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SURVIVORSHIP AFFIDAVIT

Samuel M. Turner
504 Broadway, Gary

STATE OF Indiana
COUNTY OF Lake

Document is NOT OFFICIAL!

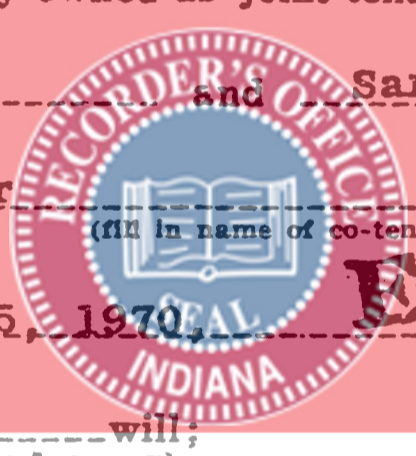
LAKE COUNTY TITLE COMPANY
DIVISION OF CHICAGO TITLE INSURANCE COMPANY

On this October 14, 1970 before me personally appeared George Lander
(insert date)

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to me personally known, who being duly sworn on oath did say that: he is owner of Lot 30, in Block 6, Chicago-Tolleston Land & Investment Company's Oak Park Add. to Tolleston, Gary, Lake County, Indiana,

1. Affiant resides at the address given below affiant's signature;
2. Affiant is surviving tenant by the entireties
(state interest of affiant in the above premises as "owner," "son of owner," etc.);
3. Said premises were formerly owned as joint tenants or as tenants by the entireties by George Lander and Sarah Lander
4. Said Sarah Lander
(fill in name of co-tenant who died)
died on September 5, 1970
leaving no will;
(insert "a" or "no"; if will left, attach a copy)



FILED
OCT 15 1970

OCT 15 2 55 PM '70
ANDREW SHIGENKO
RECORDER

5. The total value of the taxable estate of said deceased, including joint tenancies, tenancies by the entireties, individual ownerships of both real and personal property, and insurance does not exceed the sum of \$ 10,000.00 and to the best of affiant's knowledge there is no estate or inheritance tax liability by reason of the death of said decedent;

6. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced? no
(If answer is "Yes," identify the divorce proceedings: _____);

7. Affiant's relationship to the deceased was her husband

Signature: *George Lander*
George Lander
Address: 2633 Harrison Street
Gary, Indiana



Subscribed and sworn to before me by the affiant
on this October 14, 1970
(insert date)
Samuel M. Turner
Notary Public

Samuel M. Turner
My Commission Expires 9/7/74

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This instrument prepared by Samuel M. Turner, Attorney
504 Broadway, Gary, Indiana

76218

OR PRINT
ONLY WITH
FADING INK
THIS IS A
PERMANENT
RECORD

For State Office Use

E. W. Towns

4283

EMBALMER'S NAME

LICENSE No.

627

FUNERAL DIRECTOR'S LICENSE No.

ion Permit
Additional Certificate
 No



4922 Per 28,384

INDIANA STATE BOARD OF HEALTH
DIVISION OF VITAL RECORDS
MEDICAL CERTIFICATE OF DEATH

56H 713-3

Local No. 70-1283

State No.

PERMANENT INK
SEE HANDBOOK FOR
INSTRUCTIONS

DECEASED—NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)
1. SARAH D. LANDER Female 9-5-70

RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) AGE—LAST BIRTHDAY (YEARS) UNDER 1 YEAR MOS. DAYS UNDER 1 DAY HOURS MIN DATE OF BIRTH (MONTH, DAY, YEAR) COUNTY OF DEATH
4. Negro 5a. 60 5b. 8-10-1910 7a. Lake

CITY, TOWN, OR LOCATION OF DEATH INSIDE CITY LIMITS (SPECIFY YES OR NO) HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN 2 THEN, GIVE STREET AND NUMBER)
7b. Gary 7c. Yes 7d. Methodist Hospital

DECEASED: STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) CITIZEN OF WHAT COUNTRY MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
8. Miss. 9. U.S.A. 10. Married 11. George

USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION. SOCIAL SECURITY NUMBER USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) KIND OF BUSINESS OR INDUSTRY
12. 385-20-1771 13a. Self Employed 13b.

RESIDENCE—STATE COUNTY CITY, TOWN OR LOCATION INSIDE CITY LIMITS (SPECIFY YES OR NO) TOWNSHIP
14a. Indiana 14b. Lake 14c. Gary 14d. Yes 14e. Calumet

STREET AND NUMBER IS RESIDENCE ON A FARM?
14f. 2633 Harrison Street 14g. YES NO

FATHER—NAME FIRST MIDDLE LAST MOTHER—MAIDEN NAME FIRST MIDDLE LAST
15. Seaborn Dozier(D) 16. Lula Gibbins(D)

INFORMANT—NAME RELATIONSHIP MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)
17a. George Lander 17b. Husband 17c. 2633 Harrison St., Gary, In

PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)] APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18.

IMMEDIATE CAUSE
(a) Massive Cerebral Hemorrhage
(b) Hypertension
(c)

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST

PART II. OTHER SIGNIFICANT CONDITIONS GIVEN IN PART I (A) CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE AUTOPTSY (YES OR NO) IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
19a. 19b.

DEATH OCCURRED (HOUR) THE DECEDENT WAS PRONOUNCED DEAD (MON. DAY) DATE SIGNED (MONTH, DAY, YEAR)
20a. 12:15 M. 20b. September 5 1970 12:15 M. 21a. September 10, 1970

CERTIFIER—NAME (TYPE OR PRINT) SIGNATURE (PRINT OR TYPE)
22a. M. H. Lovell, M. D. 22b. [Signature]

MAILING ADDRESS—CERTIFIER STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP
23. 100 W. 25th Avenue Gary Indiana 46407

BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY, CREMATORY, FUNERAL HOME LOCATION CITY OR TOWN STATE FUNERAL HOME NUMBER
24a. Burial 24b. Oak Hill 24c. Gary, Ind. 249

DATE (MONTH, DAY, YEAR) FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)
24d. 9-9-70 25. Towns Funeral Home 1900 W. 15th Ave., Gary, Ind.

FUNERAL DIRECTOR—SIGNATURE HEALTH OFFICER—SIGNATURE DATE RECEIVED BY LOCAL HEALTH OFFICER
25a. [Signature] 25b. [Signature] 25c. SEP 11 1970

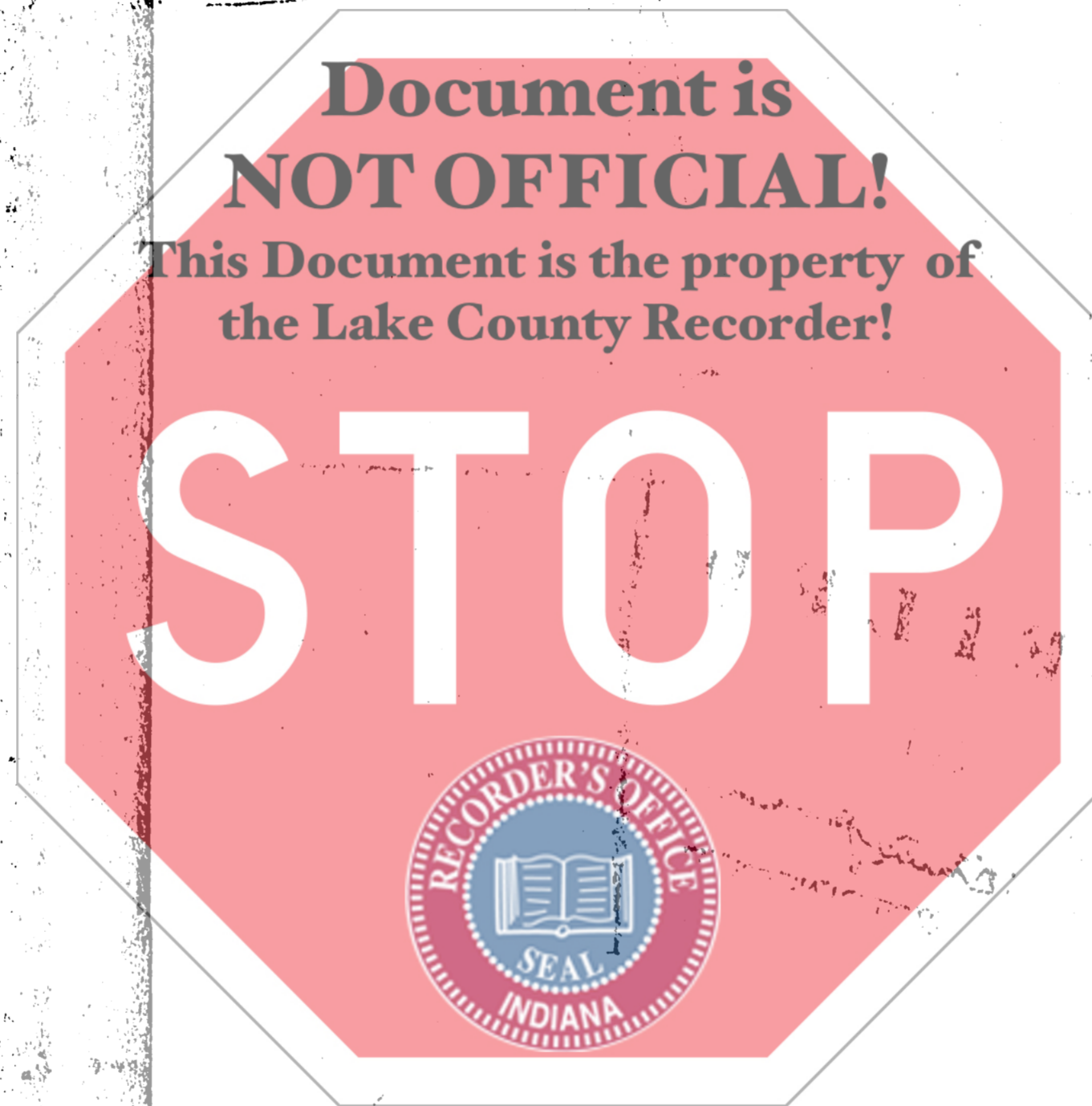
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STOP

Oak Park Add. L. 30 Bl. 6 46-134-29

OCT 15 1970
B I L L D
Dante [Signature]
ADULTOR LAKE COUNTY

76218



CC300

CERTIFIED COPY
P. J. Rosenblum
CLERK & COMMISSIONER
CITY OF GARY, IND.
DATE SEP 11 1970