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**AFFIDAVIT**

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

STATE OF INDIANA )  
COUNTY OF LAKE ) SS:  
Tax I.D. No. 45-07-09-206-023.000-023

**2014 046282**

2014 AUG -1 AM 10: 25  
MICHAEL S. BROWN  
RECORDER

**CONSTANCE F. DePAOLI** being first duly sworn upon oath, deposes and says:

1. That the Affiant is the daughter and has personal knowledge of the marital status of the Decedent.
2. That **CECIL WARREN ILIFF** died on July 24, 1984, in Lake County, Indiana.
3. That the Decedent and **EVELYN M ILIFF** were duly and legally married at the time they acquired title as Husband and Wife in the following described real estate:  
**LOT NO. TEN (10) IN BLOCK NO. FIVE (5), AS MARKED AND LAID DOWN ON THE RECORDED PLAT OF HESSVILLE GARDENS, IN THE CITY OF HAMMOND, LAKE COUNTY, INDIANA.**
4. 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 death.
5. That all funeral expenses in connection with the death of said decedent have been paid in full.
6. That all of the assets of said decedent which would be included 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 saith naught.**

*Constance F. DePaoli*  
**CONSTANCE F. DePAOLI**

Subscribed and sworn to before me, a Notary Public this 29<sup>th</sup> day of July, 2014.

My Commission Expires: 7/22/2022  
County of Residence: Porter



*Mary E Burgess*  
\_\_\_\_\_, Notary Public  
655946

COMMUNITY TITLE COMPANY  
FILE NO. 146236

This instrument prepared by PATRICK J. McMANAMA, Attorney-at-Law, Attorney No. 34-45.  
No legal opinion given or rendered. All information used in preparation of document was supplied by title company.

**FILED**

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.

**AUG 01 2014**  
**PEGGY HOLINGA KATONA**  
**LAKE COUNTY AUDITOR**  
*Michelle Kirksey*  
Name of Preparer

*Michelle Kirksey*  
Signature of Preparer

14.  
cm  
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not-com  
25178

TYPE OR PRINT  
PLAINLY WITH  
UNFADING INK

THIS IS A  
PERMANENT  
RECORD

Below for State Office Use

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Local No. **309**

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

State No. **July 24, 1984**

FUNERAL HOME No. **280**

FUNERAL DIRECTOR'S LICENSE No. **1783**

LICENSE No. **1350**

EMBALMER'S NAME **John C. Ault**

FUNERAL DIRECTOR'S SIGNATURE *George J. Baker*

1 DECEASED—NAME <b>Cecil</b>		FIRST NAME <b>Women</b>		MIDDLE NAME <b>Slipp</b>		LAST NAME <b>Male</b>		DATE OF DEATH—MONTH, DAY, YEAR <b>July 24, 1984</b>	
2 RACE—(a) White, (b) Black, American Indian, (c) Other <b>White</b>		3 AGE—Last birthday <b>69</b>		4 SEX <b>Male</b>		5 COUNTY OF DEATH <b>Lake</b>		6 DATE OF BIRTH—MONTH, DAY, YEAR <b>6/24/1915</b>	
7a CITY, TOWN OR LOCATION OF DEATH <b>East Chicago</b>		7b HOSPITAL OR OTHER INSTITUTION—Name of hospital and number <b>St. Catherine Hospital</b>		8 MARRIED NEVER MARRIED WIDOWED DIVORCED <b>never married</b>		9 SURVIVING SPOUSE—Name and number <b>Evelyn Potter</b>		10 WAS DECEDENT EVER IN U.S. ARMED FORCES? <b>no</b>	
11 STATE OF BIRTH—(a) U.S.A. (b) Foreign <b>Indiana</b>		12 CITIZEN OF WHAT COUNTRY <b>USA</b>		13 USUAL OCCUPATION—Give time of work shown during most of working life and other <b>Engineer [Retired]</b>		14 KIND OF BUSINESS OR INDUSTRY <b>9. H. B. Rail Road</b>		15 INSIDE CITY LIMITS (Specify Yes or No) <b>yes</b>	
16 RESIDENCE—STATE <b>Indiana</b>		17 COUNTY <b>Lake</b>		18a CITY, TOWN OR LOCATION <b>Hammond</b>		18b IS RESIDENCE ON A FARM? <input checked="" type="checkbox"/> NO		19 INSIDE CITY LIMITS (Specify Yes or No) <b>yes</b>	
19a STREET AND NUMBER <b>6640 Alabama</b>		19b CITY, TOWN OR LOCATION <b>Hammond</b>		20 IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PORTO RICAN, ETC. <input checked="" type="checkbox"/> YES		21 FATHER—NAME <b>V. Earl</b>		22 MOTHER—MAIDEN NAME <b>Anna L. Hopp</b>	
23 INFORMATION—NAME (Type or print) <b>Mrs. Evelyn Slipp Male</b>		24 RELATIONSHIP <b>Wife</b>		25 MAILING ADDRESS <b>6640 Alabama</b>		26 CITY OR TOWN <b>Hammond</b>		27 STATE <b>Indiana</b>	
28a BIRTH DATE <b>July 26, 1984</b>		28b MONTH, DAY, YEAR <b>July 26, 1984</b>		29 CELEBRITY OR CREMATORY—FUNERAL HOME <b>Chapel Lawn Mem. System</b>		30 CITY OR TOWN <b>Scheneville, Indiana</b>		31 STATE <b>Indiana</b>	
32a NAME OF ATTENDING PHYSICIAN <b>Frank R. Hebers, M.D.</b>		32b ADDRESS <b>7550 Hohman Avenue Muncie, Indiana 46321</b>		33 DATE SIGNED (M/D/Y) <b>7-25-84</b>		34 HOUR OF DEATH <b>11:25-54</b>		35 M	
36 HEALTH OF DECEASED—SIGNATURE <i>E. A. Compagnon, M.D.</i>		37 DATE RECEIVED BY LOCAL HEALTH OFFICER <b>7-25-84</b>		38 CAUSE <b>Ischemic Heart Disease</b>		39 INTERVAL BETWEEN DEATH AND DEATH CERTIFICATE <b>1978</b>		40	