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AFFIDAVIT

Community Title Company  
File No. 2158613

STATE OF INDIANA )  
COUNTY OF LAKE ) SS:  
Tax I.D. No. 45-03-06-357-019.000-023

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2015 OCT -9 PM 1:54

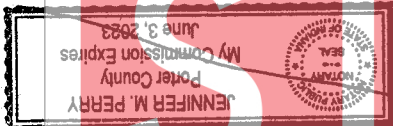
MICHAEL B. BROWN  
RECORDER

2015 069418

**BEVERLY MURZYN** being first duly sworn upon oath, deposes and says:

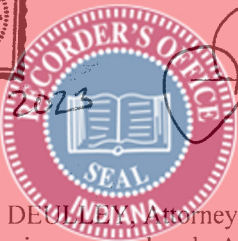
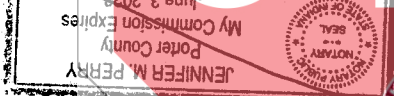
- That the Affiant is the daughter and has personal knowledge of the marital status of the Decedent.  
That **JAMES STAPLETON** died on April 8th, 2003, in Lake County, Indiana.  
That the Decedent and **OMA STAPLETON** were duly and legally married at the time they acquired title as Husband and Wife in the following described real estate:  
**LOT 5, BLOCK 6, SHEFFIELD SUBDIVISION, IN THE CITY OF HAMMOND, AS SHOWN IN PLAT BOOK 14, PAGE 6, IN LAKE COUNTY, INDIANA, LAKE COUNTY, INDIANA.**
- 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.
- That all funeral expenses in connection with the death of said decedent have been paid in full.
- 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.



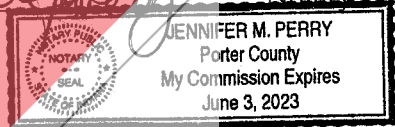
*Beverly Murzyn*  
BEVERLY MURZYN

Subscribed and sworn to before me, a Notary Public this 29 day of September, 2014.



*Jennifer M. Perry*  
Notary Public

My Commission Expires: June 3, 2023  
County of Residence: Porter



This instrument prepared by **MATTHEW W. DEULLEN** Attorney at Law, ID No. 27813-45  
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.

*[Signature]*  
Signature of Preparer

*Handwritten initials: M, n, c, m, CM, ar*

*Jennifer M. Perry*  
Name of Preparer

**JOHN E. PETALAS**  
LAKE COUNTY AUDITOR

22270

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

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. ....

Local No. 909-03

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT IN PERMANENT BLACK INK

DECEASED

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED—NAME (First, Middle, Last) <b>JAMES STAPLETON</b>		2. SEX <b>M</b>	3a. TIME OF DEATH <b>1:43 PM</b>	3b. DATE OF DEATH (Month, Day, Year) <b>APRIL 8, 2003</b>	
4. *SOCIAL SECURITY NUMBER [REDACTED]	5a. AGE—Last Birthday (Years) <b>65</b>	5b. UNDER 1 YEAR Months: Days: Hours: Minutes:	5c. UNDER 1 DAY Hours: Minutes:	6. DATE OF BIRTH (Mo, Day, Yr) <b>OCT. 31, 1937</b>	
7. BIRTHPLACE (City and State & Foreign Country) <b>CRANK CREEK, KY.</b>		8a. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence			
8a. WAS DECEDENT A U.S. VETERAN? <b>NO</b>	8b. YEAR LAST SERVED IN U.S. ARMED FORCES? <b>N/A</b>	9. FACILITY NAME (If not institution, give street and number) <b>1601 JOHN ST.</b>			
9a. CITY, TOWN, OR LOCATION OF DEATH <b>WHITING</b>		9b. COUNTY OF DEATH <b>LAKE</b>			
10. MARITAL STATUS (Specify) <b>MARRIED</b>	11. SURVIVING SPOUSE (If wife, give maiden name) <b>CMA SMITH</b>	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>SUPERVISOR</b>		12b. KIND OF BUSINESS/INDUSTRY <b>LTV STEEL CO.</b>	
13a. RESIDENCE—STATE <b>IN</b>	13b. COUNTY <b>LAKE</b>	13c. CITY, TOWN, OR LOCATION <b>WHITING</b>	13d. STREET AND NUMBER <b>1601 JOHN ST.</b>		
13e. ZIP CODE <b>46794</b>	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? <b>USA</b>	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—American Indian, Black, White, etc. (Specify) <b>WHITE</b>	
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (1-12) <b>12</b> College (1-4 or 5+) <b>12</b>		18. FATHER'S NAME (First, Middle, Last) <b>CHARLES STAPLETON</b>			
19. MOTHER'S NAME (First, Middle, Maiden Surname) <b>DELORES MIDDLETON</b>		20a. INFORMANT'S NAME (Type/Print) <b>CMA STAPLETON</b>			
20b. MARITAL ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>1601 JOHN ST. WHITING, IN 46794</b>		20c. Relationship <b>WIFE</b>			
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <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) <b>APRIL 13, 2003 MIDDLETON CEM.</b>		21c. LOCATION—City or Town, State <b>SMITH, KY.</b>	
22a. EMBALMER'S NAME <b>J. OWENS</b>		22b. EMBALMER'S LICENSE NO. <b>007049</b>		22c. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
24a. SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>		24b. LICENSE NUMBER <b>007049</b>		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>OWENS F.H., 816-112<sup>TH</sup> ST. WHITING, IN 46794</b>	
26. PART I: Enter the disease, injury, or other conditions that caused the death. Do not enter possible causes, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.					
IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>Stroke</b>					
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last <b>Due to (or as a consequence of) stroke</b>					
PART II: Other significant conditions—Conditions contributing to death but not previously stated in Part I.					
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) <b>NO</b>		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) <b>NO</b>		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <b>NO</b>	
29a. 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 testing and/or in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> CORONER On the basis of examination and/or in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.		29b. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>			
29c. MEDICAL LICENSE NO. <b>01038128A</b>		29d. DATE SIGNED (Month, Day, Year) <b>04-09-03</b>			
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 26) (Type/Print) <b>P. RAMON Lobet, M.D., 2017 Indianapolis Blvd, Hammond, IN 46324</b>					
31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>		32. DATE FILED (Month, Day, Year) <b>April 10, 2003</b>			
33. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)	34d. THIS DECEASED PERSON OCCURRED COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT.
34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		34f. LOCATION (Street and Number or Rural Route Number, City or Town, State) <b>APR 8 2003</b>			
34g. DATE PRONOUNCED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc.			

