- 3. That the marital relationship which existed between David E. Clifford, Sr. and Wilma L. Clifford at the time they acquired title to said real estate remained in effect and unbroken until the date of His 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.

Wilma L. Clifford

Subscribed and sworn to before me, a Notary/Public, this 4th day of August 2011

Paula Barrick

My Commission expires: 10-02-17

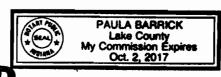
County of Residence:Lake

PAULA BAP Lake Cour My Commission Oct. 2, 20 luon Com

This Instrument prepared by: Wilma L. Clifford

File No. :920114008

FIDELITY MO 92011157 F I L E I



054700

## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No									State No					
DAVID E. CLIFFORD SR.					1s Maiden Last Name (If Female)				<sup>2 Sex</sup>	3. Time Of Death		leath I 4 Date Of Death (Month/Day/Year)		
5 Social Security Number   Sa Age - Yrs   6b Under 1 Yea		ar 6	. Under 1 Month	6d Under 1 Day	6e Under	r 1 Hour	7. Date C	F Birth (Month/C			_	Or Foreign Country)		
/ <b></b>	72	Months Days			Hours	March 7, 1			h 7, 19	37	Chicago, Illinois			
9 Ever In U.S. Armed Forces? 10 If Death Occurred In A Hospital.  2 Yes No Unknown   Inpatient Emergency Department Outpatient Dead On Arrival  11 Facility Name (If Not Institution, Give Street And Number)						10a. If Death Occurred Somewhere Other Than A Hospital:  ☑ Hospice Facility □ Decedent's Home □ Nursing Home/Long-Term Care Facility □ Other (Specify)								
VNA Hospice C		,												
12 City Or Town, State, And Zip Code							13 County Of Death				14 Maritai Status At Time Of Death  ☑ Married ☐ Married, But Separated ☐ Divorced			
Valparaiso 15 Surriving Spouse's Name 15e (If Wife)Give Maiden Last Name							Porter  16 Decedent's Usual Occupation				☐ Widowed ☐ Never Married ☐ Unknown  17 Kind Of Business/Industry			
Wilma Clifford Davis  18 Residence – State 186 County						District Sales			s Mang	anger Sales				
IN Lai							Hobart							
18c Street And Number							18d Apt No.					18e Zip Code 18f Inside City Limits?		
841 Cardinal Court  19 Decedent's Education 20. Decedent Of Hispanic Origin							21 Decedent's Race 46342							
High School G		or GED	No	not Span	ish/Hispani									
						1.	3 Mother's Name (First, Middle, Last) 23e. Mother's Ma							
Claude Clifford  24 Informant's Name 24a Relationship To Decedent							rene Clifford Ostrowski  Mailing Address (Street And Number, City, State, Zip Code)							
Wilma Clifford Wife 841 Cardina 25, Place Of Disposition								nal Co	Court, Hobart, IN 46342					
25a. Method Of Disposition			Place Of Dis	position (Name Of	Cametery. Cremator			25c Location	- City, Town, A	and State		_		
☑ Burial ☐ Cremation ☐ Dor     ☐ Removal From State     ☐ Other (Specify):	nation () Enton		erare	en Men	norial Pa	rk		Hobar	t_IN 2	6342				
26 Was Coroner Contacted?  ☐ Yes ☑ No	[	Name And Comp	eta Address	Of Funeral Facility				JA					neral Home License Number	
27b. Signature Of Indiana Funera	Ro	ees Funer	al Hor	ne, 600 V	est Old Ric	ige Rd	. P.O. B	ox 488,	Hobart,	Indian	a 46342	FH8	3003069	
James	()	X	50		Lake C									
28. Part I. Enter The Chain	Of Events	Diseases, Injui	ies, Or Co	mplications—T	e Of Death (Se	d The Dea	ath. Do Not I	Enter Termir	nal Events				Approximate	
Such As Cardiac Arrest, Re A Lirie. Add Additional Line	spiratory Arre	est, Or Ventri <mark>cu</mark>	lar Fibrillat	ion Without Sho	owing The Etiology	y. Do Not	Abbreviate.	Enter Only	One Cause C		1623		Interval: Onset To Death	
Immediate Cause (Final Dis	ease Or Con	dition Result <mark>ing</mark>	In Death	Α.			26717	Due To (Or As A	Consequence Of).					
Sequentially List Conditions. Line A. Eriter The Underlyin The Events Resulting In Dea	ng Cause (Dis							Due To (Or As A	Consequence Of).					
Death Second		T- 0- 4- D		D.				Due To (Or As A						
Part II Enter Other Significant Conditions Contributing To Death But Not Resulting in The Underlying Cause Given in Pr								29 Was An Autopsy Performed?						
31 Did Tobacco Use Contribute			Female			DER	800			Manner Of D				
Probably No Unknown		□ No	Pregnant With Pregnant, But	Pregnant 43 Days To	grant At Time Of Death 1 Year Before Death	Unknown If P	regnant Within Th	e Past Year		Suicide 🗖 Cou	icide D Accident C 1d Noi Be Determined Wooded Area)	_	7. Injury At Work?	
, , ,	r				2						,		☐ Yes ☐ No	
38. Location Of Injury - State		38a (	City Or Town		38b. s	Street & Num	ber				38c. Apt 1	386	Zip Code	
39 Describe How Injury Occurred	i -				- Ven	//DIA	MALLINE				rtation Injury, Spe	-		
i. 11		4							/   '	☐ Driver/Opera	lor □ Passe <b>nger</b> [	] Pedestnan [	Other (Specify)	
41 Signature, of Person Continuing Cauta of Death  11 // // / / / / / / / / / / / / / / /									42 Certifier (Check Only One)  Close Certifying Physician Coroner Health Officer					
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: Milton Gasparis MD, 1400 S. Lake Park AvenueSuite 301, Hobart, IN 4										44. Licen	375 <b>1</b> 5	45 0	Pale Certified	
46 Additional Funeral Service Pr	rovider									47 *Akas				
48 Signature of Local Health Off		7						49	For Registre	or Only – Dat	e Filed (Month/Da	y/Year}.		
Mari	1. 75	sbioke	in	J									_	