

58361

COM 231470

RECORDING AND BULKY PRS. CO.

✓ 58361

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STATE OF INDIANA)
COUNTY OF LAKE)

VIRGINIA KENDT, being first duly sworn upon oath, deposes and says:

1. That her husband ~~was~~ ORVILLE PAUL died without leaving a will on January 16, 1970 at GARY, INDIANA
2. That they were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

REAL ESTATE IN LAKE COUNTY, STATE OF INDIANA, LEGALLY DESCRIBED AS LOT 24 BLOCK 2 IN ROBERT R. CENEK'S 1ST ADDITION BETTER KNOWN AS 4645 BUCHANAN, CITY OF GARY

FILED



MAY 13 1970

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 includable for Federal estate tax purposes, including joint bank accounts and life insurance on decedent's life, did not equal or exceed \$50,000.00.

Further affiant sayeth not.

Virginia Kendt
Virginia Kendt

Subscribed and sworn to before me this 5 day of May 19 70

Robert S. Apathy
Robert S. Apathy
Notary Public

My Commission expires:
12-31-72

Prepared by Virginia Kendt

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
MAY 13 2 02 PM '70
ANDREW J. HICENKO
RECORDER

58361

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FUNERAL HOME No. 245

LICENSE No. 437 FUNERAL DIRECTOR'S LICENSE No. 97

EMBALMER'S NAME Chas. W. Wells FUNERAL DIRECTOR'S SIGNATURE *Chas. W. Wells*

COM 231476

Local No. 70-0115

INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

State No.

PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS

DECEASED—NAME: 1. Orville P. Kendt

SEX: 2. Male

DATE OF DEATH (MONTH, DAY, YEAR): 3. Jan. 16, 1970

RACE: 4. White

AGE—LAST BIRTHDAY (YEARS): 5a. 58

UNDER 1 YEAR MOB. DAYS: 5b. 0

UNDER 1 DAY HOURS MIN.: 5c. 10

DATE OF BIRTH (MONTH, DAY, YEAR): 6. Dec. 27, 1911

COUNTY OF DEATH: 7a. Lake

CITY, TOWN, OR LOCATION OF DEATH: 7b. Gary

HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): 7d. Mercor Hospital

STATE OF BIRTH (IF NOT IN U.S.A.): 8. Indiana

CITIZEN OF WHAT COUNTRY: 9. U.S.A.

MARRIED NEVER MARRIED SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): 10. Virginia Abele

WIDOWED DIVORCED

USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION: 11. Indiana

SOCIAL SECURITY NUMBER: 12. 312-05-8301

USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): 13a. Retired-Salesman

KIND OF BUSINESS OR INDUSTRY: 13b. Bakery

RESIDENCE—STATE (COUNTY): 14a. Indiana (Lake)

CITY, TOWN OR LOCATION: 14c. Gary

INSIDE CITY LIMITS (SPECIFY YES OR NO): 14d. YES NO

STREET AND NUMBER: 14f. 4645 Buchanan St.

15g. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): 15g. NO

IS RESIDENCE ON A FARM? 14e. YES NO

PARENTS: 15. Albert Kendt (FIRST MIDDLE LAST) 16. Anna Felton (FIRST MIDDLE LAST)

INFORMANT—NAME: 17a. Virginia Kendt

RELATIONSHIP: 17b. Wife

MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 17c. 4645 Buchanan St. Gary, Ind.

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))

18. IMMEDIATE CAUSE: (a) *Lymphocoma myocard grade 3*

CONDITIONS, IF ANY, WHICH GAVE PRECEDENCE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE: (b)

CAUSE: (a) *Lymphocoma myocard grade 3*

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A)

DATE & TIME OF DEATH: 20. Jan. 16, 1970 11:50 P.M.

DATE SIGNED: 21a. Jan. 26, 1970

PHYSICIAN'S NAME (TYPE OR PRINT) LAST IN ATTENDANCE: 22a. Henry C. Lebecia, M.D.

SIGNATURE OF PHYSICIAN (DEGREE OR TITLE): 22b. *Henry C. Lebecia, M.D.*

MAILING ADDRESS—PHYSICIAN: 23. 5480 Broadway Gary Indiana 46408

BURIAL, CREMATION, REMOVAL (SPECIFY): 24a. Burial

CEMETERY, CREMATORY, FUNERAL HOME: 24b. Calumet Park

LOCATION: 24c. Merrillville, Indiana

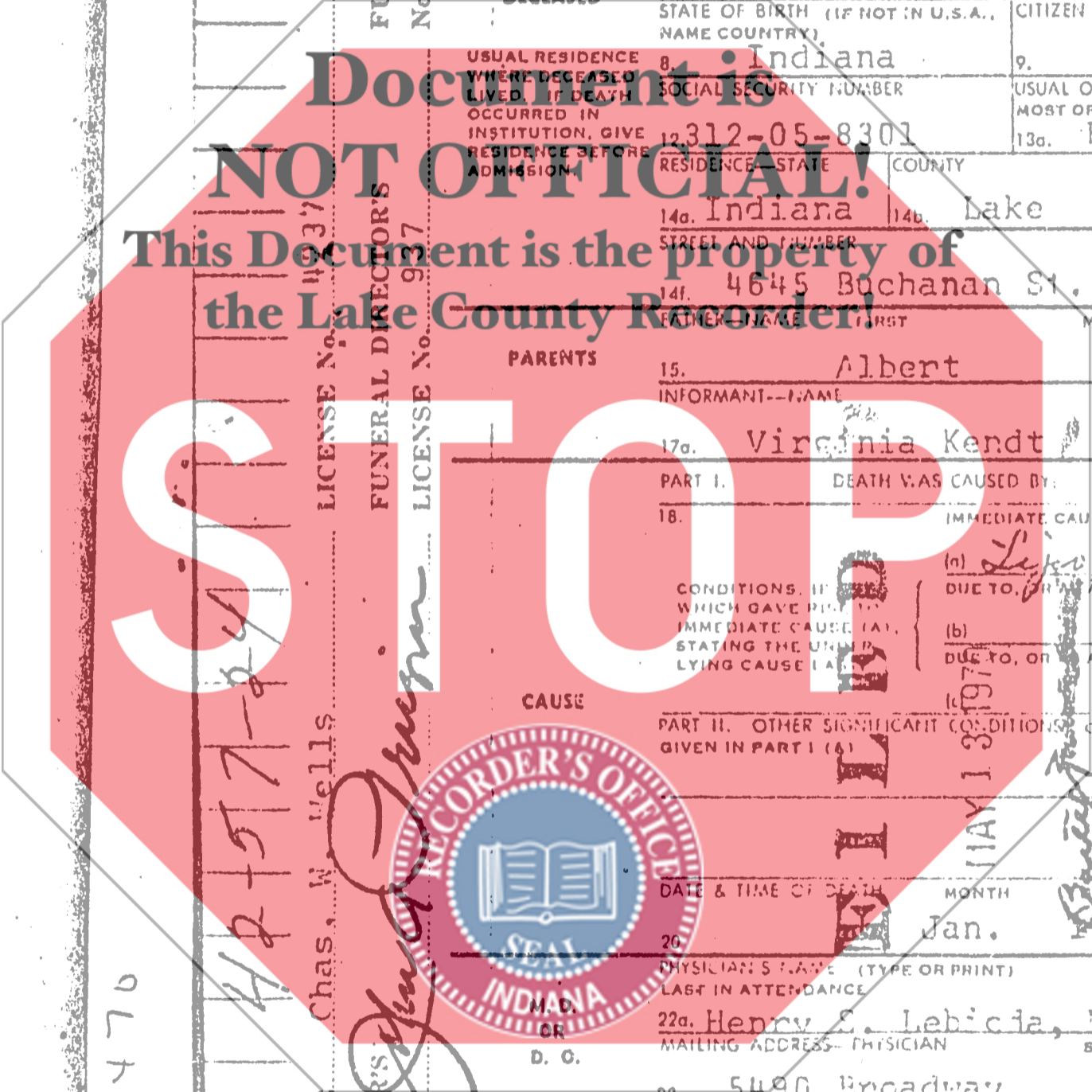
DATE (MONTH, DAY, YEAR): 24d. Jan. 19, 1970

FUNERAL HOME—NAME AND ADDRESS: 25a. Bruzin 6300 Broadway Gary, Indiana 46409

HEALTH OFFICER—SIGNATURE: 26a. *J. Roseblom*

DATE RECEIVED BY LOCAL HEALTH OFFICER: 26b. JAN 28 1970

SBH 6-24-2



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42-57-24
MAY 13 1970
RECORDERS OFFICE INDIANA