TICOR TITLE INSURANCE

009 02258

AFFIDAVIT

STATE OF INDIANA) SS:

FILED

| COUNTY OF LAKE) | APR - 6 2009 | | | y* | بيورلاسلام |
|---|---|--|-----------------------|-----------------|------------|
| i L | P EGGY HOLINGA KATON LAKE COUNTY AUDITOI | A R | ~ | | |
| BARRY J. MCCONNELL | | being first duly | 200 | 77 103 | |
| Sworn upon oath, deposes and says: | | | යි | | |
| 1. That MARIA E. MCCONNEI died on MARIA F. MCCONNEI | 2003 at 12' | 13AM 20 | 양 | OREGON RECON | |
| 2. That BARRY J. MCCONNELL were duly and legally married at the tit to the following described real estate: LOT 46 IN DEEP RIVER POINTE, PE PER PLAT THEREOF, RECORDED IN FO OF THE RECORDER OF LAKE COUNTY, 45-13-09-327-001-000- 3. That the marital relationship which title to said real estate remained in effect 4. That all funeral expenses in connec paid in full. 5. That all of the assets of said decede tax purposes, including joint bank according to the said real estate. | existed between them at the ct and unbroken until the cent which would be included. | he time they acquidate of his/her de | iired eath. een | | |
| Not sufficient to necessitate payment of | | () | VOIC | | |
| Further affiant sayeth not. | BARRY | J. MCCONNELL | ~~ | sos | _ |
| Subscribed and sworn to before me, a MARCH | Notary Public, this 318 | day of | | | |
| | Notary Publ | ic: staci marie | FIN | L ICH | (L |
| My commission expires: 2/20/16 | | | | | # 1 |
| County of Residence:LAKE | | STACI MARIE Lake Cou My Commission Feb. 20, 2 | inty n Expir | 18 | T. |

BARRY J. MCCONNELL

002449

"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

929-2114 TICOR HBT

This Instrument prepared by: _

ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to bursue its statutory responsibility. Disclosure is roluntary and mere will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

| State No. | |
|-----------|--|
| Otto | |

| لمبيلاً .ocal No | (.)/.OO | ····· | AND THE ALL DE | D 10 40 1 | 77 1 10 | | | | | | | | |
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| . , | THE RECORDS IN THIS SE | | IFIDENTIAL PE | RIC ID- | 3/+1-10 | | 2 SEX | | 3a TIME OF DE | ATH 3b | DATE OF DEAT | H. (Month. Day: Yr.) | |
| YPE/PRINT | 1 DECEASED—NAME (First, Mi | | ONNELL | | | | FEMA | | 12:13A | | | 11, 2003 | |
| IN | 4. *SOCIAL SECURITY NUMBER | 5a AGE- | -Last Birthday | Sb. UN | DER 1 YEAR | | | ATE OF BIR | RTH (Mo. Day, Yr) | 7. BIRT | HPLACE (City ar | nd State or Foreign Country | |
| ERMANENT BLACK INK | 4. 300M2 0200 | (Year | 50 | Mon | iths Days | Hours | | | 25 , 1952 | | | TLAND | |
| BEAON IIVI | 8a WAS DECEDENT | 86 YEAR LAST | SERVED IN | | | | 9e PL | | EATH (Check only | | | | |
| | | A U.S VETERAN? U.S ARMED FORCES? | | HOSPITAL Inpatient | | | | OTHER Nursing Home Other (Specify) | | | | | |
| | | NO N/A | | ER/Outpatient DO | | OOA 9c CITY TOV | OOA Residence OC CITY, TOWN, OR LOCATION OF DEATH | | | 9d COUNTY OF DEATH | | | |
| DECEDENT | 9b FACILITY NAME (If not institution, give street and number) | | | | MUNSTER | | | | LAKE | | | | |
| ,2020 | THE COMMUNITY HOSPITAL | | 12a DECEDE | | ENT'S USUAL OCCUPATION (Give kind of work iring most of working life. Do not use retired) | | | ork 12b | | | | | |
| | (Specify) MARRIED (If wife, give maiden name) BARRY McC(| | maiden name) | | | done dur | done during most of working life. Do not use retired) ADMINISTRATOR | | | SCHOOL | | | |
| | | | CI PICCOI | | | l | | | 13d STREET AND NU | | | | |
| | 13a. RESIDENCE—STATE INDIANA | LAKE | 7. | | нов <i>а</i> | | | | 9253 N | NORRIS | DRIVE | | |
| | 13e ZIP CODE 13f. INSIDE CI | 1, | CITIZEN OF | 15. WA | S DECEDENT | OF HISPANIC | ORIGIN? | | —American Indian | | | DENT'S EDUCATION highest grade completed) | |
| | □ No □ | Zi Yes V | VHAT COUNTRY | 2 | ŽENo □ Y exican, Puerto R | es (If yes. | specify Cuban | Black (Spe | k, White, etc. | Flement | tary/Secondary (| | |
| | 46342 139 ON A FAF | | | | XICBIT TOETOTT | con. cre i | | | WHITE | | 1.2 | 8+ | |
| | Ŭ No [| 3 103 | J.S.A. | | | | 19 MOTHE | R'S NAME | (First Middle, Maid | | 1.4 | | |
| ARENTS | 18 FATHER'S NAME (First Middle | | 7 | | | | T. | ELT Z.A. | BETH DOI | DDS | | | |
| | | ZO FORTE | <u> </u> | | 20b MAILING | ADDRESS (S | | | Route Number, City | | ate. Zip Code) | 20c. Relationship | |
| VFORMANT | 20a. INFORMANT'S NAME (Type | | | | ſ | | | | RT, IND. | | | Husband | |
| | BARRY McCO | | ot . | 21b DA | TE AND PLAC | E OF DISPOSI | ION (Name of | cemetery. c | rematory, or | | CATION-City or | r Town, State | |
| | Buriel Cremation | ☐ Removal fro | | othe | er place) JA | ANUARY | 15, 20 | 003 | | | | | |
| | Donation Other (Spec | crfy) | | CI | LARENDO | ON HIL | SCEMI | ETERY | | \perp DA | ARIEN, | ILLINOIS | |
| SPOSITION | 228. EMBALMER'S NAME. | | 100 | | EMBALMER'S | | | 23 | WAS DEATH REF | | CORONER? | | |
| JISPOSITION | DEAN G. W. | AGNER _ | | | 8800 | 0057 | | | | Yes | | | |
| | 240 SIGNATURE OF FUNERAL D | | | | 246 1 | ICENSE NUM | BER | 25 NAME | ADDRESS AND | LICENSE NU LIDENSE NU | MBER OF FUNE Home Fb8 | eral home 33002893 | |
| | I W. N | LX | 111111 | 1 | | (of Licensee) | | 7109' | Calumet A | ve.,Han | nmond, IN | 33002893 N. 46324 for 143rd St. | |
| | John | This/A | bezin | <u> 1ent</u> | is the | 100723 | berty | Homer | 1018H 11 | . ''BC年41 | 12011 11. | 11314 00. | |
| | | 4 | // | | | | | | | | | | |
| | 26 PART I Enter the dise | ases, injuries, or co | mplications that c | aused the | death Do not er | nter nonspecific | terms, such as | cardiac or r | espiratory | <i>-</i> | | Approximate interval Betw | |
| | 26 PART I Enfer the disease shock. | ases, injuries, or co or heart failure. List | t only one cause | on each line | unity | | uci. | | 1 | / Murt | 000 | | |
| | IMMEDIATE CAUSE (Final | ases, injuries, or co or heart failure. List | ronly one cause | on each line | ROWS. | e u Ca i | uci. | | 1 | MUCT | iPE) | Interval Betw Onset and D | |
| 'ALISE OF | arrest, shock. | ases, injuries, or co or heart failure. List a | Conty one cause of DUE TO | on each line で <u>あら</u> (OR AS A | CONSEQUENCE | L UCA 1 | Ac | eid | ENT (| мист |) | Interval Betw | |
| CAUSE OF | IMMEDIATE CAUSE (Final disease or condition resulting in death) | ases, injuries, or co or heart failure. List a b. | Conty one cause of Conty one Cause of Conty one Cause of | ON EACH HING RES OR AS A / IN F | ROWS. | L . U. C.A 1. DE OF) DZ S | uci. | eid | ENT (| MUCT | ipe) | Interval Betw Onset and D | |
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