

AFFIDAVIT

STATE OF INDIANA)
COUNTY OF LAKE) SS:
Tax I.D. No. 45-07-08-379-021.000-023

2014 073842

JUDITH DIANE MERCER being first duly sworn upon oath, depose(s) and say(s):

1. That Affiant's husband WILLIAM A. MERCER, SR., a/k/a WILLIAM MERCER died leaving a will on August 7, 2005, in Lake County, Indiana.
2. That the Affiant and WILLIAM A. MERCER, SR., a/k/a WILLIAM MERCER were duly and legally married at the time they acquired title in the following described real estate:
LOTS 33, 34 AND 35 IN BLOCK 23, IN UNIT 6 OF WOODMAN SUBDIVISION TO THE CITY OF HAMMOND, LAKE COUNTY INDIANA.
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 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 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 or Indiana inheritance tax.

FURTHER, Affiant saith naught.

Judith Diane Mercer
Judith Diane Mercer

Subscribed and sworn to before me, a Notary Public this 6th day of November, 2014.

JANET MEYER
Lake County
My Commission Expires
December 3, 2017

Janet Meyer
Notary Public

My Commission Expires _____
County of Residence: Lake

This instrument prepared by PATRICK J. McMANAMA, Attorney-at-Law, Attorney ID No. 9534-45.
No legal opinion given or rendered. All information used in preparation of document was supplied by title company.

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.

Signature of Preparer

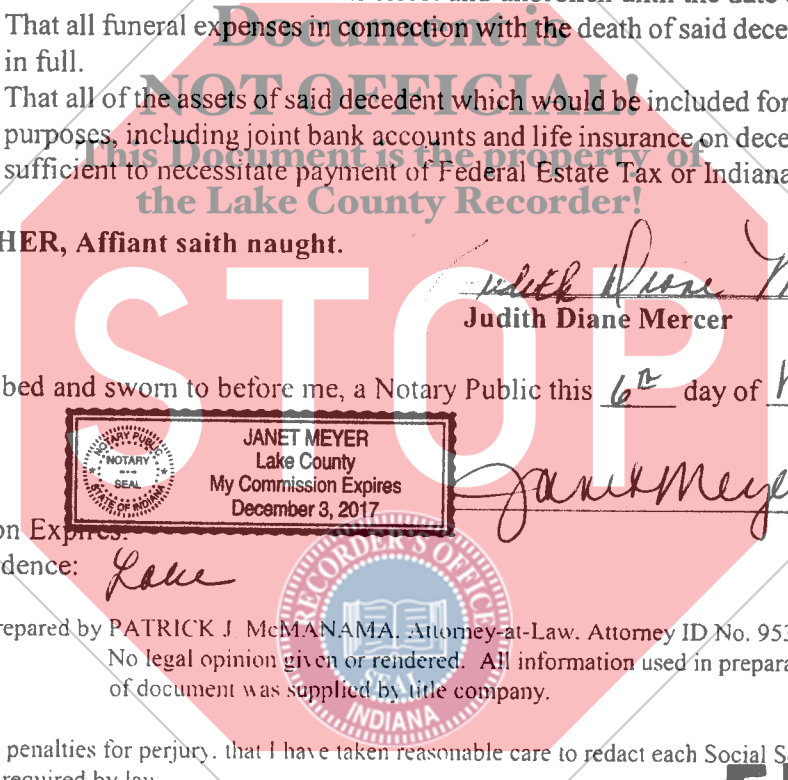
05088

Name of Preparer NOV 17 2014

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

COMMUNITY TITLE COMPANY
FILE NO 146586

FILED FOR RECORDING
LAKE COUNTY INDIANA
NOV 19 AM 9:52
MICHAEL PERON
RECORDER



\$14
CM
NON
Comp

* ATTENTION ESTATE: This Certificate of Death is being requested by this State Agency in order to pursue its statutory responsibilities. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No. 529

The RECORDS IN THIS SERIES ARE CONTINUED PERIODICALLY

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

USE OF
ATH

CERTIFIER

TH
DER

1. DECEASED NAME (Print, Maiden Last) William Mercer		2. SEX Male	3. TIME OF DEATH 10:48A	4. DATE OF DEATH August 10, 2005
4. SOCIAL SECURITY NUMBER [REDACTED]		5a. UNDER 1 YEAR Months: _____ Days: _____	5b. UNDER 1 DAY Hours: _____ Minutes: _____	6. DATE OF BIRTH Feb. 8, 1921
7a. WAS DECEDENT A U.S. VETERAN? Yes		7b. YEAR LAST SERVED IN ARMED FORCES 1944		
8. FACILITY NAME St. Margaret-Mercy Health Care Center		9. CITY/TOWN/LOCATION OF DEATH Hammond		10. COUNTY OF DEATH Lake
10. MARITAL STATUS (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Judith D. Gaura		12. DECEASED'S USUAL OCCUPATION (Give kind and class) General Mill Foreman
13a. RESIDENCE - STATE Indiana		13b. COUNTY Lake		13c. CITY/TOWN/LOCATION Hammond
13d. ZIP CODE 46324		13e. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		13f. OH & FARM <input checked="" type="checkbox"/> No <input 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 - ANCESTRY (Specify) white
18. FATHER'S NAME (First, Middle, Last) Robert Mercer		19. MOTHER'S NAME (First, Middle, Maiden Surname) Mary Baird		
20a. INFORMANT'S NAME (Type, Print) Judith D. Mercer		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 7239 Magoun Ave., Hammond, IN 46324		20c. Relationship Wife
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <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) August 10, 2005 Chapel Lawn Memorial Gardens		21c. LOCATION - City or Town, State Schererville, IN
22a. EMBALMER'S NAME Jose G. Corona		22b. EMBALMER'S LICENSE NO. FD08601373		23. WAS DEATH REPORTED TO PROSECUTOR? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
24a. SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>		24b. LICENSE NUMBER (of Licensee) FD01013507		25. NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Booken Funeral Home, Inc. PH83002801 7042 Kennedy Ave., Hammond, IN 46323
26. PART I: Enter the diseases, injuries, or other conditions that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest. IMMEDIATE CAUSE (Final disease or condition resulting in death) Cardiac Arrest DUE TO (OR AS A CONSEQUENCE OF) CONDITIONS THAT GAVE RISE TO THE IMMEDIATE CAUSE (Listing the underlying cause last) DUE TO (OR AS A CONSEQUENCE OF) PART II: Other significant conditions - Conditions contributing to death but not directly stated in Part I ① Coronaryopathy ② CAD				
27a. 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.		27b. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM (Yes or no) no		27c. WAS AN AUTOPSY PERFORMED (Yes or no) no
27d. WERE AUTOPSY FINDINGS AVAILABLE FROM THE ESTABLISHMENT OF CAUSE OF DEATH? (Yes or no) no		29a. MEDICAL LICENSE NO. 01054411A		29b. DATE EXPIRES 8/9/05
29c. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (If other than certifier) DR. T. Pathak 5454 Hickman Ave Hammond In 46320		31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>		
33. MANNER OF DEATH 1A1 OCCURRED ON August 10, 2005				

