diplo			death.)				19. WAS DECE U.S. ARME	DENT EVER IN
College but no degree	College degree (San		chool diploma or GED					U.S. ALIME	FUNCES!
D. FATHER'S NAME (First, Middle, Last	t, Suffix)	- Associ			ter's Middle, Maide	Doctoral	e	X_Yes	No
LOREN G. BOWMAN		Docu	VIRGIN		PLANK				
CHERYL BOWMAN				NSHIP TO DE		23a. INF	DRIMANT'S MA	AILING - STATE	
D. CITY OR TOWN	NIO	TO	WIFE	CI	AT	IND	LANA		
OBART	110	23c, STREET AL			- 40	•	_	23d,	ZIP CODE
PLACE OF DISPOSITION (Name of co	emetery, crematory, or o	1801 E.	HICKEY S		-		c	46:	342
VERGREEN MEMORIA	L DU	cumen	INDIANA	PIO	PCL	~ .	ON - CITY OR	TOWN	
METHOD OF DISPOSITIONB	Jurial TheEntomb	ment Cremation		X Removal for	rder	HOBAR			
D. IF CREMATION, DONATION OR BUI WAS MEDICAL EXAMINER APPROVAL GRANTED?	RIAL AT SEA, 27	a. LICENSE NUMBER	(of Licensee) 27b	Trontova, ii	OIII State	Other (S	pecify)	PERSON ACTIN	2.10.211211
APPROVAL GRANTED? Y	00 11-			SIGNATURE	OF FUNERAL	SERVICE LI	CENSEE ON F		G AS SUCH
	esNo	F043878		SIGNATURE	S SULT	SERVICE LI	CENSEE OH F	ZHOON ACTIN	G AS SUCH
NAME OF FUNERAL FACILITY			*	SIGNATURE MA	8 9UT	9_	"S MAILING -		G AS SUCH
NAME OF FUNERAL FACILITY COMMUNITY FUNERAL		SUNSET CRE	MATIONS	and a second	0 901 7 29	9_	"S MAILING -		G AS SUCH
NAME OF FUNERAL FACILITY COMMUNITY FUNERAL CITY ON TOWN		SUNSET CRE	MATIONS DRESS	Ard	0 901 7 29	Pa. FACILITY	"S MAILING -	STATE	IP CODE
NAME OF FUNERAL FACILITY COMMUNITY FUNERAL CITY OF TOWN RLANDO	AL HOME & :	SUNSET CRE	MATIONS DRESS MICHIGAN	Ald TREET	29 F	LORID	'S MAILING -	STATE 29d. Z	
NAME OF FUNERAL FACILITY COMMUNITY FUNERAL CITY ON TOWN RLANDO CERTIFIER: X Certifying Phys	AL HOME & !	SUNSET CRE 29c. STREET ADI 910 W.] ny knowledge, death occumination, and/or invest	MATIONS DRESS MICHIGAN S curred at the time, date	GTREET and place, and death occurred	29 F	LORID.	A A A A A A A A A A A A A A A A A A A	29d. Z	IP CODE 805
NAME OF FUNERAL FACILITY COMMUNITY FUNERAL CITY ON TOWN RLANDO CERTIFIER: X Certhying Phys (Check one) Medical Examin (Signature and ratio of Certifier)	AL HOME &	SUNSET CRE 29c. STREET ADI 910 W.] ny knowledge, death occumination, and/or invest	MATIONS DRESS MICHIGAN S curred at the time, date	GTREET and place, and death occurred	29 F	LORID.	A A A A A A A A A A A A A A A A A A A	29d. Z	IP CODE 805
NAME OF FUNERAL FACILITY COMMUNITY FUNERAL CITY ON TOWN RLANDO CERTIFIER: X Certifying Phys (Check one) Medical Examin (Signature and Tife of Certifier) PITY (LANDA)	AL HOME & Section - To the best of more - On the basis of exa	SUNSET CRE 29c. STREET ADI 910 W.) 1y knowledge, death occ amination, and/or invest 31b. DA	MATIONS DRESS MICHIGAN S Courred at the time, date	STREET and place, and death occurred	d due to the cau at the time, dai OF DEATH (2	TLORID. See(s) and mile and place, 4 hr.) 33. N	A A Anner stated. due to the cau	29d, Z 32 Jse(s) and mann	P CODE 805 er stated. NUMBER
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NAME OF FUNERAL FACILITY COMMUNITY FUNERAL CITY ON TOWN RLANDO CERTIFIER: X Certifying Phys (Check one) Medical Examin (Signature and rule of Certifier) PIT STANDALLICENSE NUMBER (of Certifier) SAME OF THE COMMUNICATION OF THE COMMUNI	AL HOME & SHELL TO THE BEST OF	SUNSET CRE 29c. STREET ADI 910 W.] 19 knowledge, death occarrination, and/or invest 31b. DA 37	MATIONS DRESS MICHIGAN S COUrsed at the time, date digation, in my opinion, TE SIGNED (mm/dd/y) 3 OS	ACLAY STREET and place, and death occurred 2 2 ESS	ed due to the cau at the time, da OF DEATH (2 040 35. NAME OF	TLORID. See(s) and mile and place, 4 hr.) 33. N	A A Anner stated. due to the cau	29d. Z 3 2 Jise(s) and mann MINER'S CASE	IP CODE 8 0 5 er stated. NUMBER Code Code
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FLORIDA DEPARTMENT OF HEALTH

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